

Review your print out for checklist items.

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

Your first name and initial: Nathan Last name: Judd Your social security number: 570-83-4676

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

If joint return, spouse's first name and initial: Haley Last name: Judd Spouse's social security number: 529-75-9487

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien ☒ Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions. 255 Allen Hill Road Apt. no. Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. Peru NY 12972 If more than four dependents, see inst. and ✓ here ☐

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Sulley	Judd	653-85-6770	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tennyson	Judd	845-29-6008	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your signature: [Signature] Date: [Blank] Your occupation: Employment Specialist

Spouse's signature. If a joint return, both must sign. Date: [Blank] Spouse's occupation: Homemaker

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

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

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

Firm's name: Self-Prepared Phone no.: [Blank]

Firm's address: [Blank]

**Paid Preparer Use Only**

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	28,064.
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	28,064.
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	28,064.
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	4,064.
11	a Tax (see inst.) 408. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> )	11	408.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	408.
13	a Child tax credit/credit for other dependents 268. b Add any amount from Schedule 3 and check here <input checked="" type="checkbox"/>	13	0.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	0.
16	Total tax. Add lines 13 and 14	16	10.
17	Federal income tax withheld from Forms W-2 and 1099	17	7,732.
18	Refundable credits: a EIC (see inst.) 4,932. b Sch. 8812 2,800. c Form 8863	18	7,742.
19	Add any amount from Schedule 5	19	7,742.
20a	Add lines 16 and 17. These are your total payments	20a	7,742.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	
22	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	22	
23	Routing number: [X][X][X][X][X][X][X][X][X][X] Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	23	
24	Account number: [X][X][X][X][X][X][X][X][X][X][X][X][X][X][X][X]	24	
25	Amount of line 19 you want applied to your 2019 estimated tax	25	
26	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	26	
27	Estimated tax penalty (see instructions)	27	

**SCHEDULE 3**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Nonrefundable Credits**

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

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040

Nathan & Haley Judd

Your social security number

570-83-4676

<b>Nonrefundable Credits</b>	<b>48</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>48</b>	
	<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>49</b>	
	<b>50</b>	Education credits from Form 8863, line 19 . . . . .	<b>50</b>	
	<b>51</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>51</b>	140.
	<b>52</b>	Reserved . . . . .	<b>52</b>	
	<b>53</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>53</b>	
	<b>54</b>	Other credits from Form <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
	<b>55</b>	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	<b>55</b>	140.

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

REV 07/19/20 Intuit.cq.cfp.sp

**Schedule 3 (Form 1040) 2018**

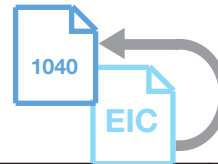
**SCHEDULE EIC**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Nathan &amp; Haley Judd

**Earned Income Credit**  
Qualifying Child Information

- ▶ **Complete and attach to Form 1040 only if you have a qualifying child.**
- ▶ **Go to [www.irs.gov/ScheduleEIC](http://www.irs.gov/ScheduleEIC) for the latest information.**



OMB No. 1545-0074

**2018**Attachment  
Sequence No. **43****Your social security number**

570-83-4676

**Before you begin:**

- See the instructions for Form 1040, line 17a, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information****Child 1****Child 2****Child 3**

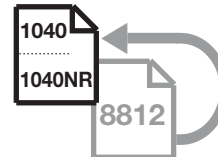
	First name	Last name	First name	Last name	First name	Last name
<b>1 Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	Sulley	Judd	Tennyson	Judd		
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040, line 17a, unless the child was born and died in 2018. If your child was born and died in 2018 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	653-85-6770		845-29-6008			
<b>3 Child's year of birth</b>	Year <u>2</u> <u>0</u> <u>1</u> <u>2</u> <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u>2</u> <u>0</u> <u>1</u> <u>4</u> <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
<b>4 a</b> Was the child under age 24 at the end of 2018, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. <i>Go to line 4b.</i>	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. <i>Go to line 4b.</i>
<b>b</b> Was the child permanently and totally disabled during any part of 2018?	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. The child is not a qualifying child.	<input type="checkbox"/> Yes. <i>Go to line 5.</i>	<input type="checkbox"/> No. The child is not a qualifying child.
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter		Daughter			
<b>6 Number of months child lived with you in the United States during 2018</b>  • If the child lived with you for more than half of 2018 but less than 7 months, enter "7."  • If the child was born or died in 2018 and your home was the child's home for more than half the time he or she was alive during 2018, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>          </u> months <i>Do not enter more than 12 months.</i>	

**SCHEDULE 8812**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Additional Child Tax Credit**

► **Attach to Form 1040 or Form 1040NR.**  
► **Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.**



OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **47**

Name(s) shown on return

Nathan & Haley Judd

Your social security number

570-83-4676

**Part I All Filers**

**Caution:** If you file Form 2555 or 2555-EZ, **stop here;** you cannot claim the additional child tax credit.

<b>1</b>	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise: <b>1040 filers:</b> Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040, line 12a). <b>1040NR filers:</b> Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040NR, line 49).	<b>1</b>	4,000.
<b>2</b>	Enter the amount from Form 1040, line 12a, or Form 1040NR, line 49	<b>2</b>	268.
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop here;</b> you cannot claim this credit	<b>3</b>	3,732.
<b>4</b>	Number of qualifying children under 17 with the required social security number: <u>2</u> X \$1,400. Enter the result. If zero, <b>stop here;</b> you cannot claim this credit <b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.	<b>4</b>	2,800.
<b>5</b>	Enter the <b>smaller</b> of line 3 or line 4	<b>5</b>	2,800.
<b>6a</b>	Earned income (see separate instructions)	<b>6a</b>	28,064.
<b>b</b>	Nontaxable combat pay (see separate instructions)	<b>6b</b>	
<b>7</b>	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 6a. Enter the result	<b>7</b>	25,564.
<b>8</b>	Multiply the amount on line 7 by 15% (0.15) and enter the result <b>Next.</b> On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> <b>No.</b> If line 8 is zero, <b>stop here;</b> you cannot claim this credit. Otherwise, skip Part II and enter the <b>smaller</b> of line 5 or line 8 on line 15. <input type="checkbox"/> <b>Yes.</b> If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	<b>8</b>	3,835.

**Part II Certain Filers Who Have Three or More Qualifying Children**

<b>9</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions	<b>9</b>	
<b>10</b>	<b>1040 filers:</b> Enter the total of the amounts from Schedule 1 (Form 1040), line 27, and Schedule 4 (Form 1040), line 58, plus any taxes that you identified using code "UT" and entered on Schedule 4 (Form 1040), line 62. <b>1040NR filers:</b> Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	<b>10</b>	
<b>11</b>	Add lines 9 and 10	<b>11</b>	
<b>12</b>	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, line 17a, and Schedule 5 (Form 1040), line 72. <b>1040NR filers:</b> Enter the amount from Form 1040NR, line 67.	<b>12</b>	
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b>	
<b>14</b>	Enter the <b>larger</b> of line 8 or line 13 <b>Next,</b> enter the <b>smaller</b> of line 5 or line 14 on line 15.	<b>14</b>	

**Part III Additional Child Tax Credit**

<b>15</b>	This is your additional child tax credit	<b>15</b>	2,800.
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Enter this amount on  
Form 1040, line 17b, or  
Form 1040NR, line 64.

**Credit for Qualified Retirement Savings Contributions**

► **Attach to Form 1040 or Form 1040NR.**  
 ► **Go to [www.irs.gov/Form8880](http://www.irs.gov/Form8880) for the latest information.**

Name(s) shown on return

Nathan &amp; Haley Judd

Your social security number

570-83-4676



**You *cannot* take this credit if *either* of the following applies.**

- The amount on Form 1040, line 7 or Form 1040NR, line 36 is more than \$31,500 (\$47,250 if head of household; \$63,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral **(a)** was born after January 1, 2001; **(b)** is claimed as a dependent on someone else's 2018 tax return; or **(c)** was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2018. **Do not** include rollover contributions . . . . . **1**
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2018 (see instructions) . . . . . **2** 280 .
- Add lines 1 and 2 . . . . . **3** 280 .
- Certain distributions received **after** 2015 and **before** the due date (including extensions) of your 2018 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception . . . . . **4**
- Subtract line 4 from line 3. If zero or less, enter -0- . . . . . **5** 280 .
- In each column, enter the **smaller** of line 5 or \$2,000 . . . . . **6** 280 .
- Add the amounts on line 6. If zero, **stop**; you can't take this credit . . . . . **7** 280 .
- Enter the amount from Form 1040, line 7\* or Form 1040NR, line 36 . . . . . **8** 28,064 .
- Enter the applicable decimal amount shown below.

(a) You		(b) Your spouse
<b>1</b>		
<b>2</b>	280 .	
<b>3</b>	280 .	
<b>4</b>		
<b>5</b>	280 .	
<b>6</b>	280 .	
<b>7</b>		280 .
<b>8</b>	28,064 .	

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
<b>Enter on line 9—</b>				
---	\$19,000	0.5	0.5	0.5
\$19,000	\$20,500	0.5	0.5	0.2
\$20,500	\$28,500	0.5	0.5	0.1
\$28,500	\$30,750	0.5	0.2	0.1
\$30,750	\$31,500	0.5	0.1	0.1
\$31,500	\$38,000	0.5	0.1	0.0
\$38,000	\$41,000	0.2	0.1	0.0
\$41,000	\$47,250	0.1	0.1	0.0
\$47,250	\$63,000	0.1	0.0	0.0
\$63,000	---	0.0	0.0	0.0

**Note:** If line 9 is zero, **stop**; you can't take this credit.

- Multiply line 7 by line 9 . . . . . **10** 140 .
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions . . . . . **11** 408 .
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 51; or Form 1040NR, line 48 . . . . . **12** 140 .

\* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

# Tax History Report

► Keep for your records

2018

Name(s) Shown on Return

Nathan & Haley Judd

	Five Year Tax History:				
	2014	2015	2016	2017	2018
Filing status . . . . .				MFJ	MFJ
Total income . . . . .				15,948.	28,064.
Adjustments to income					
Adjusted gross income				15,948.	28,064.
Tax expense . . . . .				2,867.	3,349.
Interest expense . . .					
Contributions . . . . .					1,310.
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .				12,700.	24,000.
Exemption amount . .				16,200.	0.
QBI deduction . . . . .					
Taxable income . . . .				0.	4,064.
Tax . . . . .					408.
Alternative min tax . .					
Total credits . . . . .				0.	408.
Other taxes . . . . .				0.	0.
Payments . . . . .				7,423.	7,742.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund . . . . .				7,423.	7,742.
Effective tax rate % . .				-46.34	-27.55
**Tax bracket % . . . .				10.0	10.0

\*\*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 Civista 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](http://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](http://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.

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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 <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your prepaid card <sup>1</sup> .	Usually within 21 days <sup>2</sup>	\$39.99

<sup>1</sup>You 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. Bank is not affiliated with the issuer of the prepaid card.

<sup>2</sup>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.

Questions? Call 1-877-908-7228

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

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.  
Nathan  Judd 570-83-4676  
 If Joint Return, Spouse's First Name MI Last Name Spouse's Social Security No.  
Haley  Judd 529-75-9487  
 Home Address (No. and Street). If You Have a P.O. Box, See Instructions. Apt. No.  
255 Allen Hill Road \_\_\_\_\_  
 City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code  
Peru NY 12972

**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 . . ▶ ☐

<b>Dependents:</b> (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>Sulley</u>	<u>Judd</u>	<u>653-85-6770</u>	<u>Daughter</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Tennyson</u>	<u>Judd</u>	<u>845-29-6008</u>	<u>Daughter</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input 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**

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	28,064.
<b>2 a</b> <b>Tax-exempt</b> interest . . . . .		
<b>b</b> <b>Taxable</b> interest . . . . .	<b>2b</b>	
<b>3 a</b> Qualified dividends (see instructions) . . . . .		
<b>b</b> Ordinary dividends. Attach Schedule B if required . . . . .	<b>3b</b>	
<b>4</b> IRA distributions . . . . .		
Taxable amount (see instructions) . . . . .		
Pensions and annuities . . . . .		
Taxable amount (see instructions) . . . . .	<b>4b</b>	
<b>5 a</b> Social security benefits . . . . .		
<b>b</b> Taxable amount (see instructions) . . . . .	<b>5b</b>	
<b>QuickZoom</b> to Schedule 1 - Additional Income and Adjustments . . . . . <b>►</b>		

**Form 1040, Lines 6 and 7**

<b>6</b> <b>Total income.</b> Add lines 1 through 5b and Schedule 1, line 22 . . . . .	<b>6</b>	28,064.
<b>7</b> <b>Adjusted gross income.</b> If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 . . . . . <b>►</b>	<b>7</b>	28,064.
AGI including excludable Puerto Rico Income . . . . .		28,064.

**Form 1040, Line 8 - Standard or Itemized Deduction**

<b>8</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) <b>Standard Deduction for -</b> <ul style="list-style-type: none"> <li>People who checked blind or over 65 <b>or</b> who can be claimed as a dependent, see instructions.</li> <li>All others: <ul style="list-style-type: none"> <li>Single or Married filing separately: \$12,000</li> <li>Married filing jointly or Qualifying widow(er): \$24,000</li> <li>Head of household: \$18,000</li> </ul> </li> </ul> <b>QuickZoom</b> to the Standard Deduction Worksheet . . . . . <b>Itemized deductions</b> (from Schedule A) <b>or</b> your <b>standard deduction</b> , see above . . . . . Subtract itemized or standard deduction from adjusted gross income amount . . . . .	<b>8</b>	24,000. 4,064.
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**Form 1040, Lines 9-11**

<b>9</b>	Qualified business income deduction (see instructions) . . . . .	<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- . . . . .	<b>10</b>	4,064.

<b>11</b>			
<b>a</b>	<b>Tax.</b> (see instructions). Check if any from:		
<b>1</b>	<input type="checkbox"/> Form(s) 8814		
<b>2</b>	<input type="checkbox"/> Form 4972		
<b>3</b>	<input type="checkbox"/>		408.
<b>b</b>	<b>Total tax.</b> Add any amount from Schedule 2 and check here . . . . . <input type="checkbox"/>		<b>11</b> 408.
QuickZoom to Schedule 2 - Tax section . . . . .			

**Form 1040, Line 12-15**

<b>12 a</b>	Child tax credit/credit for other dependents . . . . .	<b>12a</b>	268.		
<b>b</b>	Add any amount from Schedule 3 and check here . . . . . <input checked="" type="checkbox"/>			<b>12</b>	408.
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .			<b>13</b>	0.
<b>14</b>	Other taxes. Attach Schedule 4 . . . . .			<b>14</b>	0.
<b>15</b>	Total tax. Add lines 13 and 14 . . . . .			<b>15</b>	0.
QuickZoom to Schedule 3 - Nonrefundable credits . . . . .					
QuickZoom to Schedule 4 - Other Taxes . . . . .					

**Form 1040, Lines 16-17**

<b>16</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>16</b>	10.
<b>17 a</b>	<b>Earned income credit (EIC)</b> . . . . .		4,932.
	Nontaxable combat pay election . . . . .		
<b>b</b>	Additional child tax credit. Attach Schedule 8812 . . . . .		2,800.
<b>c</b>	American opportunity credit from Form 8863, line 8 . . . . .		
	Add lines 17a,b,c and any amount from Schedule 5 . . . . .	<b>17</b>	7,732.
<b>18</b>	Add Lines 16 and 17.		
	These are your total payments . . . . .	<b>18</b>	7,742.
QuickZoom to Schedule EIC Worksheet, pg 2 if credit is not calculated . . . . .			QuickZoom. . . . .
QuickZoom to "due diligence checklist" substitute for Form 8867 . . . . .			QuickZoom. . . . .
QuickZoom to Schedule 5 - Other Payments and Refundable Credits . . . . .			QuickZoom. . . . .

**Form 1040, Lines 19-21**

<b>Refund:</b>			
<b>19</b>	If total Payments is more than total tax, subtract <b>total tax</b> from <b>payments</b> . This is the amount you <b>overpaid</b> . . . . .	<b>19</b>	7,742.
<b>20 a</b>	Amount of overpayment you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>	<b>20</b>	7,742.
<b>b</b>	Routing number . . . . .		XXXXXXXXXX
<b>c</b>	Type:		
	<input type="checkbox"/> Checking		
	<input type="checkbox"/> Savings		
<b>d</b>	Account number . . . . .		XXXXXXXXXXXXXXXXXXXX
<b>21</b>	Amount of overpayment on line 19 you want <b>applied to your 2019 estimated tax</b> . . . . .		

**Form 1040, Lines 22-23**

<b>Amount You Owe:</b>			
<b>22</b>	Subtract line total payments from total tax . . . . .	<b>22</b>	
<b>23</b>	Estimated tax penalty (see instructions) . . . . .	<b>23</b>	

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

**Schedule 1 - Additional Income and Adjustments**

<b>1-9b</b>	Reserved . . . . .		
<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . .	<b>10</b>	0.
<b>11</b>	Alimony received. . . . Taxpayer _____ Spouse _____	<b>11</b>	
<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	
<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>	<b>13</b>	
<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>	
<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>17</b>	
<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>18</b>	
<b>19</b>	Unemployment compensation (see instr.) . . . . .	<b>19</b>	
<b>21</b>	Other income. List type and amount (see instructions). _____ _____	<b>21</b>	
<b>22</b>	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. . . . . ▶ <b>Total Income.</b> Combine Form 1040 lines 1- 5b and Schedule 1, line 22 , enter on Form 1040, line 6. . . . . ▶ 28,064.	<b>22</b>	0.
<b>Quickzoom to 1040 Workseet, line 6 - Total Income . . . . . ▶ QuickZoom. . ▶</b>			

**Schedule 1 - Adjustments to Income**

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

**Alimony Paid Smart Worksheet**

	Recipient's name	Recipient's SSN	Alimony paid
<b>A</b>	_____	_____	_____
<b>B</b>	_____	_____	_____

<b>31 a</b>	Alimony paid . . . . .		
<b>b</b>	Recipient's SSN ▶ _____	<b>31 a</b>	
<b>32</b>	IRA deduction . . . . .	<b>32</b>	
<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>	
<b>34</b>	Tuition and fees. Attach Form 8917 . . . . .	<b>34</b>	
<b>35</b>	Reserved . . . . .	<b>35</b>	
<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>	

**Schedule 2 - Tax**

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

**Schedule 3 - Nonrefundable Credits**

<b>48</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>48</b>		
<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>49</b>		
<b>50</b>	Education credits from Form 8863, line 19 . . . . .	<b>50</b>		
<b>51</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>51</b>	140.	
<b>52</b>	Reserved . . . . .	<b>52</b>		
<b>53</b>	Residential Energy Credit. Attach Form 5695 . . . . .	<b>53</b>		
<b>54</b>	Other credits from Form:	<b>54</b>		
a	<input type="checkbox"/> 3800			
b	<input type="checkbox"/> 8801			
c	<input type="checkbox"/>			
<b>55</b>	Add lines 12a, and 48 through 54. These are your <b>total credits</b> . . . . .	<b>55</b>		408.
a	If amount on line 55 above includes Schedule 3 amount, check here. . . . ▶ <input checked="" type="checkbox"/>			
b	Total non-refundable credits . . . . .		140.	
c	Subtract total credits on line 55 from total tax above . . . . .		0.	
<b>Quickzoom to 1040 Worksheet, line 15 - Total Tax.</b> . . . . . ▶ <b>QuickZoom.</b> . . ▶				

**Schedule 4 - Other Taxes**

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

**Schedule 5 - Other Payments and Refundable Credits**

<b>65</b>	Reserved for future use . . . . .	<b>65</b>			
<b>66</b>	2018 estimated tax payments and amount applied from 2017 return . . . . .	<b>66</b>			
<b>67</b>	Reserved for future use . . . . .	<b>67</b>			
<b>68</b>	Reserved for future use . . . . .	<b>68</b>			
<b>69</b>	Reserved for future use . . . . .	<b>69</b>			
<b>70</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>70</b>			
<b>71</b>	Amount paid with request for extension to file . . . . .	<b>71</b>			
<b>72</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>72</b>			
<b>73</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>73</b>			
<b>74</b>	Credits from Form:	<b>74</b>			
a	<input type="checkbox"/> 2439				
b	<input type="checkbox"/> <b>Reserved</b>				
c	<input type="checkbox"/> 8885				
d	<input type="checkbox"/>				
<b>75</b>	Add lines 66, and 70 through 74. These are your <b>total payments</b> . . . . .	<b>75</b>			7,742.
	Amount included above on line 75 from Schedule 5 . . . . .				
	Amount included above on line 75 from Form 1040, line 17 . . . . .			7,732.	

**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, <b>both</b> must sign.	Date	Employment Specialist	
Daytime Phone No.		Spouse's Occupation	
(801) 842-7835		Homemaker	

**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 Nathan & Haley Judd	Your SSN 570-83-4676
--	-------------------------

**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: <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px;"></div>	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:		
<b>1</b> Reserved. . . . .		
<b>2</b> State, local, and foreign income taxes. . . . .	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
<b>3</b> _____	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

Nathan & Haley Judd

Social Security Number

570-83-4676

Charity Name . . . The Church of Jesus Christ of Latter-Day Saints

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	Various		Money	1,310.47
			Total:	1,310.47
			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.

Nathan &amp; Haley Judd

570-83-4676

## 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	Various	1,310.47	1	<input type="checkbox"/>	Once	<input checked="" type="checkbox"/>	Recur	1,310.47
				<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			

Nathan &amp; Haley Judd

570-83-4676

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

- Not a required statement - Use for import purposes  
 ► Keep for your records

Name(s) Shown on Return <b>Nathan &amp; Haley Judd</b>	Your Social Security No. <b>570-83-4676</b>
---	--

**Ownership**

Owned by (check one):

☐ Taxpayer    ☐ Spouse    ☒ Joint
**Statement Information**

RECIPIENT'S/LENDER'S Name	<b>1</b> Mortgage interest received from payer(s)
Street address	<b>2</b> Outstanding mortgage principal as of 1/1/2018
City                                  State    ZIP code	<b>3</b> Mortgage origination date
Telephone number	<b>4</b> Refund of overpaid interest
RECIPIENT'S federal identification number	<b>5</b> Mortgage insurance premiums
PAYER'S social security number	<b>6</b> Points paid on purchase of principal residence
PAYER'S/BORROWER'S name	<b>8</b> Address of the property securing this mortgage (if different than your mailing address shown)
Street address	Street address
City                                  State    ZIP code	City                                  State    ZIP code
<b>7</b> The address above is the same as the address of the property securing the mortgage . . . <input type="checkbox"/> (If not, enter the property address in box 8)	<b>9</b> If the property securing the mortgage has no address, provide a description of the property below
Account number	<b>10</b> Property tax

**Mortgage Use**

**1** Mortgage was used to finance (check one):

<b>a</b> <input type="checkbox"/> Main home	<b>b</b> <input type="checkbox"/> Second home	<b>c</b> <input type="checkbox"/> Business activity
<b>d</b> <input type="checkbox"/> Rental activity	<b>e</b> <input type="checkbox"/> Farm activity	<b>f</b> <input type="checkbox"/> Farm rental activity
<b>g</b> <input type="checkbox"/> Royalty activity	<b>h</b> <input type="checkbox"/> Other	

**2** If mortgage used to finance main home or second home, **double-click** to link to home mortgage interest worksheet. ►

**3** If mortgage used to finance a business, farm, rental activity, royalty activity, or farm rental, **double-click** to link to the activity . . . . . ➡

<b>a</b> Schedule C, Business . . . . .	
<b>b</b> Schedule F, Farm . . . . .	
<b>c</b> Schedule E, Rental or Royalty . . . . .	
<b>d</b> Form 4835, Farm Rental . . . . .	

**Rental of Owner-Occupied or Vacation Home**

**1** If mortgage was used to finance a rental activity, was the rental an owner-occupied or a vacation home? . . . . . ☐ Yes ☐ No ☒ NA

**2** If yes, complete lines 2a and 2b:

<b>a</b> Mortgage interest qualifying for main or second home treatment . . . . .	
<b>b</b> Mortgage interest <b>not</b> qualifying for main or second home treatment . . . . .	

**Mortgage Insurance Premiums Information**

**1** Did your home loan close after December 31, 2006? . . . . . ☐ Yes ☐ No

## Federal Information Worksheet

► Keep for your records

2018

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

First name . . . . . Nathan  
 Middle initial . . . . . Suffix . . . . .  
 Last name . . . . . Judd  
 Social security no. . . . . 570-83-4676  
 Occupation . . . . . Employment Specialist  
 Date of birth . . . . . 09/16/1977 (mm/dd/yyyy)  
 Age as of 1-1-2019 . . . . . 41  
 Daytime phone . . . . . (801) 842-7835 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 . . . . . Haley  
 Middle initial . . . . . Suffix . . . . .  
 Last name . . . . . Judd  
 Social security no. . . . . 529-75-9487  
 Occupation . . . . . Homemaker  
 Date of birth . . . . . 08/02/1981 (mm/dd/yyyy)  
 Age as of 1-1-2019 . . . . . 37  
 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 . . . . . 255 Allen Hill Road Apt no. . . . . 12972  
 City . . . . . Peru State . . . . . NY ZIP code . . . . .

**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						
Sulley Judd		653-85-6770 Daughter	08/04/2012 6	L				E	12		Yes
Tennyson Judd		845-29-6008 Daughter	06/22/2014 4	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 . . . . . ▶ NY

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 . . . . . ▶ NY

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 15816

Spouse's PIN used to sign the return 24601

**Taxpayer:**

Drivers license or state ID number 203909688

Issued by what state

NY

License or ID license . ☒

ID . ☐

neither . ☐

decline . ☐

New York Document Number WRJ

**Spouse**

Drivers license or state ID number 912702429

Issued by what state

NY

License or ID license . ☒

ID . ☐

neither . ☐

decline . ☐

New York Document Number W37

## 2018

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**QuickZoom** to another copy of Personal Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ►

## Part I – Taxpayer's Personal Information

First name . . . Nathan Middle initial . \_\_\_\_ Last name . . . Judd  
Suffix . . . . .

Social security no. . . 570-83-4676      Member of U.S. Armed Forces in 2018? . . ☐ Yes      ☒ No

Date of birth . . . . . 09/16/1977    (mm/dd/yyyy)    age as of 1-1-2019. . . . . 41

Occupation . . . Employment Specialist                  Daytime phone . . . (801) 842-7835      Ext

Marital status . . .Married

If widowed, check the appropriate box for the year your spouse died:

After 2018 ▶  2018 . ▶  2017 . ▶  2016 . ▶  Before 2016 . ▶

Are you retired on total and permanent disability? (for Schedule R, see Help). . . . . ☐ Yes ☐ No

Check if this person is legally blind . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
---	--------------------------	-----	-------------------------------------	----

If deceased, enter the date of death . . . . . ▶ (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2019 and this is the first year you are filing a tax return? . . . . . ☐ Yes ☐ No

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

## Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 **Can** someone (such as your parent) claim you as a dependent? . . . . . ☐ Yes ☒ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent ☐ Yes ☒ No

on that person's tax return? . . . . . ☐ Yes ☒ No

Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.

3 Were you a full-time student during any part of five months during 2018? . . . . . ☐ Yes ☒ No

4 Did your earned income exceed one-half of your support? . . . . . ▶ ☐ Yes ☐ No

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

### Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2018 . . . . . NY

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 IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2018 . . . . .

Unreimbursed medical expenses paid for qualifying person in 2018 . . . . .

Employment taxes paid for dependent care providers in 2018 . . . . .

Full-time student for 5 calendar months during 2018? . . . . . ☐ Yes ☐ No

Disabled person who was not physically or mentally capable of self-care? . . . . . ▶ ☐ Yes ☐ No

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

## 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 . . . . . ☒ X

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

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.. . . . ☐

# Student Information Worksheet

2018

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Name of Student  
Nathan Judd

Social Security Number  
570-83-4676

## Part I – Student Status

- 1 Was this person a student during 2018? . . . . . ☒ Yes ☐ No
- 2 What kind of school did the student attend during 2018? (Check all that apply.)
 

a <input type="checkbox"/> Elementary	c <input type="checkbox"/> College (postsecondary)	e <input type="checkbox"/> Military academy
b <input type="checkbox"/> High school (secondary)	d <input type="checkbox"/> Vocational school	f <input checked="" type="checkbox"/> Not applicable
- 3 Did the student receive scholarships or other education assistance? . . . . . ☐ Yes ☐ No


## Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2018? . . . . . ☒ Yes ☐ No ☐ NA
- 2 Was this student enrolled at an eligible education institution during 2018? . . . . . ☐ Yes ☒ No ☐ NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? . . . . . ☐ Yes ☒ No ☐ NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? . . . . . ☐ Yes ☒ No ☐ NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? . . . . . ☐ Yes ☒ No ☐ NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? . . . . . ☐ Yes ☒ No ☐ NA
- 7 Is this student an eligible dependent of the taxpayer? . . . . . ☐ Yes ☐ No ☒ NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? . . . . . ►
- 9 In how many prior years has a Hope Credit been claimed for this student . . . . . ►

## Part III – Education Credit and Deduction Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? . . . . . ☐ Yes ☒ No  
Did not attend institution of higher education
- 2 Is this student qualified for the Lifetime Learning Credit? . . . . . ☐ Yes ☒ No  
Did not attend institution of higher education
- 3 Is this student qualified for the Tuition and Fees Deduction? . . . . . ☐ Yes ☒ No  
Did not attend institution of higher education

## Part IV – Educational Institution and Tuition Summary

Received 2017 1098T with Box 2 filled and box 7 checked? 					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
SUNY - Plattsburgh 16-1514621	101 Broad Street Plattsburgh NY 12901	1,493.	0.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
Totals . . . . .		1,493.	0.		

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) . . . . . ☒ Yes ☐ No

**Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)**

	Total	Taxable	Tax-free
<b>1</b> Educational assistance that is always tax-free:			
<b>a</b> Veteran or employer assistance from Form 1098-T Worksheets . . .	_____		
<b>b</b> Other veteran assistance or certain Indian tribal payments . . . . .	_____		
<b>c</b> Other tax-free employer-provided assistance . . . . .	_____		
<b>d</b> Total . . . . .	_____		_____
<b>2</b> Scholarships, fellowships, and grants not reported on Form W-2:			
<b>a</b> Scholarships and grants from Part IV above . . . . .	_____		
<b>b</b> Other scholarships, fellowships and grants . . . . .	740 .		
<b>c</b> Total . . . . .	740 .		
<b>3</b> Scholarship reported in 2018 not allocable to 2018 expense . . . . .	740 .		
<b>4</b> Amount required to be used for other than qualified education expenses	_____		
<b>5</b> Subtract line 3 and 4 from line 2c. . . . .	0 .		
<b>6</b> Total qualified education expenses from Part VI below. . . . .	1,493 .		
<b>7</b> If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0- . . . . .			0 .
<b>8</b> Subtract line 7 from line 5. . . . .		0 .	
<b>9</b> Taxable part. Add lines 4 and 8. . . . .		0 .	
<b>10</b> Tax-free educational assistance. Add lines 1d and 7 . . . . .			0 .

**Part VI – Education Expenses**

Description	Total	Amount eligible for						
		American Opportunity Credit	Lifetime Learning Credit	Tuition and Fees Deduction	Qualified Higher Education Expense for 529 Plan	Qualified Higher Education Expense for ESA	Qualified Higher Education Expense for US Bonds	Qualified Elementary and Secondary Expense for ESA and QTP
		Not Qualified	Not Qualified	Not Qualified	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Expenses:</b>								
<b>1</b> Tuition paid from Part IV and qualified elementary and secondary tuition. . . . .	1,493 .							1,493 .
Paid to institution as a condition of enrollment:								
<b>2</b> Fees . . . . .								
<b>3</b> Books, supplies, equipment Paid to other than institution or not a condition of enrollment:								
<b>4</b> Books, supplies, equipment								
<b>5</b> Other course-related . . .								
<b>6</b> Room and board . . . . .								
<b>7</b> Special needs expenses . .								
<b>8</b> Computer expenses . . . .								
<b>9</b> QTP or ESA contribution . .								
<b>10</b> Academic tutoring . . . . .								
<b>11</b> Uniforms . . . . .								
<b>12</b> Transportation . . . . .								
<b>13</b> Total qualified expenses . .	1,493 .							1,493 .
<b>Adjustments:</b>								
<b>14</b> Refunds . . . . .								
<b>15</b> Tax-free assistance . . . . .	0 .				0 .	0 .	0 .	
<b>16</b> Deducted on Sched A . . . .								
<b>17</b> Used for credit or deduction								
<b>18</b> Used for exclusion . . . . .		0 .	0 .	0 .				
<b>See tax help</b>								
<b>19</b> Total adjustments. . . . .	0 .	0 .	0 .	0 .	0 .	0 .	0 .	
<b>20</b> Adjusted qualified expenses	1,493 .	0 .	0 .	0 .	0 .	0 .	0 .	1,493 .

**Part VII – Education Credit or Deduction Election**

1	Elect credit or deduction which results in best tax outcome. . . . .	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit . . . . .	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit . . . . .	<input type="checkbox"/>
4	Elect the tuition and fees deduction . . . . .	<input type="checkbox"/>
5	Not applicable . . . . .	<input type="checkbox"/>

**Part VIII – Qualified Tuition Program (Section 529 Plan)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Enter the total distributions from this QTP during 2018. . . . .		
2 Enter the amount of adjusted qualified education expenses attributable to this QTP:		
a Qualified Elementary and Secondary Education Expenses . . . . .		
b Qualified Elementary and Secondary Education Expenses applied . . . . .		
c Adjusted Qualified Higher Education Expenses . . . . .		
d Adjusted Qualified Higher Education Expenses applied . . . . .		
3 Total qualified education expenses attributable to this QTP . . . . .		
4 Excess distributions. Subtract line 3 from line 1. . . . .		
If line 4 is greater than zero, complete lines 5 through 8.		
5 Total distributed earnings from Form 1099-Q box 2 . . . . .		
6 Fraction. Divide line 3 by line 1. . . . .		
7 Multiply line 5 by line 6. . . . .		
8 Earnings taxable to recipient. Subtract line 7 from line 5. . . . .		

**Part IX – Education Savings Account (ESA)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Total Education Savings Account (ESA) distributions from Form 1099-Q. . .		
2 Qualified Elementary and Secondary Education Expenses . . . . .		
3 Qualified Elementary and Secondary Education Expenses applied . . . . .		
4 Subtract line 3 from line 1. . . . .		
5 Adjusted Qualified Higher Education Expenses . . . . .		
6 Qualified Higher Education Expenses applied to ESA distributions . . . . .		
7 Excess distributions. Subtract line 6 from line 4. . . . .		
8 Distributions taxable to recipient . . . . .		

**Part X – Series EE and I U.S. Savings Bonds Issued After 1989**

1	Total proceeds from U.S. Savings Bonds cashed during 2018 for this student. . . . .	
2	Adjusted Qualified Higher Education Expenses . . . . .	
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest . . . . .	
4	Interest included in line 1 . . . . .	
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name
	Street address	Street address
	City	City
	State	State
	Zip Code	Zip Code

## 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.. . . . ☐

# Student Information Worksheet

2018

► Keep for your records

Name of Student  
Haley Judd

Social Security Number  
529-75-9487

## Part I – Student Status

- 1 Was this person a student during 2018? . . . . . ☐ Yes ☒ No
- 2 What kind of school did the student attend during 2018? (Check all that apply.)
- a ☐ Elementary c ☐ College (postsecondary) e ☐ Military academy
- b ☐ High school (secondary) d ☐ Vocational school f ☒ Not applicable
- 3 Did the student receive scholarships or other education assistance? . . . . . ☐ Yes ☐ No

## Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2018? . . . . . ☐ Yes ☐ No ☒ NA
- 2 Was this student enrolled at an eligible education institution during 2018? . . . . . ☐ Yes ☐ No ☒ NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? . . . . . ☐ Yes ☐ No ☒ NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? . . . . . ☐ Yes ☐ No ☒ NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? . . . . . ☐ Yes ☐ No ☒ NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? . . . . . ☐ Yes ☐ No ☐ NA
- 7 Is this student an eligible dependent of the taxpayer? . . . . . ☐ Yes ☐ No ☒ NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? . . . . . ►
- 9 In how many prior years has a Hope Credit been claimed for this student . . . . . ►

## Part III – Education Credit and Deduction Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? . . . . . ☐ Yes ☒ No
- 2 Is this student qualified for the Lifetime Learning Credit? . . . . . ☐ Yes ☒ No
- 3 Is this student qualified for the Tuition and Fees Deduction? . . . . . ☐ Yes ☒ No

## Part IV – Educational Institution and Tuition Summary

Received 2017 1098T with Box 2 filled and box 7 checked?					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
Totals . . . . .					

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) . . . . . ☒ Yes ☐ No

**Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)**

	Total	Taxable	Tax-free
<b>1</b> Educational assistance that is always tax-free:			
<b>a</b> Veteran or employer assistance from Form 1098-T Worksheets . . .	_____		
<b>b</b> Other veteran assistance or certain Indian tribal payments . . . . .	_____		
<b>c</b> Other tax-free employer-provided assistance . . . . .	_____		
<b>d</b> Total . . . . .	_____		_____
<b>2</b> Scholarships, fellowships, and grants not reported on Form W-2:			
<b>a</b> Scholarships and grants from Part IV above . . . . .	_____		
<b>b</b> Other scholarships, fellowships and grants . . . . .	_____		
<b>c</b> Total . . . . .	_____		
<b>3</b> Scholarship reported in 2018 not allocable to 2018 expense . . . . .	_____		
<b>4</b> Amount required to be used for other than qualified education expenses	_____	_____	
<b>5</b> Subtract line 3 and 4 from line 2c. . . . .	_____	_____	
<b>6</b> Total qualified education expenses from Part VI below. . . . .	_____	0.	
<b>7</b> If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-. . . . .			_____
<b>8</b> Subtract line 7 from line 5. . . . .		_____	
<b>9</b> Taxable part. Add lines 4 and 8. . . . .		_____	
<b>10</b> Tax-free educational assistance. Add lines 1d and 7 . . . . .			_____

**Part VI – Education Expenses**

Description	Total	Amount eligible for						
		American Oppor- tunity Credit	Lifetime Learning Credit	Tuition and Fees Deduct- ion	Qualified Higher Education Expense for 529 Plan	Qualified Higher Education Expense for ESA	Qualified Higher Education Expense for US Bonds	Qualified Elementary and Secondary Expense for ESA and QTP
		Not Qualified	Not Qualified	Not Qualified	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Expenses:</b>								
<b>1</b> Tuition paid from Part IV and qualified elementary and secondary tuition. . . . .	_____	_____	_____	_____	_____	_____	_____	_____
Paid to institution as a condition of enrollment:	_____	_____	_____	_____	_____	_____	_____	_____
<b>2</b> Fees . . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>3</b> Books, supplies, equipment Paid to other than institution or not a condition of enrollment:	_____	_____	_____	_____	_____	_____	_____	_____
<b>4</b> Books, supplies, equipment	_____	_____	_____	_____	_____	_____	_____	_____
<b>5</b> Other course-related . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>6</b> Room and board . . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>7</b> Special needs expenses . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>8</b> Computer expenses . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>9</b> QTP or ESA contribution .	_____	_____	_____	_____	_____	_____	_____	_____
<b>10</b> Academic tutoring . . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>11</b> Uniforms . . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>12</b> Transportation . . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>13</b> Total qualified expenses . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>Adjustments:</b>								
<b>14</b> Refunds . . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>15</b> Tax-free assistance . . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>16</b> Deducted on Sched A . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>17</b> Used for credit or deduction	_____	_____	_____	_____	_____	_____	_____	_____
<b>18</b> Used for exclusion . . . . .	_____	0.	0.	0.	_____	_____	_____	_____
<b>See tax help</b>								
<b>19</b> Total adjustments. . . . .	_____	0.	0.	0.	_____	_____	_____	_____
<b>20</b> Adjusted qualified expenses	0.	0.	0.	0.	0.	0.	0.	0.

**Part VII – Education Credit or Deduction Election**

1	Elect credit or deduction which results in best tax outcome. . . . .	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit . . . . .	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit . . . . .	<input type="checkbox"/>
4	Elect the tuition and fees deduction . . . . .	<input type="checkbox"/>
5	Not applicable . . . . .	<input type="checkbox"/>

**Part VIII – Qualified Tuition Program (Section 529 Plan)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Enter the total distributions from this QTP during 2018. . . . .		
2 Enter the amount of adjusted qualified education expenses attributable to this QTP:		
a Qualified Elementary and Secondary Education Expenses . . . . .		
b Qualified Elementary and Secondary Education Expenses applied . . . . .		
c Adjusted Qualified Higher Education Expenses . . . . .		
d Adjusted Qualified Higher Education Expenses applied . . . . .		
3 Total qualified education expenses attributable to this QTP. . . . .		
4 Excess distributions. Subtract line 3 from line 1. . . . .		
If line 4 is greater than zero, complete lines 5 through 8.		
5 Total distributed earnings from Form 1099-Q box 2 . . . . .		
6 Fraction. Divide line 3 by line 1. . . . .		
7 Multiply line 5 by line 6. . . . .		
8 Earnings taxable to recipient. Subtract line 7 from line 5. . . . .		

**Part IX – Education Savings Account (ESA)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Total Education Savings Account (ESA) distributions from Form 1099-Q. . .		
2 Qualified Elementary and Secondary Education Expenses . . . . .		
3 Qualified Elementary and Secondary Education Expenses applied . . . . .		
4 Subtract line 3 from line 1. . . . .		
5 Adjusted Qualified Higher Education Expenses . . . . .		
6 Qualified Higher Education Expenses applied to ESA distributions . . . . .		
7 Excess distributions. Subtract line 6 from line 4. . . . .		
8 Distributions taxable to recipient . . . . .		

**Part X – Series EE and I U.S. Savings Bonds Issued After 1989**

1	Total proceeds from U.S. Savings Bonds cashed during 2018 for this student. . . . .	
2	Adjusted Qualified Higher Education Expenses . . . . .	
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest . . . . .	
4	Interest included in line 1 . . . . .	
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name
	Street address	Street address
	City	City
	State	State
	Zip Code	Zip Code

# 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 . . . Sulley Middle initial . . .      Last name . . . Judd  
Suffix . . . . .     

Social security no. . . 653-85-6770

Date of birth . . . . . 08/04/2012 (mm/dd/yyyy) age as of 12-31-2018 . . . . . 6  
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 . . . . . \_\_\_\_\_

# Student Information Worksheet

► Keep for your records

2018

Name of Student  
Sulley Judd

Social Security Number  
653-85-6770

## Part I – Student Status

- 1 Was this person a student during 2018? . . . . . ☐ Yes ☒ No
- 2 What kind of school did the student attend during 2018? (Check all that apply.)
- a ☐ Elementary c ☐ College (postsecondary) e ☐ Military academy
- b ☐ High school (secondary) d ☐ Vocational school f ☒ Not applicable
- 3 Did the student receive scholarships or other education assistance? . . . . . ☐ Yes ☐ No

## Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2018? . . . . . ☐ Yes ☐ No ☒ NA
- 2 Was this student enrolled at an eligible education institution during 2018? . . . . . ☐ Yes ☐ No ☒ NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? . . . . . ☐ Yes ☐ No ☒ NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? . . . . . ☐ Yes ☐ No ☒ NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? . . . . . ☐ Yes ☐ No ☒ NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? . . . . . ☐ Yes ☐ No ☐ NA
- 7 Is this student an eligible dependent of the taxpayer? . . . . . ☒ Yes ☐ No ☐ NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? . . ►
- 9 In how many prior years has a Hope Credit been claimed for this student . . . . . ►

## Part III – Education Credit and Deduction Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? . . . . . ☐ Yes ☒ No
- 2 Is this student qualified for the Lifetime Learning Credit? . . . . . ☐ Yes ☒ No
- 3 Is this student qualified for the Tuition and Fees Deduction? . . . . . ☐ Yes ☒ No

## Part IV – Educational Institution and Tuition Summary

Received 2017 1098T with Box 2 filled and box 7 checked?					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
Totals . . . . .					

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) . . . . . ☒ Yes ☐ No

**Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)**

	Total	Taxable	Tax-free
<b>1</b> Educational assistance that is always tax-free:			
<b>a</b> Veteran or employer assistance from Form 1098-T Worksheets . . .	_____		
<b>b</b> Other veteran assistance or certain Indian tribal payments . . . . .	_____		
<b>c</b> Other tax-free employer-provided assistance . . . . .	_____		
<b>d</b> Total . . . . .	_____		_____
<b>2</b> Scholarships, fellowships, and grants not reported on Form W-2:			
<b>a</b> Scholarships and grants from Part IV above . . . . .	_____		
<b>b</b> Other scholarships, fellowships and grants . . . . .	_____		
<b>c</b> Total . . . . .	_____		
<b>3</b> Scholarship reported in 2018 not allocable to 2018 expense . . . . .	_____		
<b>4</b> Amount required to be used for other than qualified education expenses	_____	_____	
<b>5</b> Subtract line 3 and 4 from line 2c. . . . .	_____	_____	
<b>6</b> Total qualified education expenses from Part VI below. . . . .	_____	0.	
<b>7</b> If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-. . . . .			_____
<b>8</b> Subtract line 7 from line 5. . . . .		_____	
<b>9</b> Taxable part. Add lines 4 and 8. . . . .		_____	
<b>10</b> Tax-free educational assistance. Add lines 1d and 7 . . . . .			_____

**Part VI – Education Expenses**

Description	Total	Amount eligible for						
		American Opportunity Credit	Lifetime Learning Credit	Tuition and Fees Deduction	Qualified Higher Education Expense for 529 Plan	Qualified Higher Education Expense for ESA	Qualified Higher Education Expense for US Bonds	Qualified Elementary and Secondary Expense for ESA and QTP
		Not Qualified	Not Qualified	Not Qualified	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Expenses:</b>								
<b>1</b> Tuition paid from Part IV and qualified elementary and secondary tuition. . . . .	_____	_____	_____	_____	_____	_____	_____	_____
Paid to institution as a condition of enrollment:								
<b>2</b> Fees . . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>3</b> Books, supplies, equipment Paid to other than institution or not a condition of enrollment:	_____	_____	_____	_____	_____	_____	_____	_____
<b>4</b> Books, supplies, equipment	_____	_____	_____	_____	_____	_____	_____	_____
<b>5</b> Other course-related . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>6</b> Room and board . . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>7</b> Special needs expenses . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>8</b> Computer expenses . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>9</b> QTP or ESA contribution . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>10</b> Academic tutoring . . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>11</b> Uniforms . . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>12</b> Transportation . . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>13</b> Total qualified expenses . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>Adjustments:</b>								
<b>14</b> Refunds . . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>15</b> Tax-free assistance . . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>16</b> Deducted on Sched A . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>17</b> Used for credit or deduction	_____	_____	_____	_____	_____	_____	_____	_____
<b>18</b> Used for exclusion . . . . .	_____	0.	0.	0.	_____	_____	_____	_____
<b>See tax help</b>								
<b>19</b> Total adjustments. . . . .	_____	0.	0.	0.	_____	_____	_____	_____
<b>20</b> Adjusted qualified expenses	0.	0.	0.	0.	0.	0.	0.	0.



**Part VII – Education Credit or Deduction Election**

1	Elect credit or deduction which results in best tax outcome. . . . .	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit . . . . .	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit . . . . .	<input type="checkbox"/>
4	Elect the tuition and fees deduction . . . . .	<input type="checkbox"/>
5	Not applicable . . . . .	<input type="checkbox"/>

**Part VIII – Qualified Tuition Program (Section 529 Plan)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Enter the total distributions from this QTP during 2018. . . . .		
2 Enter the amount of adjusted qualified education expenses attributable to this QTP:		
a Qualified Elementary and Secondary Education Expenses . . . . .		
b Qualified Elementary and Secondary Education Expenses applied . . . . .		
c Adjusted Qualified Higher Education Expenses . . . . .		
d Adjusted Qualified Higher Education Expenses applied . . . . .		
3 Total qualified education expenses attributable to this QTP . . . . .		
4 Excess distributions. Subtract line 3 from line 1. . . . .		
If line 4 is greater than zero, complete lines 5 through 8.		
5 Total distributed earnings from Form 1099-Q box 2 . . . . .		
6 Fraction. Divide line 3 by line 1. . . . .		
7 Multiply line 5 by line 6. . . . .		
8 Earnings taxable to recipient. Subtract line 7 from line 5. . . . .		

**Part IX – Education Savings Account (ESA)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Total Education Savings Account (ESA) distributions from Form 1099-Q. . .		
2 Qualified Elementary and Secondary Education Expenses . . . . .		
3 Qualified Elementary and Secondary Education Expenses applied . . . . .		
4 Subtract line 3 from line 1. . . . .		
5 Adjusted Qualified Higher Education Expenses . . . . .		
6 Qualified Higher Education Expenses applied to ESA distributions . . . . .		
7 Excess distributions. Subtract line 6 from line 4. . . . .		
8 Distributions taxable to recipient . . . . .		

**Part X – Series EE and I U.S. Savings Bonds Issued After 1989**

1	Total proceeds from U.S. Savings Bonds cashed during 2018 for this student. . . . .	
2	Adjusted Qualified Higher Education Expenses . . . . .	
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest . . . . .	
4	Interest included in line 1 . . . . .	
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name
	Street address	Street address
	City	City
	State	State
	Zip Code	Zip Code

# 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 . . . Tennyson Middle initial . . . Last name . . . Judd  
Suffix . . . . .

Social security no. . . 845-29-6008

Date of birth . . . . . 06/22/2014 (mm/dd/yyyy) age as of 12-31-2018 . . . . . 4  
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				

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 . . . . .

# Student Information Worksheet

2018

► Keep for your records

Name of Student  
Tennyson Judd

Social Security Number  
845-29-6008

## Part I – Student Status

- 1 Was this person a student during 2018? . . . . . ☐ Yes ☒ No
- 2 What kind of school did the student attend during 2018? (Check all that apply.)
- a ☐ Elementary c ☐ College (postsecondary) e ☐ Military academy
- b ☐ High school (secondary) d ☐ Vocational school f ☒ Not applicable
- 3 Did the student receive scholarships or other education assistance? . . . . . ☐ Yes ☐ No

## Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2018? . . . . . ☐ Yes ☐ No ☒ NA
- 2 Was this student enrolled at an eligible education institution during 2018? . . . . . ☐ Yes ☐ No ☒ NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? . . . . . ☐ Yes ☐ No ☒ NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? . . . . . ☐ Yes ☐ No ☒ NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? . . . . . ☐ Yes ☐ No ☒ NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? . . . . . ☐ Yes ☐ No ☐ NA
- 7 Is this student an eligible dependent of the taxpayer? . . . . . ☒ Yes ☐ No ☐ NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? . . . . . ►
- 9 In how many prior years has a Hope Credit been claimed for this student . . . . . ►

## Part III – Education Credit and Deduction Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? . . . . . ☐ Yes ☒ No
- 2 Is this student qualified for the Lifetime Learning Credit? . . . . . ☐ Yes ☒ No
- 3 Is this student qualified for the Tuition and Fees Deduction? . . . . . ☐ Yes ☒ No

## Part IV – Educational Institution and Tuition Summary

Received 2017 1098T with Box 2 filled and box 7 checked?					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
Totals . . . . .					

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) . . . . . ☒ Yes ☐ No

**Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)**

	Total	Taxable	Tax-free
<b>1</b> Educational assistance that is always tax-free:			
<b>a</b> Veteran or employer assistance from Form 1098-T Worksheets . . .	_____		
<b>b</b> Other veteran assistance or certain Indian tribal payments . . . . .	_____		
<b>c</b> Other tax-free employer-provided assistance . . . . .	_____		
<b>d</b> Total . . . . .	_____		_____
<b>2</b> Scholarships, fellowships, and grants not reported on Form W-2:			
<b>a</b> Scholarships and grants from Part IV above . . . . .	_____		
<b>b</b> Other scholarships, fellowships and grants . . . . .	_____		
<b>c</b> Total . . . . .	_____		
<b>3</b> Scholarship reported in 2018 not allocable to 2018 expense . . . . .	_____		
<b>4</b> Amount required to be used for other than qualified education expenses	_____	_____	
<b>5</b> Subtract line 3 and 4 from line 2c. . . . .	_____	_____	
<b>6</b> Total qualified education expenses from Part VI below. . . . .	_____	0.	
<b>7</b> If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-. . . . .			_____
<b>8</b> Subtract line 7 from line 5. . . . .		_____	
<b>9</b> Taxable part. Add lines 4 and 8. . . . .		_____	
<b>10</b> Tax-free educational assistance. Add lines 1d and 7 . . . . .			_____

**Part VI – Education Expenses**

Description	Total	Amount eligible for						
		American Oppor- tunity Credit	Lifetime Learning Credit	Tuition and Fees Deduct- ion	Qualified Higher Education Expense for 529 Plan	Qualified Higher Education Expense for ESA	Qualified Higher Education Expense for US Bonds	Qualified Elementary and Secondary Expense for ESA and QTP
		Not Qualified	Not Qualified	Not Qualified	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Expenses:</b>								
<b>1</b> Tuition paid from Part IV and qualified elementary and secondary tuition. . . . .	_____	_____	_____	_____	_____	_____	_____	_____
Paid to institution as a condition of enrollment:	_____	_____	_____	_____	_____	_____	_____	_____
<b>2</b> Fees . . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>3</b> Books, supplies, equipment Paid to other than institution or not a condition of enrollment:	_____	_____	_____	_____	_____	_____	_____	_____
<b>4</b> Books, supplies, equipment	_____	_____	_____	_____	_____	_____	_____	_____
<b>5</b> Other course-related . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>6</b> Room and board . . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>7</b> Special needs expenses . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>8</b> Computer expenses . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>9</b> QTP or ESA contribution .	_____	_____	_____	_____	_____	_____	_____	_____
<b>10</b> Academic tutoring . . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>11</b> Uniforms . . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>12</b> Transportation . . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>13</b> Total qualified expenses . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>Adjustments:</b>								
<b>14</b> Refunds . . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>15</b> Tax-free assistance . . . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>16</b> Deducted on Sched A . . .	_____	_____	_____	_____	_____	_____	_____	_____
<b>17</b> Used for credit or deduction	_____	_____	_____	_____	_____	_____	_____	_____
<b>18</b> Used for exclusion . . . . .	_____	0.	0.	0.	_____	_____	_____	_____
<b>See tax help</b>								
<b>19</b> Total adjustments. . . . .	_____	0.	0.	0.	_____	_____	_____	_____
<b>20</b> Adjusted qualified expenses	0.	0.	0.	0.	0.	0.	0.	0.

**Part VII – Education Credit or Deduction Election**

1	Elect credit or deduction which results in best tax outcome. . . . .	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit . . . . .	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit . . . . .	<input type="checkbox"/>
4	Elect the tuition and fees deduction . . . . .	<input type="checkbox"/>
5	Not applicable . . . . .	<input type="checkbox"/>

**Part VIII – Qualified Tuition Program (Section 529 Plan)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Enter the total distributions from this QTP during 2018. . . . .		
2 Enter the amount of adjusted qualified education expenses attributable to this QTP:		
a Qualified Elementary and Secondary Education Expenses . . . . .		
b Qualified Elementary and Secondary Education Expenses applied . . . . .		
c Adjusted Qualified Higher Education Expenses . . . . .		
d Adjusted Qualified Higher Education Expenses applied . . . . .		
3 Total qualified education expenses attributable to this QTP . . . . .		
4 Excess distributions. Subtract line 3 from line 1. . . . .		
If line 4 is greater than zero, complete lines 5 through 8.		
5 Total distributed earnings from Form 1099-Q box 2 . . . . .		
6 Fraction. Divide line 3 by line 1. . . . .		
7 Multiply line 5 by line 6. . . . .		
8 Earnings taxable to recipient. Subtract line 7 from line 5. . . . .		

**Part IX – Education Savings Account (ESA)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Total Education Savings Account (ESA) distributions from Form 1099-Q. . .		
2 Qualified Elementary and Secondary Education Expenses . . . . .		
3 Qualified Elementary and Secondary Education Expenses applied . . . . .		
4 Subtract line 3 from line 1. . . . .		
5 Adjusted Qualified Higher Education Expenses . . . . .		
6 Qualified Higher Education Expenses applied to ESA distributions . . . . .		
7 Excess distributions. Subtract line 6 from line 4. . . . .		
8 Distributions taxable to recipient . . . . .		

**Part X – Series EE and I U.S. Savings Bonds Issued After 1989**

1	Total proceeds from U.S. Savings Bonds cashed during 2018 for this student. . . . .	
2	Adjusted Qualified Higher Education Expenses . . . . .	
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest . . . . .	
4	Interest included in line 1 . . . . .	
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name
	Street address	Street address
	City	City
	State	State
	Zip Code	Zip Code

► Keep for your records

Name(s) Shown on Return

Nathan &amp; Haley Judd

Social Security Number

570-83-4676

## Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	27,224.	840.	28,064.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.	0.	0.
<b>2</b>	Total federal tax withheld . . . . .	10.		10.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	27,504.	840.	28,344.
<b>4</b>	Total social security tax withheld . . . . .	1,705.	52.	1,757.
<b>5</b>	Total Medicare wages and tips . . . . .	27,504.	840.	28,344.
<b>6</b>	Total Medicare tax withheld . . . . .	399.	12.	411.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .	1,241.		1,241.
<b>b</b>	Elective deferrals to qualified plans . . . . .	280.		280.
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	QSEHRA benefits . . . . .			
<b>n</b>	Total other items from box 12 . . . . .	961.		961.
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	This line does not apply to TurboTax . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .	35.		35.
<b>16</b>	Total state wages and tips . . . . .	27,224.	840.	28,064.
<b>17</b>	Total state tax withheld . . . . .	648.		648.
<b>19</b>	Total local tax withheld. . . . .			

Name  
Nathan JuddSocial Security Number  
570-83-4676**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 . 570-83-4676**b** Employer's ID number . . . . 14-1463735**c** Employer's name, address, and ZIP code  
CLINTON CO CHAPTER NYSARC INC  
ADVOCACY & RESOURCE CENTER

Street 231 NEW YORK ROAD

City PLATTSBURGH

State NY ZIP Code 12903

Foreign Province

Foreign Postal Code

Foreign Country

**d** Control number**Transfer employee information from  
the Federal Information Worksheet****e** Employee's name

First Nathan M.I. \_\_\_\_\_

Last Judd Suff. \_\_\_\_\_

**f** Employee's address and ZIP code

Street 255 Allen Hill Road

City Peru

State NY ZIP Code 12972

Foreign Province

Foreign Postal Code

Foreign Country

**1** Wages, tips, other  
compensation

27,223.85

**3** Social security wages

27,503.82

**5** Medicare wages and tips

27,503.82

**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

10.36

**4** Social security tax withheld

1,705.24

**6** Medicare tax withheld

398.85

**8** Allocated tips**10** Dependent care benefitsDistributions from sect. 457  
and nonqualified plans  
(Important, see Help)**Box 12**

Code

C

DD

E

**Box 12**

Amount

8.69

952.38

279.97

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

NY

**Box 16**  
Employer's state I.D. no.

141463735

**Box 16**

State wages, tips, etc.

27,223.85

**Box 17**

State income tax

647.84

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

NYPFL

Amount

35.28

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).

Other (not classified)



- Keep for your records

Name  
Haley Judd

Social Security Number  
529-75-9487

X	<b>Spouse's W-2</b>
	<b>Do not transfer this W-2 to next year</b>

**Military:** Complete **Part VI** on Page 2 below

**a** Employee's social security No . 529-75-9487  
**b** Employer's ID number . . . . 14-6001810  
**c** Employer's name, address, and ZIP code  
PERU CENTRAL SCHOOL DISTRICT

---

Street 17 SCHOOL STREET  
City PERU  
State NY ZIP Code 12972

Foreign Province \_\_\_\_\_  
Foreign Postal Code \_\_\_\_\_  
Foreign Country \_\_\_\_\_

**d** Control number

☒ **Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
First Haley M.I.       
Last Judd Suff.     

**f** Employee's address and ZIP code  
Street 255 Allen Hill Road  
City Peru  
State NY ZIP Code 12972  
Foreign Province       
Foreign Postal Code       
Foreign Country     

1	Wages, tips, other compensation	840.00
3	Social security wages	840.00
5	Medicare wages and tips	840.00
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	
4	Social security tax withheld	52.08
6	Medicare tax withheld	12.18
8	Allocated tips	

**10** Dependent care benefits

---

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

Box 12 Code	Box 12 Amount	
		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: <input type="checkbox"/> Employer is <b>not</b> a state or local government

<b>Box 15</b>		<b>Box 16</b>	<b>Box 17</b>
State	Employer's state I.D. no.	State wages, tips, etc.	State income tax
NY	146001810	840.00	

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

<b>Box 14</b> 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).

# Healthcare Entry Sheet

► Keep for your records

2018

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 Nathan Judd	570-83-4676	09/16/77	<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"/>	T
2 Haley Judd	529-75-9487	08/02/81	<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"/>	S
3 Sulley Judd	653-85-6770	08/04/12	<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"/>	1
4 Tennyson Judd	845-29-6008	06/22/14	<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
5			<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"/>	<input type="checkbox"/>	
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"/>	<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.

**1098-T**  
Worksheet

**Tuition Statement**  
► Keep for your records

**2018**

Taxpayer's name <u>Nathan &amp; Haley Judd</u>	Social Security No. <u>570-83-4676</u>
---	---

**1098-T Information (Required):**

- A** A Form 1098-T was received from this institution for 2018. . . . . Yes ☐ No ☒
- B** A Form 1098-T was received from this institution for **2017** with Box 2 filled in and Box 7 checked . . . . . Yes ☐ No ☒

**Identify Student (Required):**

- A** If student is Nathan or Haley  
**Double-click to link this 1098-T to the applicable Taxpayer or Spouse Student Information Worksheet** . . . . . ► Nathan
- B** If student is Sulley or Tennyson  
**Double-click to link this 1098-T to the applicable Dependent Student Information Worksheet** . . . . . ► \_\_\_\_\_

Filer's name <u>SUNY - Plattsburgh</u> Street address <u>101 Broad Street</u> City _____ State _____ Zip Code _____ <u>Plattsburgh</u> <u>NY</u> <u>12901</u> Foreign province/country _____ Foreign postal code _____ Foreign country _____		<b>1</b> Payments received for qualified tuition and related expenses . . . . \$ <u>1,493.</u>	
		<b>2</b>	
		<b>3</b> If this box is checked, your educational institution has changed its reporting method for 2018 . . . . . <input type="checkbox"/>	
<b>Filer's Employer</b> Identification Number <u>16-1514621</u>	<b>Student's</b> Taxpayer Identification Number <u>570-83-4676</u>	<b>4</b> Adjustments made for a prior year \$ _____	<b>5</b> Scholarships or grants \$ _____
Student's name <u>Nathan</u> Street address _____ Apt. No. _____ <u>255 Allen Hill Road</u> City _____ State _____ Zip Code _____ <u>Peru</u> <u>NY</u> <u>12972</u>		<b>6</b> Adjustments to scholarships or grants for a prior year \$ _____	<b>7</b> Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2019 . . . . ► <input type="checkbox"/>
Service Provider/ Acct No _____	<b>8</b> Check if at least half-time student ► <input type="checkbox"/>	<b>9</b> Check if a graduate student . . ► <input type="checkbox"/>	<b>10</b> Ins. contract reimb./refund \$ _____

**Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses**

- A** Enter box 1 amount **not** paid during 2018 . . . . . 0.
- B** Enter box 1 amount actually paid during 2018 . . . . . 1,493.

**Reconciliation of Box 5, Scholarships or Grants**

- A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . . \_\_\_\_\_
- B** Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . . \_\_\_\_\_
- C** Portion of box 5 amount from scholarships or grants . . . . . \_\_\_\_\_
- D** Box 5 amount includes veteran- or employer-provided educational assistance . . . . . ☐

**Form 1099-Q Summary****2018**

► Keep for your records

Name(s) Shown on Return

Nathan &amp; Haley Judd

Social Security No.

570-83-4676

**Coverdell Educational Savings Account (ESA) Distributions****Recipient  
Taxpayer****Recipient  
Spouse**

- |          |  |  |  |
|----------|--|--|--|
| <b>1</b> | Total gross distributions from box 1 of Form 1099-Q . . . . .  |  |  |
| <b>a</b> | Less: Rollover to another ESA of beneficiary . . . . .   |  |  |
| <b>b</b> | Less: Transfer to another family member . . . . .  |  |  |
| <b>c</b> | Less: Transfer to a non-family member . . . . .  |  |  |
| <b>d</b> | Less: Return of 2018 contributions . . . . .   |  |  |
| <b>e</b> | Less: Return of pre 2018 contributions. These are<br>reported on the tax return in the year the<br>contribution was made, not on the 2018 tax return . . . . . |  |  |
| <b>2</b> | Balance of gross Coverdell ESA distributions . . . . .   |  |  |
| <b>3</b> | Education expenses not used as basis for credits . . . . .   |  |  |
| <b>4</b> | Amount of ESA distributions after return of basis . . . . .  |  |  |
| <b>5</b> | Earnings on return of 2018 contributions . . . . .   |  |  |
| <b>6</b> | Earnings on non-family member transfer . . . . .   |  |  |
| <b>7</b> | Taxable amount of ESA distributions on line 2 . . . . .  |  |  |
| <b>8</b> | Taxable amount included on Schedule 1 (Form 1040), line 21 . . . .   |  |  |
| <b>9</b> | Non-taxable ESA distributions . . . . .  |  |  |

**Gross State Qualified Tuition Plan (QTP) Distributions**

- |           |   |  |  |
|-----------|---|--|--|
| <b>10</b> | Total gross distributions from box 1 of Form 1099-Q . . . . . |  |  |
| <b>a</b>  | Less: Rollover to another QTP of beneficiary . . . . .        |  |  |
| <b>b</b>  | Less: Transfer to another family member . . . . .             |  |  |
| <b>c</b>  | Less: Transfer to a non-family member . . . . .               |  |  |
| <b>d</b>  | Less: Expenses refunded and recontributed . . . . .           |  |  |
| <b>11</b> | Balance of gross state QTP distributions . . . . .            |  |  |
| <b>12</b> | Earnings on state QTP distributions on line 11 . . . . .      |  |  |

**Gross Private Qualified Tuition Plan (QTP) Distributions**

- |           |   |  |  |
|-----------|---|--|--|
| <b>13</b> | Total gross distributions from box 1 of Form 1099-Q . . . . . |  |  |
| <b>a</b>  | Less: Rollover to another QTP of beneficiary . . . . .        |  |  |
| <b>b</b>  | Less: Transfer to another family member . . . . .             |  |  |
| <b>c</b>  | Less: Transfer to a non-family member . . . . .               |  |  |
| <b>d</b>  | Less: Expenses refunded and recontributed . . . . .           |  |  |
| <b>14</b> | Balance of gross private QTP distributions . . . . .          |  |  |
| <b>15</b> | Earnings on private QTP distributions on line 14 . . . . .    |  |  |

**Taxable Qualified Tuition Plan (QTP) Distributions**

- |           |  |  |  |
|-----------|--|--|--|
| <b>16</b> | Balance of gross QTP distributions. . . . .                        |  |  |
| <b>17</b> | Earnings on QTP distributions on line 16 . . . . .                 |  |  |
| <b>18</b> | Education expenses not used as basis for credits . . . . .         |  |  |
| <b>19</b> | Non-taxable QTP distributions . . . . .                            |  |  |
| <b>20</b> | Taxable amount of earnings on line 17 . . . . .                    |  |  |
| <b>21</b> | Earnings on non-family member transfer (state) . . . . .           |  |  |
| <b>22</b> | Earnings on non-family member transfer (private) . . . . .         |  |  |
| <b>23</b> | Taxable amount included on Schedule 1 (Form 1040), line 21 . . . . |  |  |

Qualified Tuition Plan (QTP) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Earnings	Expenses	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total. . . . .							

Educational Savings Account (ESA) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total. . . . .					

# Wages, Salaries, & Tips Worksheet

2018

► Keep for your records

Name(s) Shown on Return Nathan & Haley Judd	Social Security Number 570-83-4676
--	---------------------------------------

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 . . . . .	27,224.	840.	28,064.
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 <b>Subtotal.</b> <b>Add lines 1 through 9 . . . . .</b>	27,224.	840.	28,064.
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 . . . . .	0.		0.
14 Other non-earned income:			
15 <b>Total of lines 10 through 14 . . . . .</b>	27,224.	840.	28,064.

► Keep for your records

Name as Shown on Return  
Nathan & Haley JuddSocial Security No.  
570-83-4676

- 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>2</u> X \$2,000. Enter the result . . . . .	1	<u>4,000.</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>4,000.</u>	
4	Enter the amount from Form 1040, line 7 . . . . .	4	<u>28,064.</u>		
5	<b>1040 filers:</b> 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. <span style="float:right">}</span> <b>1040NR filers:</b> Enter -0-.	5	<u>0.</u>		
6	Add lines 4 and 5. Enter the total . . . . .	6	<u>28,064.</u>		
7	Enter the amount shown below for your filing status. • Married filing jointly — \$400,000 <span style="float:right">}</span> • 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"/> <b>No.</b> Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> <b>Yes.</b> 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"/> <b>No. Stop.</b> 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"/> <b>Yes.</b> Subtract line 9 from line 3. Enter the result. <i>Go to Part 2</i> . . . . .	10		<u>4,000.</u>	

**Part 2**

11	Enter the amount from Form 1040, line 11 . . . . .	11	<u>408.</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>140.</u>		
13	Subtract line 12 from line 11 . . . . .	13		<u>268.</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"/> <b>No.</b> Enter -0- . . . . . <input type="checkbox"/> <b>Yes.</b> 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. <span style="float:right">}</span>	14		<u>0.</u>	
15	Subtract line 14 from line 13. Enter the result . . . . .	15		<u>268.</u>	
16	Is the amount on line 10 of this worksheet more than the amount on line 15? <input type="checkbox"/> <b>No.</b> Enter the amount from line 10 <span style="float:right">}</span> <input checked="" type="checkbox"/> <b>Yes.</b> Enter the amount from line 15. See the <b>TIP</b> below.	16		<u>268.</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  
Nathan & Haley Judd

Social Security Number  
570-83-4676

		Regular Tax	Alternative Minimum Tax
<b>If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.</b>			
<b>1</b>	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 <b>smaller</b> of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4. . . . .	<b>1</b>	
<b>2</b>	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1 . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>	
<b>4</b>	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 . . . . .	<b>4</b>	
<b>5</b>	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain". . . . .	<b>5</b>	
<b>6</b>	Add lines 3 through 5 . . . . .	<b>6</b>	
<b>7</b>	Enter the <b>smaller</b> of line 6 or the gain from Form 4797, line 7 . . . . .	<b>7</b>	
<b>8</b>	Enter the amount, if any, from Form 4797, line 8 . . . . .	<b>8</b>	
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0- . . . . .	<b>9</b>	
<b>10</b>	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain. . . . .	<b>10</b>	
<b>11</b>	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		
	<b>Regular</b> <b>AMT</b>		
<b>a</b>	On Form 1099-DIV . . . . .		
<b>b</b>	On Form 2439 . . . . .		
<b>c</b>	On Schedule(s) K-1 . . . . .		
<b>d</b>	On Form 1099-R . . . . .		
<b>e</b>	From Form 8814 . . . . .		
<b>f</b>	Other. . . . .		
	Total . . . . .	<b>11</b>	
<b>12</b>	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 . . . . .	<b>12</b>	
<b>13</b>	Add lines 9 through 12. . . . .	<b>13</b>	
<b>14</b>	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the <b>28% Rate Gain Worksheet</b> . Otherwise, enter -0- . . . . .	<b>14</b>	0.
<b>15</b>	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0- . . . . .	<b>15</b>	0.
<b>16</b>	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C . . . . .	<b>16</b>	
<b>a</b>	Enter your capital gain excess, if you are filing Form 2555 . . . . .	<b>a</b>	0.
<b>17</b>	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- . . . . .	<b>17</b>	0.
<b>18</b>	<b>Unrecaptured section 1250 gain.</b> 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. . . . .	<b>18</b>	



**Schedule D**  
**Line 18**

**28% Rate Gain Worksheet**

► Keep for your records

**2018**

Name(s) Shown on Return  
Nathan & Haley Judd

Social Security Number  
570-83-4676

				Regular Tax	Alternative Minimum Tax
<b>1</b>	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II . . . . .	<b>1</b>			
<b>2</b>	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>				
<b>a</b>	Schedule D . . .				
<b>b</b>	Form 8814 . . .				
<b>c</b>	Schedule B . . .				
<b>d</b>	Form 6252 . . .				
<b>e</b>	Form 2439 . . .				
<b>f</b>	Other . . . . .				
	Total . . . . .	<b>2</b>			
<b>3</b>	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>				
<b>a</b>	Form 4684, line 4 (but only if line 15 is more than zero) . . . . .				
<b>b</b>	Form 6252 . . . . .				
<b>c</b>	Form 6781, Part II . . . . .				
<b>d</b>	Form 8824 . . . . .				
	Total . . . . .	<b>3</b>			
<b>4</b>	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>				
<b>a</b>	Form 1099-DIV, box 2d . . .				
<b>b</b>	Form 2439, box 1d . . . . .				
<b>c</b>	Schedule K-1 from a partnership, S corporation, estate, or trust . . . . .				
<b>d</b>	Disposition of interest in partnership or S corporation . . . . .				
<b>e</b>	Other . . . . .				
	Total . . . . .	<b>4</b>			
<b>5</b>	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C . . . . .	<b>5</b>			
<b>6</b>	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0- . . . . .	<b>6</b>			
<b>7</b>	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18 . . . . .	<b>7</b>			
<b>8</b>	Enter the amount of any capital gain excess . . . . .	<b>8</b>			0.
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a . . . . .	<b>9</b>	0.		0.

Name(s) Shown on Return  
Nathan & Haley JuddSocial Security Number  
570-83-4676

1	a	Enter your taxable income from Form 1040, line 10 . . . . .	1 a	4,064.
	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	4,064.
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 <b>smaller</b> of line 7a or line 7b . . . . .	7 c	0.
8		Enter the <b>smaller</b> 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 <b>smaller</b> 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	4,064.
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 <b>smaller</b> of line 1c or line 15 . . . . .	16	4,064.
17		Enter the <b>smaller</b> of line 14 or line 16 . . . . .	17	4,064.
18	a	Subtr in 10 from ln 1c. If zero or less, enter -0- . . . . .	18 a	4,064.
	b	Enter the <b>smaller</b> of line 1c or \$157,500 (\$315,000 if married filing jointly or qualifying widow(er)) . . . . .	b	
	c	Enter the <b>smaller</b> of line 14 or line 18b . . . . .	c	
19		Enter the <b>larger</b> of line 18a or line 18c . . . . .	19	4,064.
20		Subtract line 17 from line 16. This amount is taxed at 0% . . . . .	20	0.
		<b>If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.</b>		
21		Enter the <b>smaller</b> of line 1c or line 13 . . . . .	21	
22		Enter the amount from line 20 (if line 20 is blank, enter -0-) . . . . .	22	
23		Subtract line 22 from line 21. If zero or less, enter -0- . . . . .	23	
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	
25		Enter the smaller of line 1c or line 24 . . . . .	25	
26		Add lines 19 and 20 . . . . .	26	
27		Subtract line 26 from line 25. If zero or less, enter -0- . . . . .	27	
28		Enter the <b>smaller</b> of line 23 or line 27 . . . . .	28	
29		Multiply line 28 by 15% (0.15) . . . . .	29	
30		Add lines 22 and 28 . . . . .	30	
31		Subtract line 30 from line 21 . . . . .	31	
32		Multiply line 31 by 20% (0.20) . . . . .	32	

**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 <b>smaller</b> 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 <b>25%</b> (0.25) . . . . .	38	_____
<b>If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.</b>			
39	Add lines 19, 20, 28, 31, and 37 . . . . .	39	_____
40	Subtract line 39 from line 1c . . . . .	40	_____
41	Multiply line 40 by <b>28%</b> (0.28) . . . . .	41	_____
42	Figure the tax on the amount on <b>line 19</b> . 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	408 .
44	Figure the tax on the amount on <b>line 1c</b> . 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	408 .
45	<b>Tax on all taxable income (including capital gains and qualified dividends).</b> Enter the <b>smaller</b> of line 43 or line 44. Also include this amount on Form 1040, line 11a . . . . .	45	408 .

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**Form 1040**      **Qualified Dividends and Capital Gain Tax Worksheet**  
**Line 11a**                      ► Keep for your records

**2018**

Name(s) Shown on Return Nathan & Haley Judd	Social Security Number 570-83-4676
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<b>1</b>	Enter the amount from Form 1040, line 10 . . . . .	<b>1</b>	_____
<b>2</b>	Enter the amount from Form 1040, line 3a . . . . .	<b>2</b>	_____
<b>3</b>	Are you filing Schedule D?		
<input type="checkbox"/>	<b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . .	<b>3</b>	_____
<input type="checkbox"/>	<b>No.</b> Enter the amount from Schedule 1, line 13.		
<b>4</b>	Add lines 2 and 3 . . . . .	<b>4</b>	_____
<b>5</b>	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- . . . . .		
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>	_____
<b>7</b>	Subtract line 6 from line 1. If zero or less, enter -0- . . . . .	<b>7</b>	_____
<b>8</b>	Enter: \$38,600 if single or married filing separately, \$77,200 if married filing jointly or qualifying widow(er), \$51,700 if head of household.		
		<b>8</b>	_____
<b>9</b>	Enter the smaller of line 1 or line 8 . . . . .	<b>9</b>	_____
<b>10</b>	Enter the smaller of line 7 or line 9 . . . . .	<b>10</b>	_____
<b>11</b>	Subtract line 10 from line 9 (this amount taxed at 0%) . . . . .	<b>11</b>	_____
<b>12</b>	Enter the smaller of line 1 or line 6 . . . . .	<b>12</b>	_____
<b>13</b>	Enter the amount from line 11 . . . . .	<b>13</b>	_____
<b>14</b>	Subtract line 13 from line 12. . . . .	<b>14</b>	_____
<b>15</b>	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.		
		<b>15</b>	_____
<b>16</b>	Enter the smaller of line 1 or line 15 . . . . .	<b>16</b>	_____
<b>17</b>	Add lines 7 and 11 . . . . .	<b>17</b>	_____
<b>18</b>	Subtract line 17 from line 16. If zero or less, enter -0- . . . . .	<b>18</b>	_____
<b>19</b>	Enter the smaller of line 14 or line 18 . . . . .	<b>19</b>	_____
<b>20</b>	Multiply line 19 by 15% (0.15) . . . . .	<b>20</b>	_____
<b>21</b>	Add lines 11 and 19 . . . . .	<b>21</b>	_____
<b>22</b>	Subtract line 21 from line 12 . . . . .	<b>22</b>	_____
<b>23</b>	Multiply line 22 by 20% (0.20) . . . . .	<b>23</b>	_____
<b>24</b>	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. . . . .		
		<b>24</b>	_____
<b>25</b>	Add lines 20, 23, and 24 . . . . .	<b>25</b>	_____
<b>26</b>	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. . . . .		
		<b>26</b>	_____
<b>27</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or line 26 here and on Form 1040, line 11a. . . . .		
		<b>27</b>	_____

# IRA Contributions Worksheet

2018

► Keep for your records

Name(s) Shown on Return Nathan & Haley Judd	Social Security Number 570-83-4676
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## Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter <b>traditional</b> IRA contributions made for 2018, including any made between 1/1/2019 and 4/15/2019, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan . . . . .		
2	Contributions recharacterized <b>from</b> a Roth IRA (from line 24) . . .		
3	<b>Traditional</b> IRA contributions, from Schedule(s) K-1 . . . . .		
4	Contributions recharacterized (not converted) <b>to</b> a Roth IRA . . .		
►	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	<b>Traditional</b> IRA contributions. Combine lines 1 through 4 . . . . .		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i> . . . . .		
7	Excess traditional IRA contribution credit. . . . .		
8	Repayments of qualified reservist distributions . . . . .		
9	Total <b>traditional</b> IRA contributions. . . . .		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2019 to 4/15/2019 ( <i>See Help</i> ). . . . .		
12	Age 70-1/2 or older in tax year . . . . .		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
13	Deductible <b>traditional</b> IRA contributions from worksheet. . . . .		
14	Nondeductible <b>traditional</b> IRA contributions from worksheet. . . . .		
	<b>QuickZoom</b> to worksheet indicated by the check: <input type="checkbox"/> IRA deduction worksheet . . . . . ► <input type="checkbox"/> Worksheet for social security recipients . . . . . ►		
15	Amount on line 13 you elect to make nondeductible . . . . .		
16	Excess <b>traditional</b> IRA contributions, to Form 5329, line 15 . . . . . <b>Note:</b> You may avoid a penalty by withdrawing the amount on line 16 before due date of return, including extensions.		
17	Deductible <b>traditional</b> IRA contributions, to Schedule 1 (Form 1040), Line 32. . . . .		
18	Qualified reservist repayments . . . . .		
19	Nondeductible <b>traditional</b> IRA contributions, to Form 8606, ln 1. . .		

# IRA Contributions Worksheet

2018

► Keep for your records

Nathan & Haley Judd

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Page 2

## Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
20	Enter regular <b>Roth</b> IRA contributions made for 2018, including any made between 1/1/2019 and 4/15/2019, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan. . . . .		
21	Contributions recharacterized <b>from</b> a traditional IRA, (from In 4). . .		
22	<b>Roth</b> IRA contributions, from Schedule(s) K-1 . . . . .		
23	Enter contributions recharacterized <b>to</b> a traditional IRA. . . . .		
►	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
24	Disallowed <b>Roth</b> IRA conversions . . . . .		
25	<b>Roth</b> IRA contributions. Combine lines 20 through 24 . . . . .		
26	Enter any contribution included on line 25 withdrawn before the due date of the tax return. <i>See Help</i> . . . . .		
27	Excess Roth IRA contribution credit . . . . .		
28	Total <b>Roth</b> IRA contributions . . . . .		
29	Repayments of qualified Roth reservist distributions . . . . .		

Roth IRA Contributions After Limitations		Taxpayer	Spouse
30	<b>Roth</b> IRA contributions after limitation . . . . .		
31	Excess <b>Roth</b> IRA contributions, to Form(s) 5329, line 23 . . . . .		
<b>Note:</b> You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.			

## Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
32	Enter any <b>excess</b> contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary. . . . .		
<b>Note:</b> You do not need to report any Coverdell ESA contributions which are not excess contributions..			

## 2018

Name(s) Shown on Return  
Nathan & Haley Judd

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570-83-4676

	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	<b>Totals</b> Lines 1 through 7 . . . . .					
9	2018 extensions . . . . .					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2 . . . . .				10.	648.	
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	<b>Total Withholding</b> Lines 10 through 18f . . . . .				10.	648.	
20	<b>Total Tax Payments for 2018</b> . . . . .				10.	648.	

Prior Year Taxes Paid In 2018 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
<b>21</b>	Tax paid with 2017 extensions . . . . .				
<b>22</b>	2017 estimated tax paid after 12/31/2017 . . . . .				
<b>23</b>	Balance due paid with 2017 return . . . . .				
<b>24</b>	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 <u>Nathan &amp; Haley Judd</u>	Social Security Number <u>570-83-4676</u>
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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 . . . . .	28,064.
(2) Nontaxable income entered elsewhere on return . . . . .	_____
(3) Available income: 2017 refundable credits in excess of tax . . . . .	1,807.
(4) Enter any additional nontaxable income . . . . .	_____
(5) Total available income . . . . .	29,871.

**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) State	(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

**c** Total general sales tax using tables . . . . . \_\_\_\_\_

**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

**e** Total sales tax deduction on specific items . . . . . \_\_\_\_\_

**f** Total general sales tax per tables plus sales tax on specific items . . . . . \_\_\_\_\_

**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 . . . . . 648.00

**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). . . . . 648.00

**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 . . . . . 1,911.98



<b>b</b>	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
<b>c</b>	Real estate taxes paid on additional homes or land . . . . .	788.92
	Personal portion of real estate taxes from Schedule E Worksheet for:	
<b>d</b>	Principal residence . . . . .	_____
<b>e</b>	Vacation home . . . . .	_____
<b>f</b>	Less real estate taxes deducted on Form 8829 . . . . .	_____
<b>g</b>	Foreign real property taxes included in lines 2a-2f above . . . . .	_____
<b>h</b>	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b) . . . . .	2,701.00
<b>3</b>	<b>State and local personal property taxes:</b>	
<b>a</b>	Auto registration fees based on the value of the vehicle.	
	2017 Amount                      Enter 2018 description:	
	_____	_____
	_____	_____
	_____	_____
<b>b</b>	Non-business portion of personal property taxes from Car & Truck Exp Wks . . . . .	_____
<b>c</b>	Other personal property taxes . . . . .	_____
<b>d</b>	Add lines 3a through 3c (to Schedule A, line 5c) . . . . .	_____
<b>4</b>	<b>Other taxes:</b>	
<b>a</b>	Other taxes from Schedule(s) K-1 . . . . .	_____
<b>b</b>	Foreign taxes from interest and dividends . . . . .	_____
<b>c</b>	Foreign taxes from Schedule(s) K-1 . . . . .	_____
<b>d</b>	Other foreign taxes (not used to claim a foreign tax credit). . . . .	_____
<b>e</b>	Other taxes.	
	2017 Amount                      Enter 2018 description:	
	_____	_____
	_____	_____
	_____	_____
<b>f</b>	Foreign real property taxes included in lines 4a-4e above . . . . .	_____
<b>g</b>	Add lines 4a through 4e, less line 4f (to Schedule A, line 6) . . . . .	_____

**Interest Deductions**

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

**Schedule A**  
**Line 5**

**State and Local Tax Deduction Worksheet**

**2018**

► Keep for your records

Name(s) Shown on Return

Nathan & Haley Judd

Social Security Number

570-83-4676

**State and Local Income Taxes**

<b>State income taxes:</b>		
1	State income tax withheld . . . . .	648.
2	2018 state estimated taxes paid in 2018 . . . . .	
3	2017 state estimated taxes paid in 2018 . . . . .	
4	Amount paid with 2017 state application for extension . . . . .	
5	Amount paid with 2017 state income tax return . . . . .	
6	Overpayment on 2017 state income tax return applied to 2018 tax . . . . .	
7	Other amounts paid in 2018 (amended returns, installment payments, etc.) . . . .	
8	State estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	
<b>Local income taxes:</b>		
9	Local income tax withheld . . . . .	
10	2018 local estimated taxes paid in 2018 . . . . .	
11	2017 local estimated taxes paid in 2018 . . . . .	
12	Amount paid with 2017 local application for extension . . . . .	
13	Amount paid with 2017 local income tax return . . . . .	
14	Overpayment on 2017 local income tax return applied to 2018 tax . . . . .	
15	Other amounts paid in 2018 (amended returns, installment payments, etc.) . . . .	
16	Local estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	
<b>Other:</b>		
17		
18	<b>Total</b> Add lines 1 through 17 . . . . .	648.
19	State and local refund allocated to 2018 . . . . .	
20	Nondeductible state income tax from line 28 . . . . .	
21	<b>Total reductions</b> Add lines 19 and 20 . . . . .	
22	<b>Total state and local income tax deduction</b> Line 18 less line 21 . . . . .	648.

**Nondeductible State Income Tax (Hawaii Only)**

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

## 2018

- Keep for your records

Name(s) Shown on Return Nathan & Haley Judd	Social Security Number 570-83-4676
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## Cash Contributions

[illegible]

# Charitable Deduction Limits Worksheet For Current Year Contributions

**2018**

► Keep for your records

Name(s) Shown on Return Nathan & Haley Judd	Social Security Number 570-83-4676
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**Step 1. List your qualified charitable contributions made during the year.**

- 1 Enter your cash contributions for qualified disaster relief. 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. . . . . 1,310.
- 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 . . . . . 28,064.
- 10 a Multiply line 9 by 0.5. This is your 50% limit. . . . . 14,032.
- b Multiply line 9 by 0.6. This is your 60% limit. . . . . 16,838.

		Limits				Deduct this year	Carryover to next year
		Cash and Other		Capital gain			
		50% Org	Other	50% Org	Other		
<b>Cash Contributions to 50%(60%) limit organizations</b>							
11	Enter the smaller of line 2 or line 10b . . . . .					1,310.	
12	Subtract line 11 from line 2 . . . . .						0.
13	Subtract line 11 from line 10b . . . . .			15,528.			
<b>Contributions to 50% limit organizations</b>							
14	Subtract line 2 from line 10a . . . . .		12,722.				
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 . . . . .			12,722.			
<b>Contributions not to 50% limit organizations</b>							
18	Add lines 2, 3 and 4 . . . . .		1,310.				
19	Multiply line 9 by 0.3. This is your 30% limit. . . . .		8,419.	8,419.			
20	Subtract line 18 from line 10a . . . . .		12,722.				
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 . . . . .			8,419.			
<b>Capital gain property to 50% limit organizations</b>							
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 . . . . .			12,722.			
27	Subtract line 24 from line 19 . . . . .			8,419.			
<b>Capital gain property not to 50% limit organizations</b>							
28	Multiply line 9 by 0.2. This is your 20% limit. . . . .			5,613.			
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 . . . . .					1,310.	

32	Subtract line 31 from line 9 . . . . .	26,754.					
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 Nathan & Haley Judd	Social Security Number 570-83-4676
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**Step 1. List your qualified charitable contributions made during the year.**

- 1 Enter your cash contributions for qualified disaster relief. 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 . . . . . 28,064.
- 10 a Multiply line 9 by 0.5. This is your 50% limit. . . . . 14,032. less. . . . . 1,310. 12,722.
- b Multiply line 9 by 0.6. This is your 60% limit. . . . . 16,838. less. . . . . 1,310. 15,528.

		Limits				Deduct this year	Carryover to next year
		Cash and Other		Capital gain			
		50% Org	Other	50% Org	Other		
<b>Cash Contributions to 50%(60%) limit organizations</b>							
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 . . . . .			15,528.			
<b>Contributions to 50% limit organizations</b>							
14	Subtract line 2 from line 10a . . . . .		12,722.				
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 . . . . .			12,722.			
<b>Contributions not to 50% limit organizations</b>							
18	Add lines 2, 3 and 4 . . . . .		1,310.				
19	Multiply line 9 by 0.3. This is your 30% limit. . . . .		8,419.	8,419.			
20	Subtract line 18 from line 10a . . . . .		12,722.				
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 . . . . .			8,419.			
<b>Capital gain property to 50% limit organizations</b>							
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 . . . . .			12,722.			
27	Subtract line 24 from line 19 . . . . .			8,419.			
<b>Capital gain property not to 50% limit organizations</b>							
28	Multiply line 9 by 0.2. This is your 20% limit. . . . .			5,613.			
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.	

<b>32</b>	Subtract line 31 from line 9 . . . . .	28,064.					
<b>33</b>	Enter the smaller of line 1 or line 32 here on Schedule A, line 14. . . . .					0.	
<b>34</b>	Subtract line 33 from line 1 . . . . .						0.
<b>35</b>	Add lines 12, 16, 22, 25, 30 and 34. Carry to next year. . . . .						0.

# Charitable Contributions Summary

► Keep for your records

2018

Name(s) Shown on Return Nathan & Haley Judd	Social Security Number 570-83-4676
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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 Latt	1,310.	1,310.		
Totals:	1,310.	1,310.		

## Part II Non-Cash Contributions Summary

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

## Part III Contribution Carryovers to 2019

	Total (a) Total	Cash and Other Non-Capital Gain Property (b) 100% Limit	(c) 60% Limit	(d) 50% Limit	(e) 30% Limit	Capital Gain Property (f) 30% Limit	(g) 20% Limit
1 2018 contributions .	1,310.		1,310.				
2 2018 contributions allowed	1,310.	0.	1,310.	0.	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



Schedule A  
Lines 16

## Miscellaneous Itemized Deductions Worksheet

2018

► Keep for your records

Name(s) Shown on Return  
Nathan & Haley JuddSocial Security Number  
570-83-4676**FOR STATE USE ONLY: Employee Business Expenses — Subject to 2% Limitation**

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere . . . . .	1	
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet) . . . . .	2a	
b	Educator Expense Deduction (from 1040, line 23) . . . . .	2b	
c	Excess Educator Expenses (line 2a less line 2b). . . . .	2c	
3	Union and professional dues . . . . .	3	
4	Professional subscriptions . . . . .	4	
5	Uniforms and protective clothing . . . . .	5	
6	Job search costs . . . . .	6	
7	Tax preparation fees . . . . .	7	
8	Entertainment expenses . . . . .	8	
9	Other: _____ _____ _____	9	
10	Combine lines 1 through 9 . . . . .	10	

**FOR STATE USE ONLY:**  
**Miscellaneous Expenses — Subject to 2% Limitation**  
*Check the box in investment column if an investment expense*Investment  
Expense ↓

11	Depreciation and amortization deductions . . . . .	<input checked="" type="checkbox"/>	11	
12	Casualty/theft losses of property used in services as an employee . . . . .		12	
13	REMIC expenses, from Schedule E . . . . .	<input checked="" type="checkbox"/>	13	
14	Investment expenses related to interest and dividend income . . . . .	<input checked="" type="checkbox"/>	14	
15	Expenses related to portfolio income, from Schedule(s) K-1 . . . . .	<input checked="" type="checkbox"/>	15	
16	Miscellaneous deductions, from Schedule(s) K-1 . . . . .		16	
17	Excess deductions on termination, from Schedule(s) K-1 . . . . .		17	
18	Investment counsel and advisory fees . . . . .	<input checked="" type="checkbox"/>	18	
19	Certain attorney and accounting fees . . . . .	<input checked="" type="checkbox"/>	19	
20	Safe deposit box rental fees . . . . .	<input checked="" type="checkbox"/>	20	
21	IRA custodial fees . . . . .	<input checked="" type="checkbox"/>	21	
22	Loss incurred from total distribution of all traditional IRAs . . . . .		22	
23	Loss incurred from total distribution of all Roth IRAs . . . . .		23	
24	Loss incurred from final distribution of a QTP investment . . . . .		24	
25	Hobby expense (limited to hobby income) . . . . .		25	
26	Other: a Prior year government unemployment benefits repaid in 2018 . . . . . b _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	26	
27	Combine lines 11 through 26 . . . . .		27	

**FOR FEDERAL AND STATE USE:**  
**Other Miscellaneous Deductions — Not Subject to 2% Limitation**

28	Expenses related to portfolio income, from Schedule(s) K-1 . . . . .	<input checked="" type="checkbox"/>	28	
29	Federal estate tax paid on decedent's income reported on this return . . . . .		29	
30	Impairment-related expenses of a handicapped employee, from Form 2106 . . . . .		30	
31	Amortizable bond premiums on bonds acquired before 10/23/86 . . . . .		31	
32	Gambling losses . . . . .		32	
33	Deduction for repayment of amounts under claim of right if over \$3,000 . . . . .		33	
34	Casualty/theft losses of income-producing property . . . . .		34	
35	Unrecovered investment in annuity . . . . .		35	
36	Ordinary loss attributable to certain debt instruments . . . . .		36	
37	Net Qualified Disaster Loss . . . . .		37	
38	Combine lines 28 through 37 (to Schedule A, line 16) . . . . .		38	

Name(s) Shown on Return Nathan & Haley Judd	Social Security Number 570-83-4676
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Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

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

Nathan &amp; Haley Judd

Social Security Number

570-83-4676

**Part I – Earned Income Credit Worksheet Computation**

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

**Part II – Form 2441 and Standard Deduction Worksheet Computations**

<b>5</b> Net self-employment earnings (line 4 above) . . . . .			
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	27,224.	840.	28,064.
<b>7 a</b> Taxable employer-provided adoption benefits . . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	27,224.	840.	28,064.
<b>9 a</b> Taxable dependent care benefits . . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	27,224.	840.	28,064.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .	0.		0.
<b>12</b> SE exempt earnings less nontaxable income . . . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	27,224.	840.	28,064.

**Part III – IRA Deduction Worksheet Computation**

<b>15</b> Net self-employment income or (loss) . . . . .			
<b>16</b> Wages, salaries, tips, etc . . . . .	27,224.	840.	28,064.
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received . . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, ln 2. . . . .	27,224.	840.	28,064.

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

<b>23</b> Self-employed, church and statutory employees . . . . .			
<b>24</b> Wages, salaries, tips, etc . . . . .	27,224.	840.	28,064.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	27,224.	840.	28,064.

► Keep for your records

Name(s) Shown on Return  
Nathan & Haley JuddSocial Security Number  
570-83-4676**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	<b>Total investment interest expense.</b> 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 <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	8	
9	Other investment income:	9 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
10	<b>Total investment income.</b> 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	<b>Net gains from property held for investment.</b> . . . . .	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	<b>Net capital gains from property held for investment.</b> . . . . .	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 <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	15	
16	Other investment expenses:	16 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----		
17	<b>Total investment expenses.</b> 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	<b>Investment interest expense.</b> . . . . .	20	

**Form 1040**  
**Line 17a**

**Earned Income Credit Worksheet**

**2018**

► Keep for your records

Name(s) Shown on Return

Nathan & Haley Judd

Social Security Number

570-83-4676

**QuickZoom** to Schedule EIC . . . . . ►

**QuickZoom** to Dependent Information Worksheet to enter qualifying children information. . . . . ►

**QuickZoom** to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . . . ►

**QuickZoom** to page 2 of this worksheet, if credit is not calculated on line 7. . . . . ►

<b>1</b>	Enter the amount from Form 1040 line 1 less amounts considered <b>not</b> earned for EIC purposes . . . . .	<b>1</b>	28,064.
<b>2</b>	Adjustments to line 1 amount:		
<b>a</b>	Income reported as wages <b>and</b> as self-employment income. . . . .	<b>2 a</b>	
<b>b</b>	Other income entered as wages that is not considered earned income . . . . .	<b>b</b>	
<b>c</b>	Distributions from section 457 and other nonqualified plans reported on W-2 . . . . .	<b>c</b>	
<b>3</b>	Subtract lines 2a, 2b and 2c from line 1 . . . . .	<b>3</b>	28,064.
<b>4 a</b>	Taxpayer's nontaxable combat pay election for EIC	<b>4 a</b>	
<b>b</b>	Spouse's nontaxable combat pay election for EIC	<b>b</b>	
<b>c</b>	Total nontaxable combat pay election . . . . .	<b>4 c</b>	
<b>5</b>	If you were self-employed <b>or</b> used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4 . . . . .	<b>5</b>	
<b>6</b>	<b>Earned income.</b> Add lines 3, 4, and 5. . . . .	<b>6</b>	28,064.
<b>7</b>	Enter the credit, from the <b>EIC Table</b> , for the amount on line 6. Be sure to use the correct column for filing status and number of children. . . . .	<b>7</b>	4,932.
	If line 7 is zero, <b>stop</b> . You <b>cannot</b> take the credit. Enter "No" on the dotted line next to Form 1040, line 17a.		
<b>8</b>	Enter your <b>AGI</b> from Form 1040, line 7 . . . . .	<b>8</b>	28,064.
<b>9</b>	If you have:		
	• No qualifying children, is the amount on line 8 less than \$8,500 (\$14,200 if married filing jointly)?		
	• 1 or more qualifying children, is the amount on line 8 less than \$18,700 (\$24,350 if married filing jointly)?		
	<input type="checkbox"/> <b>Yes.</b> Go to line 10 now.		
	<input checked="" type="checkbox"/> <b>No.</b> Enter the credit, from the <b>EIC Table</b> , for the amount on line 8. Be sure to use the correct column for filing status and number of children . . . . .	<b>9</b>	4,932.
<b>10</b>	<b>Earned income credit.</b>		
	• If 'Yes' on line 9, enter the amount from line 7		
	• If 'No' on line 9, enter the <b>smaller</b> of line 7 or line 9	<b>10</b>	4,932.

Enter line 10 amount on Form 1040, line 17a.

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 . . . . .☒

Disqualified from Earned Income Credit. . . . .☐ Yes ☒ No

Potential qualifying child count . . . . .▶ 2

Non dependent potential qualifying child count . . . . .▶ 0

Qualifying child count (max 3) . . . . .▶ 2

# Schedule SE Adjustments Worksheet

2018

► Keep for your records

Name(s) Shown on Return Nathan & Haley Judd	Social Security Number 570-83-4676
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	(a) Taxpayer	(b) Spouse
<b>QuickZoom</b> to the <b>Short Schedule SE</b> (Schedule SE, page 1) . . . . ►	<input type="checkbox"/>	<input type="checkbox"/>
<b>QuickZoom</b> to the <b>Long Schedule SE</b> (Schedule SE, page 2) . . . . ►	<input type="checkbox"/>	<input type="checkbox"/>
<b>A</b> Use Long Schedule SE, even if qualified to use Short Schedule SE .	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> Approved Form 4029. Exempt from SE tax on all income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b> Chapter 11 bankruptcy <b>net</b> profit or loss for Schedule SE, line 3 . . .		
<b>D QuickZoom</b> to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help). . . . .		
<b>Part I Farm Profit or (Loss)</b> Schedule SE, line 1		
1 Total Schedules F . . . . .		
2 Farm partnerships, Schedules K-1 . . . . .		
3 Other SE farm profit or (loss) (See Help) . . . . .		
4 Less SE exempt farm profit or (loss) (See Help) . . . . .		
5 <b>Total for Schedule SE, line 1</b> . . . . .		
6 Conservation Reserve Program payments not subject to self- employment tax reported on:		
<b>a</b> Schedule F, line 4b . . . . .		
<b>b</b> Schedule K-1 (Form 1065), box 20, code AH . . . . .		
<b>c</b> Total CRP payments not subject to SE tax . . . . .		
<b>Part II Nonfarm Profit or (Loss)</b> Schedule SE, line 2		
1 <b>a</b> Total Schedules C . . . . .		
<b>b</b> Less SE exempt Schedules C (approved Form 4361) . . . . .		
2 Nonfarm partnerships, Schedules K-1 . . . . .		
3 Forms 6781 . . . . .		
4 Other SE income reported as income on Form 1040, line 7 . . . . .		
5 <b>a</b> Clergy Form W-2 wages . . . . .		
<b>b</b> Clergy housing allowance . . . . .		
<b>c</b> Less clergy business deductions . . . . .		
<b>d QuickZoom</b> to the Explanation statement for entry on line 5c. . . . .		
6 Other SE nonfarm profit or (loss) (See Help) . . . . .		
7 Less other SE exempt nonfarm profit or (loss) (See Help) . . . . .		
8 <b>Total for Schedule SE, line 2</b> . . . . .		
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
<b>Part III Farm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Farm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F . . . . .		
3 Gross farming or fishing income from partnership Schedules K-1 . .		
4 Other gross farming or fishing self-employment income . . . . .		
5 <b>Total</b> gross income for Farm Optional Method . . . . .		
<b>Part IV Nonfarm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C . . . . .		
3 Gross nonfarm income from partnership Schedules K-1 . . . . .		
4 Other gross nonfarm self-employment income . . . . .		
5 <b>Total</b> gross income for Nonfarm Optional Method . . . . .		

Name(s) Shown on Return

Nathan &amp; Haley Judd

Social Security Number

570-83-4676

**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)
Total student loan interest. . . . .				

**Part II Computation of Student Loan Interest Deduction**

<b>1</b>	Enter the total interest you paid in 2018 on qualified student loans . . . . . (see Form 1040 instructions).	<b>1</b>	
<b>2</b>	Enter the <b>smaller</b> of line 1 or \$2,500. . . . .	<b>2</b>	
<b>3</b>	Modified AGI . . . . . <b>Note:</b> 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, <b>stop here</b> . You <b>cannot</b> take the deduction.	<b>3</b>	28,064.
<b>4</b>	Enter: \$65,000 if single, head of household, or qualifying widow(er); \$135,000 if married filing jointly. . . . .	<b>4</b>	135,000.
<b>5</b>	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 . . . . .	<b>5</b>	0.
<b>6</b>	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) . . . . .	<b>6</b>	0.0000
<b>7</b>	Multiply line 2 by line 6 . . . . .	<b>7</b>	
<b>8</b>	<b>Student loan interest deduction.</b> Subtract line 7 from line 2. Enter the result here and on Form 1040, Sch 1, line 33. <b>Do not</b> include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) . . . . .	<b>8</b>	

\* **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 Nathan & Haley Judd		Social Security Number 570-83-4676	
	<b>(a)</b> Before Allocation of Capital Gain Excess *	<b>(b)</b> Allocation of Capital Gain Excess *	<b>(c)</b> After Allocation of Capital Gain Excess
<b>1</b> Not applicable . . . . .			
<b>2</b> Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
<b>a</b> Total qualified dividends. . . . .			
<b>b</b> Adjustment from Schedules K-1 . . . . .			
<b>c</b> Other adjustments to qualified dividends . . . . .			
<b>d</b> Total. Combine lines 2a, 2b, and 2c . . . . .		0.	0.
<b>3</b> Enter the amount from Form 4952 for AMT, line 4g. . . . .			
<b>4</b> Enter the amount from Form 4952 for AMT, line 4e. . . . .			
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	0.		0.
<b>6</b> Subtract line 5 from line 2. If zero or less, enter -0- . . . . .	0.		0.
<b>7</b> Net long-term capital gain:			
<b>a</b> Enter the gain from line 15 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 16 of Schedule D as refigured for the AMT . . . . .	0.		
<b>c</b> Enter the <b>smaller</b> of line 7a or line 7b . . . . .	0.		0.
<b>8</b> Enter the <b>smaller</b> of line 3 or line 4 . . . . .			
<b>9</b> Subtract line 8 from line 7c. If zero or less, enter -0- . . . . .	0.	0.	0.
<b>10</b> Add lines 6 and 9 . . . . .	0.		0.
<b>A</b> Enter the amount from Form 6251, line 6. . . . .	0.		
<b>B Capital gain excess.</b> Subtract line A from line 10. * . . . .	0.		
<b>11</b> Total 28% rate and unrecaptured section 1250 gain:			
<b>a</b> Enter the gain from line 18 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 19 of Schedule D as refigured for the AMT . . . . .			
<b>c</b> Add lines 11a and 11b. . . . .			0.
<b>12</b> Enter the <b>smaller</b> of line 9 or line 11c . . . . .			0.
<b>13</b> 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.

► Keep for your records

Name(s) Shown on Return

Nathan &amp; Haley Judd

Social Security Number

570-83-4676

**Taxable Income – Line 1**

<b>1</b>	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.) . . .	<b>1</b>	4,064.
<b>2</b>	Additions to income . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2 . . . . .	<b>3</b>	4,064.
<b>4</b>	Subtractions from income . . . . .	<b>4</b>	
<b>5</b>	Subtract line 4 from line 3. Enter on Form 6251, line 1 . . . . .	<b>5</b>	4,064.

**Taxes – Line 2a**

<b>1</b>	Generation skipping transfer taxes included on Schedule A, line 6 . . . . .	<b>1</b>	
----------	---	----------	--

**Refund of Taxes – Line 2b**

<b>1</b>	Taxable refund of state and local income tax . . . . .	<b>1</b>	0.
<b>2</b>	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986 . . . . .	<b>2</b>	
<b>3</b>	Total tax refund adjustment. Enter on Form 6251, line 2b . . . . .	<b>3</b>	0.

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

<b>1</b>	Alternative minimum taxable income (AMTI) without ATNOLD . . . . .	<b>1</b>	28,064.
<b>2</b>	Enter adjustments . . . . .	<b>2</b>	
<b>3</b>	Adjustment for domestic production activities deduction . . . . .	<b>3</b>	
<b>4</b>	Adjusted AMTI without ATNOLD. Add lines 1-3 . . . . .	<b>4</b>	28,064.
<b>5</b>	ATNOLD limitation. Multiply line 4 by 90%. . . . .	<b>5</b>	25,258.
<b>6</b>	Enter ATNOL carried to 2017 from other year(s) . . . . .	<b>6</b>	
<b>7</b>	Enter ATNOL included above attributable to qualified disaster losses . . . . .	<b>7</b>	
<b>8</b>	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7 . . . . .	<b>8</b>	
<b>9</b>	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8 . . . . .	<b>9</b>	
<b>10</b>	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9) . . . . .	<b>10</b>	
<b>11</b>	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg . . . . .	<b>11</b>	

**Incentive Stock Options – Line 2i**

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

**Alternative Minimum Taxable Income – Line 4**

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

**Exemption – Line 5**

<b>1</b>	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 . . . . .	<b>1</b>	109,400.
<b>2</b>	Enter your alternative minimum taxable income from Form 6251, line 4 . . . . .	<b>2</b>	28,064.
<b>3</b>	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 . . . . .	<b>3</b>	1,000,000.
<b>4</b>	Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	0.
<b>5</b>	Multiply line 4 by 25% (.25) . . . . .	<b>5</b>	0.
<b>6</b>	Subtract line 5 from line 1. If zero or less, enter -0- . . . . .	<b>6</b>	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.		
<b>7</b>	Minimum exemption amount for certain children under age 24 . . . . .	<b>7</b>	_____
<b>8 a</b>	Enter the <b>child's earned income</b> , if any . . . . .	<b>8 a</b>	_____
<b>b</b>	Enter any adjustments. . . . .	<b>b</b>	_____
<b>9</b>	Add lines 7, 8a and 8b. If zero or less, enter -0- . . . . .	<b>9</b>	_____
<b>10</b>	Enter the smaller of line 6 or line 9 here and on Form 6251, line 5. . . . .	<b>10</b>	_____

**Form 6251**  
**Line 7**

**Foreign Earned Income**  
**Alternative Minimum Tax Worksheet**

**2018**

► Keep for your records

Name(s) Shown on Return Nathan & Haley Judd		Social Security Number 570-83-4676	
<b>1</b>	Enter amount from Form 6251, line 6 . . . . .	<b>1</b>	
<b>2 a</b>	Enter amount from Form(s) 2555, lines 45 and 50 . . . . .	<b>2a</b>	
<b>b</b>	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income . . . . .	<b>2b</b>	
<b>c</b>	Subtract line 2b from line 2a. If zero or less, enter 0 . . . . .	<b>2c</b>	
<b>3</b>	Add line 1 and line 2c. Enter the result here and on Form 6251 line 36 . . . . .	<b>3</b>	
<b>4</b>	<b>Tax on amount on line 3.</b> . . . . .		
	<ul style="list-style-type: none"> <li>• If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; <b>or</b> you reported qualified dividends on Form 1040, line 3a; <b>or</b> 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.</li> <li>• <b>All Others:</b> 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. . . . .</li> </ul>	<b>4</b>	
<b>5</b>	<b>Tax on amount on line 2c.</b> 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 . . . . .	<b>5</b>	
<b>6</b>	Subtract line 5 from line 4. Enter here and on Form 6251, line 7. If zero or less, enter 0 . . . . .	<b>6</b>	

# Federal Carryover Worksheet

**2018**

► Keep for your records

Name(s) Shown on Return

Nathan & Haley Judd

Social Security Number

570-83-4676

## 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
NY			191.		191.	
<b>Totals . .</b>			191.		191.	

## 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
NY	191.	191.

## 2017 Locality Tax Refund Information

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

Nathan &amp; Haley Judd

570-83-4676

Other Tax and Income Information			2017	2018
1	Filing status . . . . .	1	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .	2		
3	Itemized deductions . . . . .	3	2,867.	4,659.
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5	15,948.	28,064.
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6	0.	0.
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		

Nathan &amp; Haley Judd

570-83-4676

Credit Carryovers				2017	2018
18	General business credit . . . . .			18	
19	Adoption credit from:	a	2018 . . . . .	19 a	
		b	2017 . . . . .	b	
		c	2016 . . . . .	c	
		d	2015 . . . . .	d	
		e	2014 . . . . .	e	
		f	2013 . . . . .	f	
20	Mortgage interest credit from:	a	2018 . . . . .	20 a	
		b	2017 . . . . .	b	
		c	2016 . . . . .	c	
		d	2015 . . . . .	d	
21	Credit for prior year minimum tax . . . . .			21	
22	District of Columbia first-time homebuyer credit . . . . .			22	
23	Residential energy efficient property credit . . . . .			23	
Other Carryovers				2017	2018
24	Section 179 expense deduction disallowed . . . . .			24	
25	Excess	a	Taxpayer (Form 2555, line 46) . . . . .	25 a	
	foreign	b	Taxpayer (Form 2555, line 48) . . . . .	b	
	housing	c	Spouse (Form 2555, line 46) . . . . .	c	
	deduction:	d	Spouse (Form 2555, line 48) . . . . .	d	

## Charitable Contribution Carryovers

26 2017 Carryover of charitable contributions from:		Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2017 . . . . .					
b	2016 . . . . .					
c	2015 . . . . .					
d	2014 . . . . .					
e	2013 . . . . .					
27 2018 Carryover of charitable contributions from:		Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2018 . . . . .					
b	2017 . . . . .					
c	2016 . . . . .					
d	2015 . . . . .					
e	2014 . . . . .					

28 Amount overpaid less earned income credit . . . . . 1,807.

## 2017 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

**Form 8582**  
**Line 7**

**Modified Adjusted Gross Income Worksheet**

**2018**

► Keep for your records

Name(s) Shown on Return  
Nathan & Haley Judd

Social Security Number  
570-83-4676

Description	Amount
<b>Income</b>	
Wages . . . . .	28,064.
Interest income before Series EE bond exclusion . . . . .	
Dividend income . . . . .	
Tax refund . . . . .	0.
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 . . . . .	28,064.
<b>Adjustments</b>	
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 . . . . .	
<b>Modified adjusted gross income . . . . .</b>	<b>28,064.</b>



## Two-Year Comparison

2018

Name(s) Shown on Return Nathan & Haley Judd			Social Security Number	
Income	2017	2018	Difference	%
Wages, salaries, tips, etc . . . . .	15,948.	28,064.	12,116.	75.97
Interest and dividend income . . . . .				
State tax refund . . . . .		0.	0.	
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 . . . . .				
<b>Total Income</b> . . . . .	15,948.	28,064.	12,116.	75.97
<b>Adjustments to Income</b> . . . . .				
<b>Adjusted Gross Income</b> . . . . .	15,948.	28,064.	12,116.	75.97
<b>Itemized Deductions</b>				
Medical and dental . . . . .				
Income or sales tax . . . . .	191.	648.	457.	239.27
Real estate taxes . . . . .	2,676.	2,701.	25.	0.93
Personal property and other taxes . . . . .				
Interest paid . . . . .				
Gifts to charity . . . . .		1,310.	1,310.	
Casualty and theft losses . . . . .				
Miscellaneous . . . . .				
Phaseout of itemized deductions . . . . .		0.	0.	
<b>Total Itemized Deductions</b> . . . . .	2,867.	4,659.	1,792.	62.50
<b>Standard or Itemized Deduction</b> . . . . .	12,700.	24,000.	11,300.	88.98
<b>Exemption Amount</b> . . . . .	16,200.	0.	-16,200.	-100.00
<b>Qualified Business Income Deduction</b> . . . . .				
<b>Taxable Income</b> . . . . .	0.	4,064.	4,064.	
Income tax . . . . .	0.	408.	408.	
Additional income taxes . . . . .				
Alternative minimum tax . . . . .				
<b>Total Income Taxes</b> . . . . .	0.	408.	408.	
Nonbusiness credits . . . . .	0.	408.	408.	
Business credits . . . . .				
<b>Total Credits</b> . . . . .	0.	408.	408.	
Self-employment tax . . . . .				
Other taxes . . . . .	0.	0.	0.	
<b>Total Tax After Credits</b> . . . . .	0.	0.	0.	
Withholding . . . . .	32.	10.	-22.	-68.75
Estimated and extension payments . . . . .				
Earned income credit . . . . .	5,616.	4,932.	-684.	-12.18
Additional child tax credit . . . . .	1,775.	2,800.	1,025.	57.75
Other payments . . . . .				
<b>Total Payments</b> . . . . .	7,423.	7,742.	319.	4.30
Form 2210 penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .	7,423.	7,742.	319.	4.30
<b>Balance Due</b> . . . . .				
Current year effective tax rate . . . . . -27.55 %				

**Tax Summary**  
► Keep for your records

**2018**

Name (s)

Nathan & Haley Judd

<b>Total income</b> . . . . .	28,064.
<b>Adjustments to income</b> . . . . .	
<b>Adjusted gross income</b> . . . . .	28,064.
<b>Itemized/standard deduction</b> . . . . .	24,000.
<b>Qualified business income deduction</b> . . . . .	
<b>Taxable income</b> . . . . .	4,064.
<b>Tentative tax</b> . . . . .	408.
<b>Additional taxes</b> . . . . .	
<b>Alternative minimum tax</b> . . . . .	
<b>Total credits</b> . . . . .	408.
<b>Other taxes</b> . . . . .	0.
<b>Total tax</b> . . . . .	0.
<b>Total payments</b> . . . . .	7,742.
<b>Estimated tax penalty</b> . . . . .	
<b>Amount Overpaid</b> . . . . .	7,742.
<b>Refund</b> . . . . .	7,742.
<b>Amount Applied to Estimate</b> . . . . .	
<b>Balance due</b> . . . . .	0.

# Compare to U. S. Averages

► Keep for your records

2018

Name(s) Shown on Return Nathan & Haley Judd	Social Security No 570-83-4676
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Your 2018 adjusted gross income (AGI) . . . . . 28,064.  
National adjusted gross income range used below . . . . . from 15,000. to 29,999.

**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 . . . . .	28,064.	21,173.
Taxable interest . . . . .		763.
Tax-exempt interest . . . . .		4,310.
Dividends . . . . .		2,570.
Business net income . . . . .		13,921.
Business net loss . . . . .		9,734.
Net capital gain . . . . .		3,765.
Net capital loss . . . . .		2,303.
Taxable IRA . . . . .		8,602.
Taxable pensions and annuities . . . . .		13,067.
Rent and royalty net income . . . . .		6,963.
Rent and royalty net loss . . . . .		7,517.
Partnership and S corporation net income . . . . .		11,411.
Partnership and S corporation net loss . . . . .		10,855.
Taxable social security benefits . . . . .		2,620.
Medical and dental expenses deduction . . . . .		9,303.
Taxes paid deduction . . . . .	3,349.	3,733.
Interest paid deduction . . . . .		6,547.
Charitable contributions deduction . . . . .	1,310.	2,644.
Total itemized deductions . . . . .	4,659.	16,913.
Child care credit . . . . .		447.
Education tax credits . . . . .		776.
Child tax credit . . . . .	268.	476.
Retirement savings contributions credit . . . . .	140.	187.
Earned income credit . . . . .	4,932.	3,990.
<b>Other Information</b>	<b>Actual Per Return</b>	<b>National Average</b>
Adjusted gross income . . . . .	28,064.	23,148.
Taxable income . . . . .	4,064.	9,833.
Income tax . . . . .	408.	1,213.
Alternative minimum tax . . . . .		1,294.
Total tax liability . . . . .	0.	1,413.

## ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

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**Taxpayer:** Nathan & Haley Judd

**Primary SSN:** 570-83-4676

**Federal Return Submitted:** April 14, 2019 10:04 AM PDT

**Federal Return Acceptance Date:** \_\_\_\_\_

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Your return was electronically transmitted on 04/14/2019

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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

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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](mailto:complaints@tigta.treas.gov).

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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/>
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First Name

Last Name

Please type the date below:

Date

---

F7216U01 SBIA5001

## Read and accept this Disclosure Consent

This is an IRS requirement

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### 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](mailto: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.

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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.

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### 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](mailto:complaints@tigta.treas.gov).

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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 Civista 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](http://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](http://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 <sup>3</sup>	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>3</sup>	
ELECTRONIC FILING (E-FILE)  No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days <sup>3</sup>	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>3</sup>	
ELECTRONIC FILING (E-FILE)  Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your prepaid card <sup>1</sup> .	Usually within 21 days <sup>3</sup>	Free option with your purchase of TurboTax Premium Services or TurboTax MAX <sup>2</sup>

<sup>1</sup>You 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. Bank is not affiliated with the issuer of the prepaid card.

<sup>2</sup>The 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.

<sup>3</sup>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.

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

## Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: Form 8880: Credit for Retirement Contributions

<b>Eligibility Smart Worksheet</b>			
<b>A</b>	The amount on Form 1040, line 7, or Form 1040NR, line 36 is more than \$31,500 (\$47,250 if head of household, \$63,000 if married filing jointly). . . . .	▶ Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b>B</b>	Born after January 1, 2001. . . . . Taxpayer ▶	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Spouse . ▶	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>C</b>	Claimed as a dependent on someone else's 2018 tax return. . . . . Taxpayer ▶	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Spouse . ▶	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>D</b>	A student in 2018 (see instructions) . . . . . Taxpayer ▶	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Spouse . ▶	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p><b>Note:</b> If the 'Yes' box on line <b>A</b> is checked, you are not eligible for the credit and this form will not be completed.</p> <p>Even if the 'No' box on line <b>A</b> is checked, any retirement savings contribution the taxpayer may have will not qualify for the credit if any 'Yes' box is checked on line <b>B</b>, <b>C</b>, or <b>D</b> for the taxpayer. If this is the case, lines 1 through 6 will not be completed for the taxpayer.</p> <p>Similarly, any retirement savings contribution the spouse may have will not qualify for the credit if any 'Yes' box is checked on line <b>B</b>, <b>C</b>, or <b>D</b> for the spouse; in this case, lines 1 through 6 will not be completed for the spouse, even if the 'No' box is checked on line <b>A</b>.</p>			

SMART WORKSHEET FOR: Form 8880: Credit for Retirement Contributions

<b>Line 2 Smart Worksheet</b>			
Elective deferrals . . . . .	Taxpayer . .	280.	Spouse . . .
After-tax voluntary employee contributions (See <i>help</i> ) . . . . .	Taxpayer . .		Spouse . . .

SMART WORKSHEET FOR: Form 8880: Credit for Retirement Contributions

<b>Line 11 Credit Limit Smart Worksheet</b>			
<b>1</b>	Enter the amount from Form 1040, line 11 or Form 1040NR, line 45 . . . . .	408.	
<b>2</b>	<b>Form 1040 filers:</b> Enter the total of your credits from Schedule 3, lines 48 through 50, and Schedule R, line 22. <b>Form 1040NR filers:</b> Enter the total of your credits from lines 46 and 47. . . . .		
<b>3</b>	Subtract line 2 from line 1. Also enter this amount on Form 8880, line 11. But if zero or less, <b>stop</b> ; you can't take this credit--don't file this form. . . . .	408.	

## SMART WORKSHEET FOR: 1040 Wks: 1040 Worksheet

<b>Tax Smart Worksheet</b>	
<b>A</b>	Tax . . . . . <span style="float: right;">408.</span>
Check if from:	
1	Tax table . . . . . <span style="float: right;"><input checked="" type="checkbox"/></span>
2	Tax Computation Worksheet (see instructions) . . . . . <span style="float: right;"><input type="checkbox"/></span>
3	Schedule D Tax Worksheet . . . . . <span style="float: right;"><input type="checkbox"/></span>
4	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <span style="float: right;"><input type="checkbox"/></span>
5	Schedule J . . . . . <span style="float: right;"><input type="checkbox"/></span>
6	Form 8615 . . . . . <span style="float: right;"><input type="checkbox"/></span>
7	Foreign Earned Income Tax Worksheet . . . . . <span style="float: right;"><input type="checkbox"/></span>
<b>B</b>	Additional tax from Form 8814 . . . . . <span style="float: right;">_____</span>
<b>C</b>	Additional tax from Form 4972 . . . . . <span style="float: right;">_____</span>
<b>D</b>	Tax from additional Form(s) 4972 . . . . . <span style="float: right;">_____</span>
<b>E</b>	Recapture tax from Form 8863 . . . . . <span style="float: right;">_____</span>
<b>F</b>	IRC Section 197(f)(9)(B)(ii) election for an additional tax . . . . . <span style="float: right;">_____</span>
<b>G</b>	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative . . . . . <span style="float: right;">_____</span>
<b>H</b>	<b>Tax.</b> Add lines A through G. Enter the result here and include in tax below. . . . . <span style="float: right;">408.</span>

## SMART WORKSHEET FOR: Federal Information Worksheet

<b>TurboTax for the Web Filing Status Smart Worksheet</b>	
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

<p><b>2017 Tax Cuts &amp; Jobs Act</b></p> <p><b>Apply 15-year recovery period to qualified improvement property</b></p> <p><b>(asset types J2, J3, J4 and J5)</b></p> <p><b>placed in service after December 31, 2017?</b></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Refer to Tax Help</p> <p><b>IMPORTANT NOTE: The Coronavirus Aid, Relief, and Economic Security (CARES) Act signed into law on March 27, 2020 has retroactively made qualified improvement property 15-year property.</b></p> <p>Refer to Tax Help</p>
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## SMART WORKSHEET FOR: Dependent Information Worksheet (Sulley)

**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 (Sulley)

**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 (Tennyson)

**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 . . . . . ☒ ☐  
 Taxpayer . . . . . ☐  
 Spouse . . . . . ☐

**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 . . . . . ☐ Yes ☐ No  
 - If married, filed a joint return for the year . . . . . ☐ Yes ☐ No  
 - If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. . . . . ☐ Yes ☐ No  
 - If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately . . . . . ☐ Yes ☐ 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? . . . . . ☐ Yes ☐ No  
 Has the other parent waived their legal right so you can claim this dependent on your tax return? . . . . . ☐ Yes ☐ 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? . . . . . ☒  
 Other parent in different return? . . . . . ☐  
 Someone else in different return? . . . . . ☐

## SMART WORKSHEET FOR: Dependent Information Worksheet (Tennyson)

**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 &amp; 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?"

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

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**E** **QuickZoom** to completed Form 4852 for reference . . . . . ▶ \_\_\_\_\_

## SMART WORKSHEET FOR: Form W-2 : Wage &amp; 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?"

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

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**E** **QuickZoom** to completed Form 4852 for reference . . . . . ▶ \_\_\_\_\_

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

<b>Line 7 Smart Worksheet</b>	
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.	
<b>Social security tax, Medicare tax, and Additional Medicare Tax on Wages.</b>	
<b>A</b> Enter the social security tax withheld (Form(s) W-2, box 4) . . . . .	1,757.
<b>B</b> Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. . . . .	411.
<b>C</b> Enter any amount from Form 8959, line 7 . . . . .	0.
<b>D</b> Add line A, B, and C . . . . .	2,168.
<b>E</b> Enter the Additional Medicare Tax withheld (Form 8959 line 22) . . . . .	0.
<b>F</b> Subtract line E from line D. . . . .	2,168.
<b>Additional Medicare Tax on Self-Employment Income.</b>	
<b>G</b> Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) . . . . .	
<b>Tier 1 RRTA taxes as an employee of a railroad</b> (enter amounts on lines H, I, J, and K) <b>or employee representative</b> (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.	
<b>H</b> Enter the Tier 1 tax (Form(s) W-2, box 14). . . . .	0.
<b>I</b> Enter the Medicare Tax (Form(s) W-2, box 14) . . . . .	0.
<b>J</b> 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. . . . .	
<b>K</b> Add lines H, I, and J . . . . .	0.
<b>L</b> Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2018). . . . .	
<b>M</b> Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2018). . . . .	
<b>N</b> 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 . . . . .	
<b>O</b> Add line L, M, and N . . . . .	
<b>Line 7 Amount</b>	
<b>P</b> Add line F, G, K and O. Enter here and on Line 14 Worksheet, line 7. . . . .	2,168.

## 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: Misc Itemized Deductions Wks

**Depreciation Smart Worksheet**

- A** Enter Section 179 carryover from prior year . . . . . \_\_\_\_\_
- B** **QuickZoom** to the Asset Entry Worksheet . . . . . ►
- C** **QuickZoom** to the Depreciation/Amortization Reports . . . . . ►
- D** **QuickZoom** to Form 4562 for Schedule A. . . . . ►
- E** Treat all MACRS assets for activity as qualified Indian reservation property? . . . ☐ Yes ☒ No
- F** Treat all assets acquired after Aug. 27, 2005 as  
qualified GO Zone property? . . . . . ☐ Regular ☐ Extension ☒ No
- G** Treat all assets acquired after May 4, 2007 as  
qualified Kansas Disaster Zone property? . . . . . ☐ Yes ☒ No
- H** Was this property located in a Qualified Disaster Area? . . . . . ☐ Yes ☒ No

## 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 . . . . . \_\_\_\_\_

**1a** Taxpayer, prior year nontaxable combat pay from 2017 . . . . . \_\_\_\_\_

**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 . . . . . \_\_\_\_\_

**1a** Spouse, prior year nontaxable combat pay from 2017 . . . . . \_\_\_\_\_

**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 7,742.

Amount due \_\_\_\_\_

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Eligible Disaster Victims Smart Worksheet**

Election to use 2017 earned income for EIC and Additional Child Tax Credit

The "Yes" box must be marked on Line A and Line B for 2017 earned income to be used for EIC and Additional Child Tax Credit calculations.

**A Elect to use 2017 earned income for EIC**

**and Additional Child Tax Credit.** . . . . . ► ☐ Yes ☐ No

**B Taxpayer is eligible to elect to use 2017 earned income**

(see Publication 4492 for details) . . . . . ► ☐ Yes ☐ No

**C** Earned income for EIC from your 2017 return . . . . . \_\_\_\_\_

**D** Current year earned income for EIC . . . . . \_\_\_\_\_

If Line D is equal to or greater than Line C the taxpayer is not eligible to use 2016 earned income for EIC and Additional Child Tax Credit calculations.

**E** You may compare the tax benefit of electing to use 2017 Earned Income by checking the boxes on line A and B

Overpayment \_\_\_\_\_

Amount due \_\_\_\_\_

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
<b>A</b>	Taxable and tax exempt interest . . . . . _____
<b>B</b>	Dividend income . . . . . _____
<b>C</b>	Capital gain net <b>income</b> . . . . . _____
<b>D</b>	Royalty and rental of personal property net <b>income</b> . . . . . _____
<b>E</b>	Passive activity net <b>income</b> :
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 <b>income</b> , line 5 if greater than zero . . . . . _____
<b>F</b>	Interest and dividends from Forms 8814 . . . . . _____
<b>G</b>	Adjustments . . . . . _____
<b>H</b>	<b>Total investment income</b> , add lines A through G . . . . . <u>0.</u>
Is line H, <b>total investment income</b> over \$3,500? <input checked="checked" type="checkbox"/> <b>No.</b> You may take the credit. <input type="checkbox"/> <b>Yes. Stop.</b> You <b>cannot</b> 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.	
			Was the child under age 24 at the end of 2018, a student, and younger than you (or your spouse, if filing jointly)?							
Sulley		653-85-6770	2012							
Judd		Daughter	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Tennyson		845-29-6008	2014							
Judd		Daughter	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
			<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

**Resident Income Tax Return**

New York State • New York City • Yonkers • MCTMT

**IT-201**For the full year January 1, 2018, through December 31, 2018, or fiscal year beginning ... **18**

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

and ending ...

Your first name		MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)		Your social security number	
NATHAN			JUDD		09161977		570834676	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's social security number	
HALEY			JUDD		08021981		529759487	
Mailing address (see instructions, page 14) (number and street or PO box)					Apartment number		New York State county of residence	
255 ALLEN HILL ROAD							CLINTON	
City, village, or post office			State	ZIP code	Country (if not United States)		School district name	
PERU			NY	12972			PERU	
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)					Apartment number		School district code number	
							492	
City, village, or post office			State	ZIP code	Taxpayer's date of death (mmddyyyy)		Spouse's date of death (mmddyyyy)	
			NY		Decedent information			

**A Filing status**(mark an **X** in one box):

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

**B Did you itemize** your deductions on your 2018 federal income tax return? ..... Yes ☐ No ☒**C Can you be claimed** as a dependent on another taxpayer's federal return? ..... Yes ☐ No ☒**D1** Did you have a financial account located in a foreign country? (see page 15) ..... Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**

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

**D3** Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) ..... Yes ☐ No ☒**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2018? (see page 15) .. Yes ☐ No ☒

(2) Enter the number of days spent in NYC in 2018 (any part of a day spent in NYC is considered a day).....

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

- (1) Number of months **you** lived in NYC in 2018 .....
- (2) Number of months **your spouse** lived in NYC in 2018 .....

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

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)
SULLEY		JUDD	DAUGHTER	653856770	08042012
TENNYSON		JUDD	DAUGHTER	845296008	06222014

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

201001181555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number
570834676

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

Whole dollars only

1 Wages, salaries, tips, etc. ....	1	28064.00
2 Taxable interest income .....	2	.00
3 Ordinary dividends .....	3	.00
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4	.00
5 Alimony received .....	5	.00
6 Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040) .....	6	.00
7 Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7	.00
8 Other gains or losses (submit a copy of federal Form 4797) .....	8	.00
9 Taxable amount of IRA distributions. If received as a beneficiary, mark an <b>X</b> in the box ... <input type="checkbox"/>	9	.00
10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an <b>X</b> in the box <input type="checkbox"/>	10	.00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) .....	11	.00
12 Rental real estate included in line 11 .....	12	.00
13 Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13	.00
14 Unemployment compensation .....	14	.00
15 Taxable amount of social security benefits (also enter on line 27) .....	15	.00
16 Other income (see page 16) Identify: .....	16	.00
17 Add lines 1 through 11 and 13 through 16 .....	17	28064.00
18 Total federal adjustments to income (see page 16) Identify: .....	18	.00
19 <b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	28064.00

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

20 Interest income on state and local bonds and obligations (but not those of NYS or its local governments) .....	20	.00
21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 17) .....	21	.00
22 <b>New York's</b> 529 college savings program distributions (see page 17) .....	22	.00
23 Other (Form IT-225, line 9) .....	23	.00
24 Add lines 19 through 23 .....	24	28064.00

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

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4) .....	25	.00
26 Pensions of NYS and local governments and the federal government (see page 18) .....	26	.00
27 Taxable amount of social security benefits (from line 15) ....	27	.00
28 Interest income on U.S. government bonds .....	28	.00
29 Pension and annuity income exclusion (see page 19) .....	29	.00
30 <b>New York's</b> 529 college savings program deduction/earnings .....	30	.00
31 Other (Form IT-225, line 18).....	31	.00
32 Add lines 25 through 31 .....	32	.00
33 <b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	28064.00

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

34 Enter your <b>standard deduction</b> (table on page 21) or your <b>itemized deduction</b> (from Form IT-196) Mark an <b>X</b> in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> - or - <input type="checkbox"/> <b>Itemized</b>	34	16050.00
35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	12014.00
36 Dependent exemptions (enter the number of dependents listed in item H; see page 21) .....	36	2 000.00
37 <b>Taxable income</b> (subtract line 36 from line 35) .....	37	10014.00

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Name(s) as shown on page 1  
NATHAN AND HALEY JUDD

Your social security number  
570834676

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

<b>38</b>	<b>Taxable income</b> (from line 37 on page 2) .....	<b>38</b>	10014.00
<b>39</b>	<b>NYS tax on line 38 amount</b> (see page 22) .....	<b>39</b>	401.00
<b>40</b>	<b>NYS household credit</b> (page 21, table 1, 2, or 3) .....	<b>40</b>	35.00
<b>41</b>	<b>Resident credit</b> (see page 23) .....	<b>41</b>	.00
<b>42</b>	<b>Other NYS nonrefundable credits</b> (Form IT-201-ATT, line 7) ...	<b>42</b>	.00
<b>43</b>	<b>Add lines 40, 41, and 42</b> .....	<b>43</b>	35.00
<b>44</b>	<b>Subtract line 43 from line 39</b> (if line 43 is more than line 39, leave blank) .....	<b>44</b>	366.00
<b>45</b>	<b>Net other NYS taxes</b> (Form IT-201-ATT, line 30) .....	<b>45</b>	.00
<b>46</b>	<b>Total New York State taxes</b> (add lines 44 and 45) .....	<b>46</b>	366.00

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

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

**Voluntary contributions** (see page 28)

<b>60a</b>	<b>Return a Gift to Wildlife</b>	<b>60a</b>	.00	<b>60o</b>	<b>Veterans' Homes</b>	<b>60o</b>	.00
<b>60b</b>	<b>Missing/Exploited Children</b>	<b>60b</b>	.00	<b>60p</b>	<b>Love Your Library Fund</b>	<b>60p</b>	.00
<b>60c</b>	<b>Breast Cancer Research</b>	<b>60c</b>	.00	<b>60q</b>	<b>Lupus Fund</b>	<b>60q</b>	.00
<b>60d</b>	<b>Alzheimer's Fund</b>	<b>60d</b>	.00	<b>60r</b>	<b>Military Family Fund</b>	<b>60r</b>	.00
<b>60e</b>	<b>Olympic Fund (\$2 or \$4)</b>	<b>60e</b>	.00	<b>60s</b>	<b>CUNY Fund</b>	<b>60s</b>	.00
<b>60f</b>	<b>Prostate Cancer</b>	<b>60f</b>	.00				
<b>60g</b>	<b>9/11 Memorial</b>	<b>60g</b>	.00				
<b>60h</b>	<b>Volunteer Firefighting</b>	<b>60h</b>	.00				
<b>60i</b>	<b>Teen Health Education</b>	<b>60i</b>	.00				
<b>60j</b>	<b>Veterans Remembrance</b>	<b>60j</b>	.00				
<b>60k</b>	<b>Homeless Veterans</b>	<b>60k</b>	.00				
<b>60l</b>	<b>Mental Illness Anti-Stigma</b>	<b>60l</b>	.00				
<b>60m</b>	<b>Women's Cancers Fund</b>	<b>60m</b>	.00				
<b>60n</b>	<b>Autism Fund</b>	<b>60n</b>	.00				
<b>60</b>	<b>Total voluntary contributions</b> (add lines 60a through 60s) .....	<b>60</b>	.00				
<b>61</b>	<b>Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions</b> (add lines 46, 58, 59, and 60) .....	<b>61</b>	366.00				

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Your social security number

570834676

62 Enter amount from line 61

62

366 .00

**Payments and refundable credits** (see pages 29 through 32)

63 Empire State child credit	63	660 .00
64 NYS/NYC child and dependent care credit	64	.00
65 NYS earned income credit (EIC)	65	1445 .00
66 NYS noncustodial parent EIC	66	.00
67 Real property tax credit	67	.00
68 College tuition credit	68	.00
69 NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a NYC school tax credit (rate reduction amount)	69a	.00
70 NYC earned income credit	70	.00
70a NYC enhanced real property tax credit	70a	.00
71 Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72 Total New York State tax withheld	72	648 .00
73 Total New York City tax withheld	73	.00
74 Total Yonkers tax withheld	74	.00
75 Total estimated tax payments and amount paid with Form IT-370	75	.00
76 Total payments (add lines 63 through 75)	76	2753 .00



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

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

**Your refund, amount you owe, and account information** (see pages 33 through 35)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 33)	77	2387 .00
78 Amount of line 77 available for refund (subtract line 79 from line 77)	78	2387 .00
78a Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	2387 .00

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

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

**See page 34 for payment options.**

79 Amount of line 77 that you want applied to your 2019 estimated tax (see instructions)

79 .00

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an **X** in the box ☐ and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.

80 .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34)

81 .00

82 Other penalties and interest (see page 34)

82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 35) ☐

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

83b Routing number  83c Account number

84 Electronic funds withdrawal (see page 35) Date  Amount  .00

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

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

<b>▼ Taxpayer(s) must sign here ▼</b>	
Your signature	
Your occupation EMPLOYMENT SPECIALIST	
Spouse's signature and occupation (if joint return) HOMEMAKER	
Date	Daytime phone number (801) 842 7835
E-mail: WONKEY_EYED@YAHOO.COM	

201004181555

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



## Claim for Empire State Child Credit

IT-213

Submit this form with Form IT-201 or IT-203.

## Step 1 – Enter identifying information

Your name as shown on return	Your social security number (SSN)
NATHAN JUDD	570834676
Spouse's name	Spouse's SSN
HALEY JUDD	529759487

## Step 2 – Determine eligibility

- 1 Were you (and your spouse if filing a joint New York State return) New York State residents for **all** of 2018? **1** Yes ☒ No ☐  
If you marked an **X** in the **No** box, **stop**; you do not qualify for this credit.
- 2 Did you claim the federal child tax credit, additional child tax credit, or credit for other dependents in 2018? **2** Yes ☒ No ☐
- 3 Is your federal adjusted gross income (*see instructions*)  
– \$110,000 or less and your filing status is ② married filing joint return;  
– \$75,000 or less and your filing status is ① single, ④ head of household, or ⑤ qualifying widow(er); **or**  
– \$55,000 or less and your filing status is ③ married filing separate return? ..... **3** Yes ☒ No ☐  
If you marked an **X** in the **No** box at both lines 2 and 3, **stop**; you do not qualify for this credit.
- 4 Enter the number of children who qualify for the **federal** child tax credit, additional child tax credit, or credit for other dependents (*see instructions*) ..... **4**
- 5 Enter the number of children from line 4 that were at least four but less than 17 years of age on December 31, 2018.. **5**   
If you entered **0** on line 5, **stop**; you do not qualify for this credit.

## Step 3 – Enter child information

List below the name, SSN or individual taxpayer identification number (ITIN), and date of birth for each child included on line 4.

First name	MI	Last name	Suffix	SSN or ITIN	Date of birth (mmddyyyy)
SULLEY		JUDD		653856770	08042012
TENNYSON		JUDD		845296008	06222014

Use Form IT-213-ATT if you have additional children to report (*see instructions*).

NO HANDWRITTEN ENTRIES ON THIS FORM

213001181555



**Step 4 – Compute credit**

If you answered **Yes** to question 2, you must complete Worksheet A **or** B **and** Worksheet C beginning on page 2 of the instructions before you continue with line 6.

If you answered **No** to question 2, skip lines 6 through 12, and enter **0** on line 13; continue with line 14.

Whole dollars only

6 Enter the amount from Worksheet A, line 10 or Worksheet B, line 12 (see instructions) .....	<b>6</b>	268.00
7 Enter your additional child tax credit amount from Worksheet C (see instructions) .....	<b>7</b>	1732.00
8 Add lines 6 and 7 .....	<b>8</b>	2000.00

If the amount on line 8 is zero, skip lines 9 through 12, and enter **0** on line 13; continue with line 14.

If the amount on line 8 is more than zero, continue with line 9.

9 Enter the number of children from line 4 .....	<b>9</b>	2
10 Divide line 8 by line 9 .....	<b>10</b>	1000.00
11 Enter the number of children from line 5 .....	<b>11</b>	2
12 Multiply line 10 by line 11 .....	<b>12</b>	2000.00
13 Multiply line 12 by 33% (.33) .....	<b>13</b>	660.00

If you marked the **No** box on line 3, skip lines 14 and 15, and enter the amount from line 13 on line 16.

**All others continue with line 14.**

14 Enter the number of children from line 5 .....	<b>14</b>	2
15 Multiply line 14 by 100 .....	<b>15</b>	200.00
16 Empire State child credit (enter the amount from line 13 or line 15, whichever is greater) .....	<b>16</b>	660.00

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 17 and 18. All others enter the line 16 amount on Form IT-201, line 63.

**Step 5 – Spouses required to file separate New York State returns (see instructions)**

17 Enter the full-year resident spouse's share of the line 16 amount; <b>do not leave line 17 blank</b> .....	<b>17</b>	.00
Enter here and on Form IT-201, line 63.		
18 Enter the part-year resident or nonresident spouse's share of the line 16 amount; <b>do not leave line 18 blank</b> .....	<b>18</b>	.00
Enter the line 18 amount and code <b>213</b> on Form IT-203-ATT, line 12.		

NO HANDWRITTEN ENTRIES ON THIS FORM

213002181555





# Claim for Earned Income Credit

New York State • New York City

**IT-215**

Submit this form with Form IT-201 or IT-203.

Name(s) as shown on return	Your social security number
NATHAN AND HALEY JUDD	570834676

- 1 Did you claim the federal earned income credit? If **No, stop; you do not qualify for these credits.** ..... **1** Yes ☒ No ☐
- 2 Is your investment income (see instructions) greater than \$3,500? If **Yes, stop; you do not qualify for these credits.** ..... **2** Yes ☐ No ☒
- 3 Have you already filed your New York State income tax return? If **Yes**, you must file an amended NYS return..... **3** Yes ☐ No ☒
- 4 Did you claim qualifying children on your **federal** Schedule EIC? If **No**, continue with line 5.  
If **Yes**, in the spaces below, list up to three of the same children you claimed on federal Schedule EIC. .... **4** Yes ☒ No ☐  
If you claimed more than three, see instructions.

1st Child	First name	MI	Last name	Suffix	Relationship
	SULLEY		JUDD		DAUGHTER
	No. of months lived with you	Full-time student*	Person with disability*	Social security number	Date of birth (mmddyyyy)
	12	<input type="checkbox"/>	<input type="checkbox"/>	653856770	08042012
2nd Child	First name	MI	Last name	Suffix	Relationship
	TENNYSON		JUDD		DAUGHTER
	No. of months lived with you	Full-time student*	Person with disability*	Social security number	Date of birth (mmddyyyy)
	12	<input type="checkbox"/>	<input type="checkbox"/>	845296008	06222014
3rd Child	First name	MI	Last name	Suffix	Relationship
	No. of months lived with you	Full-time student*	Person with disability*	Social security number	Date of birth (mmddyyyy)
		<input type="checkbox"/>	<input type="checkbox"/>		

\* Mark an **X** in these boxes **only** if you checked **Yes** in the same box on your federal Schedule EIC (box 4a or 4b).

- 5 Is the IRS figuring your **federal** earned income credit (EIC) for you? If **Yes**, complete lines 6 through 9 (also lines 21, 23, and 24 if you are a part-year New York State resident, and line 28 if you are a part-year New York City resident). The Tax Department will compute your New York State and, if applicable, your New York City earned income credit for you. If **No**, complete lines 6 through 17 (and lines 18 through 26 if you are a part-year New York State resident). New York City residents must complete the **New York City earned income credit Worksheet C** on page 3 of Form IT-215-I. Part-year New York City residents must also complete line 28 on page 2 of this claim form. .... **5** Yes ☐ No ☒
- Whole dollars only
- 6 Wages, salaries, tips, etc., from **Worksheet A** line 3, on page 2 of the instructions, Form IT-215-I. .... **6** 28064.00
- 7 Earned income adjustments (see instructions) ..... **7** 0.00
- 8 Business income or loss (from your federal Form 1040 line instructions, Earned Income Credit Worksheet B, lines 1e, 2c, and 3) ... **8** .00
- Employer identification number (see instructions)...
- 9 Enter your federal adjusted gross income  
(from Form IT-201, line 19, or Form IT-203, line 19, Federal amount column) ..... **9** 28064.00
- 10 Amount of federal EIC claimed (from federal Form 1040, line 17a) ..... **10** 4932.00
- 11 New York State earned income credit (NYS EIC) rate 30% (.30) ..... **11** .30
- 12 Tentative NYS EIC (multiply line 10 by line 11; see instructions) ..... **12** 1480.00

**Complete Worksheet B on the back page before continuing.**

- 13 Enter the amount from **Worksheet B**, line 5, on the back of this form..... **13** 401.00
- 14 New York State household credit (from Form IT-201, line 40, or Form IT-203, line 39) .. **14** 35.00
- 15 Enter the smaller of line 13 or line 14 ..... **15** 35.00
- 16 Allowable New York State earned income credit (subtract line 15 from line 12; see instructions) ..... **16** 1445.00
- 17 If your New York State filing status is ③, **Married filing separate return**, complete line 17. The NYS EIC on line 16 above can be divided between spouses in any manner you wish. Enter on line 17 the amount of NYS EIC from line 16 you are claiming, and also enter your joint federal adjusted gross income below. .... **17** .00
- Federal adjusted gross income (from federal Form 1040, line 7) .....  .00

NO HANDWRITTEN ENTRIES ON THIS FORM



**Part-year New York State resident earned income credit**

**Lines 18 through 26 apply only to part-year New York State residents claiming the New York State earned income credit.**

18	Enter your New York State earned income credit (from line 16 or line 17) .....	18		.00
19	Enter the amount from Form IT-203, line 42 .....	19		.00
<p>– If line 19 is equal to or more than line 18, <b>stop. You do not have excess New York State earned income credit.</b></p> <p>– If line 19 is less than line 18, <b>continue on line 20 below.</b></p>				
20	<b>Excess New York State earned income credit</b> (subtract line 19 from line 18) .....	20		.00
21	Enter the amount from Form IT-203-ATT, line 31 (If you do not have to file Form IT-203-ATT, leave blank and continue on line 22 below.) .....	21		.00
<p>– If Form IT-215, line 21, is equal to or more than Form IT-215, line 20, <b>stop. Do not continue with this computation.</b> Enter the amount from line 20 above on Form IT-203-ATT, line 32.</p> <p>– If Form IT-215, line 21, is less than Form IT-215, line 20, enter the amount from line 20 above on Form IT-203-ATT, line 32, and continue on line 22 below.</p>				
22	Subtract line 21 from line 20. <b>This is your remaining excess New York State earned income credit.</b> .....	22		.00
23	Enter the amount from line 19, Column D, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet .....	23		.00
24	Enter the amount from line 19, Column A, of the <i>Part-year resident income allocation worksheet</i> in your Form IT-203 instruction booklet .....	24		.00
25	Divide line 23 by line 24 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000). .....	25		
26	Multiply line 22 by line 25. Enter the result here and on Form IT-203-ATT, line 10. <b>This is the refundable portion of your part-year New York State resident earned income credit.</b> .....	26		.00

**New York City earned income credit (full-year and part-year New York City residents)**

27	From <b>Worksheet C, New York City earned income credit</b> , on page 3 of Form IT-215-I, <i>Instructions for Form IT-215</i> . Enter here and on <b>Form IT-201, line 70</b> , or <b>Form IT-203-ATT, line 11</b> . .....	27		.00
Part-year New York City residents must also complete line 28 below.				
28	<b>Part-year New York City adjusted gross income</b> Enter the amounts from Worksheet C, lines 6 and 7 .....	28A		.00
		28B		.00

**Worksheet B**

1	New York State tax (from Form IT-201, line 39, or Form IT-203, line 38) .....	1		401.00
2	Resident credit (see instructions) .....	2		.00
3	Accumulation distribution credit (see instructions) .....	3		.00
4	Add lines 2 and 3 .....	4		.00
5	Subtract line 4 from line 1. (If line 4 is more than line 1, enter 0.) Enter here and on line 13 on the front of this form. ....	5		401.00

NO HANDWRITTEN ENTRIES ON THIS FORM

215002181555







# Summary of W-2 Statements

New York State • New York City • Yonkers

# IT-2

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

## W-2 Record 1

**Box a** Employee's social security number for this W-2 Record

570834676

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

141463735

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

CLINTON CO CHAPTER NYSARC INC ADVOCACY &amp; RESOURCE CENTER

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

231 NEW YORK ROAD

**City**

PLATTSBURGH

**State**

NY

**ZIP code**

12903

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

27224.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

9.00

**Code**

C

**Box 12b** Amount

952.00

**Code**

D D

**Box 12c** Amount

280.00

**Code**

E

**Box 12d** Amount

.00

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

35.00

**Description**

NYPFL

**Box 14b** Amount

.00

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

.00

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

.00

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

NY State

N Y

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

27224.00

**Box 17a** NYS income tax withheld

648.00

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

other state

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

.00

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

.00

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

Locality a

.00

Locality b

.00

**Box 19** Local income tax withheld

Locality a

.00

Locality b

.00

**Box 20** Locality name

Locality a

Locality b

Do not detach.

## W-2 Record 2

**Box a** Employee's social security number for this W-2 Record

529759487

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

146001810

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

PERU CENTRAL SCHOOL DISTRICT

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

17 SCHOOL STREET

**City**

PERU

**State**

NY

**ZIP code**

12972

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

840.00

**Box 8** Allocated tips

.00

**Box 10** Dependent care benefits

.00

**Box 11** Nonqualified plans

.00

**Box 12a** Amount

.00

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

.00

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

.00

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

.00

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

.00

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

.00

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

.00

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

.00

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

NY State

N Y

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

840.00

**Box 17a** NYS income tax withheld

.00

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

other state

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

.00

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

.00

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

Locality a

.00

Locality b

.00

**Box 19** Local income tax withheld

Locality a

.00

Locality b

.00

**Box 20** Locality name

Locality a

Locality b

102001181555



NO HANDWRITTEN ENTRIES ON THIS FORM

**IT-196**  
**Line 40**

**Itemized Deductions Worksheet**

**2018**

► Keep for your records

Name(s) Shown on Return NATHAN AND HALEY JUDD		Social Security Number 570-83-4676	
<b>1</b>	Enter the amounts on Form IT-196, lines 4, 9, 15, 19, 20, 28 and 39 . . . . .	<b>1</b>	4,659.
<b>2</b>	Enter the amounts on Form IT-196, lines 4, 14, 20, 29 and 38, plus any qualified contributions included on line 16. . . . .	<b>2</b>	
<b>3</b>	Is the amount on line 2 less than the amount on line 1? If <b>No</b> , stop here. Your deduction is <b>not</b> limited. Enter the amount from line 1 above on Form IT-196, line 40. If <b>Yes</b> , subtract line 2 from line 1 . . . . .	<b>3</b>	4,659.
<b>4</b>	Multiply line 3 by 80% (.80) . . . . .	<b>4</b>	3,727.
<b>5</b>	Enter the amount from Form IT-201 or IT-203, line 19 . . . . .	<b>5</b>	28,064.
<b>6</b>	Enter \$266,700 if single; \$320,000 if married filing jointly or qualifying widow(er); \$298,350 if head of household, \$160,000 if married filing separately . . . . .	<b>6</b>	320,000.
<b>7</b>	Is the amount on line 6 less than the amount on line 5? If <b>No</b> , stop here. Your deduction is not limited. Enter the amount from line 1 above on Form IT-196, line 40. If <b>Yes</b> , subtract line 6 from line 5 . . . . .	<b>7</b>	
<b>8</b>	Multiply line 7 by 3% (.03). . . . .	<b>8</b>	
<b>9</b>	Enter the <b>smaller</b> of line 4 or line 8 . . . . .	<b>9</b>	
<b>10</b>	<b>Total itemized deductions.</b> Subtract line 9 from line 1. Enter the result on Form IT-196, line 40 . . . . .	<b>10</b>	



► Keep for your records

Name(s) Shown on Return  
NATHAN and HALEY JUDDSocial Security Number  
570-83-4676**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 <b>home equity</b> 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

NATHAN and HALEY JUDD

570-83-4676

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. <b>This is deductible home mortgage interest</b> . . . . .	12	
13	Subtract line 12 from line 10. <b>This is not home mortgage interest</b> . . . . .	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 . . . . .

Name as Shown on Return  
NATHAN and HALEY JUDDSocial Security No.  
570-83-4676

**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 IT-213.

**Part 1**

1	Number of children from Form IT-213 In 4 : <u>2</u> X \$1,000. Enter the result . . .	1	<u>2,000.</u>
2	Enter the amount from Form IT-201, line 19 . . . . .	2	<u>28,064.</u>
3	<b>1040 filers:</b> 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. . . . .	3	<u>0.</u>
	<b>1040NR filers:</b> Enter -0-.		
4	Add lines 2 and 3. Enter the total . . . . .	4	<u>28,064.</u>
5	Enter the amount shown below for your filing status. • Married filing jointly — \$110,000 • Single, head of household, or qualifying widow(er) — \$75,000 • Married filing separately — \$55,000 . . . . .	5	<u>110,000.</u>
6	Is the amount on line 4 more than the amount on line 5? <input checked="" type="checkbox"/> <b>No.</b> Leave line 6 blank. Enter -0- on line 7. <input type="checkbox"/> <b>Yes.</b> Subtract line 5 from line 4 . . . . . 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. . . . .	6	
7	Multiply the amount on line 6 by 5% (.05). Enter the result . . . . .	7	<u>0.</u>
8	Is the amount on line 1 more than the amount on line 7? <input type="checkbox"/> <b>No. Stop.</b> Enter <b>0</b> on Form IT-213, line 6 and <b>0</b> on Form IT-213, line 7. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i> . . . . .	8	<u>2,000.</u>

**Part 2**

9	Enter 2018 federal tax from Form 1040, line 11, or Form 1040NR, line 45 . . . . .	9	<u>408.</u>																												
10	Add the amounts from — <table><tr><td>a</td><td>Form 1040, Schedule 3 line 48 or 1040NR, line 46 . . . . .</td><td>a</td><td></td></tr><tr><td>b</td><td>Form 1040, Schedule 3 line 49 or 1040NR, line 47 . . . . .</td><td>b</td><td></td></tr><tr><td>c</td><td>Form 1040, Schedule 3 line 50 . . . . .</td><td>c</td><td></td></tr><tr><td>d</td><td>Form 1040, Schedule 3 line 51 or 1040NR, line 48 . . . . .</td><td>d</td><td><u>140.</u></td></tr><tr><td>e</td><td>Form 8910, <i>Alternative Motor Vehicle Credit</i>, line 15 . . . . .</td><td>e</td><td></td></tr><tr><td>f</td><td>Form 8936, <i>Qual Plug-in Elec Vehicle Credit</i>, line 23 . . . . .</td><td>f</td><td></td></tr><tr><td>g</td><td>Schedule R, <i>Credit for Elderly or Disabled</i>, line 22 . . . . .</td><td>g</td><td></td></tr></table> Enter the total lines a through g . . . . .	a	Form 1040, Schedule 3 line 48 or 1040NR, line 46 . . . . .	a		b	Form 1040, Schedule 3 line 49 or 1040NR, line 47 . . . . .	b		c	Form 1040, Schedule 3 line 50 . . . . .	c		d	Form 1040, Schedule 3 line 51 or 1040NR, line 48 . . . . .	d	<u>140.</u>	e	Form 8910, <i>Alternative Motor Vehicle Credit</i> , line 15 . . . . .	e		f	Form 8936, <i>Qual Plug-in Elec Vehicle Credit</i> , line 23 . . . . .	f		g	Schedule R, <i>Credit for Elderly or Disabled</i> , line 22 . . . . .	g		10	<u>140.</u>
a	Form 1040, Schedule 3 line 48 or 1040NR, line 46 . . . . .	a																													
b	Form 1040, Schedule 3 line 49 or 1040NR, line 47 . . . . .	b																													
c	Form 1040, Schedule 3 line 50 . . . . .	c																													
d	Form 1040, Schedule 3 line 51 or 1040NR, line 48 . . . . .	d	<u>140.</u>																												
e	Form 8910, <i>Alternative Motor Vehicle Credit</i> , line 15 . . . . .	e																													
f	Form 8936, <i>Qual Plug-in Elec Vehicle Credit</i> , line 23 . . . . .	f																													
g	Schedule R, <i>Credit for Elderly or Disabled</i> , line 22 . . . . .	g																													
11	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"/> <b>No.</b> Enter the amount from line 10. . . . . <input type="checkbox"/> <b>Yes.</b> If you are filing Form 2555, enter the amount from line 10. Otherwise, Complete the <i>Line 11 Worksheet</i> below to figure the amount to enter here. . . . .	11	<u>140.</u>																												
12	Subtract line 11 from line 9. Enter the result . . . . .	12	<u>268.</u>																												
13	Is the amount on line 8 of this worksheet more than the amount on line 12? <input type="checkbox"/> <b>No.</b> Enter the amount from line 8 on IT-213 line 6; enter <b>0</b> on line 7. <input checked="" type="checkbox"/> <b>Yes.</b> Enter the amount from line 12 on IT-213 line 6 and complete Worksheet C . . . . .	13	<u>268.</u>																												

Name(s) Shown on Return

NATHAN and HALEY JUDD

Your Social Security Number

570-83-4676

**Additional Child Tax Credit Amount**

- Complete Worksheet A/B before completing Worksheet C
- If Worksheet A/B line 8 is zero, do not complete Worksheet C. Go to Form IT-213, skip lines 8 - 13 and continue with line 14.
- If you filed federal Form 2555 or 2555-EZ, **stop** here; do not complete Worksheet C. Enter **0** on Form IT-213, line 7.
- You need a completed 2018 federal Schedule 8812, *Child Tax Credit*, to complete this worksheet

<b>1</b>	Enter the amount from line 8 of the Child Credit Worksheet A/B. . . . .	<b>1</b>	2,000.
<b>2</b>	Enter the amount from Form IT-213, line 6 . . . . . If line 2 is greater than or equal to line 1, <b>stop</b> here, you do not qualify for the additional child tax credit. Enter <b>0</b> on Form IT-213, line 7.	<b>2</b>	268.
<b>3</b>	Subtract line 2 from line 1. . . . .	<b>3</b>	1,732.
<b>4 a</b>	Earned income (from federal Schedule 8812, line 6a) . . . . .	<b>4 a</b>	28,064.
<b>b</b>	Nontaxable combat pay (from federal Schedule 8812, line 6b) . . . . .	<b>4 b</b>	
<b>5</b>	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank, enter -0- on line 6. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result . . . . .	<b>5</b>	25,064.
<b>6</b>	Multiply the amount on line 5 by 15% (0.15) and enter the result . . . . .	<b>6</b>	3,760.
<b>7</b>	Do you have three or more children (from Form IT-213, line 4)? <input checked="" type="checkbox"/> <b>No.</b> <b>Stop</b> here and enter the smaller of line 3 or 6 on Form IT-213, line 7. <input type="checkbox"/> <b>Yes.</b> • If line 6 is equal to or more than line 3, <b>stop</b> here and enter the amount from line 3 on Form IT-213, line 7. • If line 6 is less than line 3, enter the amount from federal Schedule 8812 line 13 . . . . .	<b>7</b>	
<b>8</b>	Enter the larger of line 6 or line 7 . . . . .	<b>8</b>	
<b>9</b>	Enter the smaller of line 3 or line 8 on Form IT-213, line 7 . . . . .	<b>9</b>	

**Part I – Personal Information****Taxpayer:**

First Name . . . . . NATHAN  
 Middle Initial . . . . . Suffix . . . . .  
 Last Name . . . . . JUDD  
 Social Security No. . . . . 570-83-4676  
 Occupation . . . . . Employment Specialist  
 Date of Birth . . . . . 09-16-1977  
 Age as of 1-1-2019 . . . . . 41  
 Date of Death . . . . .  
 NY DL Doc ID . . . . . WRJ  
 Email Address . . . . . wonkey\_eyed@yahoo.com  
 Daytime Phone . . . . . (801) 842-7835  
 Extension . . . . .  
 Home Phone . . . . .

**Spouse:**

First Name . . . . . HALEY  
 Middle Initial . . . . . Suffix . . . . .  
 Last Name . . . . . JUDD  
 Social Security No. . . . . 529-75-9487  
 Occupation . . . . . Homemaker  
 Date of Birth . . . . . 08-02-1981  
 Age as of 1-1-2019 . . . . . 37  
 Date of Death . . . . .  
 NY DL Doc ID . . . . . W37  
 Email Address . . . . .  
 Daytime Phone . . . . .  
 Extension . . . . .

Check to print phone number on main form . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

**Mailing Address**

Street Address . . . . . 255 ALLEN HILL ROAD Apartment No. . . . .  
 City . . . . . Peru State . . . . . NY ZIP Code . . . . . 12972  
 Foreign code . . . . . Foreign country . . . . . Foreign postal code . . . . .  
 Foreign province/county . . . . . Foreign province/county abbreviation . . . . .

**Permanent Home Address (if different from mailing address above)**

Street Address . . . . . Apartment No. . . . .  
 City . . . . . State . . . . . ZIP Code . . . . .  
 (Below should be used by New York nonresidents only)  
 Foreign code . . . . . Foreign country . . . . . Foreign postal code . . . . .  
 Foreign province/county . . . . . Foreign province/county abbreviation . . . . .

**New York County and School District Information**

County . . . . . Clinton  
 School District . . . . . Peru School District Code . . . . . 492

**Part II – Main Form**

- ☒ Full-year resident: Form IT-201, Resident Income Tax Return . . . . . ►  
☐ Part-year resident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return . . . . . ►  
☐ Nonresident: Form IT-203, Nonresident and Part-Year Resident Income Tax Return . . . . . ►

**Taxpayer Spouse**

☐ ☐ If only one spouse has New York source income, check the box related to that spouse

**New York City and City of Yonkers Residency Information:**

	Taxpayer		Spouse	
	New York City	Yonkers	New York City	Yonkers
Residency Status:				
Full-year resident . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-year resident . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonresident . . . . .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Part-year residents dates of residency:				
From: . . . . .				
To: . . . . .				
If a City of Yonkers nonresident: Did you receive income or withholding from Yonkers sources during your period of nonresidence? . . . . .		Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/>		Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/>

**New York City Residents:**

- Yes No  
☐ ☒ Did you or your spouse maintain living quarters in New York City during 2018?  
☐ ☒ If married, did you or your spouse change New York City resident status at different times during the year? A 'Yes' response will generate separate Forms 360.1 for taxpayer and spouse.

**Filing only IT-214, NYC-208 and/or NYC-210:**

- ☐ Check here if you are **only** filing the IT-214, NYC-208 and/or NYC-210 (Caution: See Tax Help)  
 Form IT-214, Claim for Real Property Tax Credit for Homeowners and Renters . . . . . ►  
 Form NYC-208, Claim for NYC Enhanced Real Property Tax Credit for Homeowners and Renters . . . . . ►  
 Form NYC-210, Claim for NYC School Tax Credit . . . . . ►

**Part III – Filing Status**

- ☐ Single  
☒ Married, filing joint  
☐ Married, filing separate  
☐ You **did not** live with your spouse at any time during the year  
 If both you and your spouse itemized deductions on your federal tax return:  
☐ Both you and your spouse will itemize deductions on your New York State tax returns  
☐ Both you and your spouse will take the New York standard deduction  
☐ Head of household  
☐ Qualifying widow(er)

**Part IV – Credits****New York State Charitable Gifts Trust Fund**

Yes No

- ☐ ☒ Did you make a contribution to one of the New York Charitable Gifts Trust Funds below? If yes, enter amount:

Health Charitable Account . . . . . ▶ \_\_\_\_\_  
 Elementary and Secondary Education Account . . . . . ▶ \_\_\_\_\_

**New York City Accumulation Distribution Credit:**

Taxpayer . . . . . Spouse . . . . .

**New York State and New York City Household Credit for Married Filing Separate Taxpayers:**

Number of exemptions claimed on spouse's return . . . . . \_\_\_\_\_  
 Adjusted gross income (IT-201 or IT-203, line 19) from spouse's return . . . . . \_\_\_\_\_  
 Total Build America Bond (BAB) interest included on spouse's federal income tax return . . . . . \_\_\_\_\_

**Refundable Credits Paid in Advance:**

Yes No

- ☒ ☐ Did you receive a check from the NY Tax Department for the property tax relief credit? (do **not** include any STAR credit received here)  
 If Yes, enter the amount . . . . . ▶ 355.

Check received for STAR credit . . . . . ▶ 592.

**New York State Public Trust Act (new question at top of forms IT-201-ATT and IT-203-ATT):**

Have you (or an entity of which you are an owner) been convicted of *Bribery Involving Public Servants and Related Offenses, Corrupting the Government, or Defrauding the Government* (NYS Penal Law Article 200, 496, or section 195.20)? . . . . . Yes ☐ No ☐

**Note:** Checking "Yes" above makes you **not eligible** for any business tax credits allowed under Tax Law Article 22, Personal Income Tax.

**Part V – New York City Unincorporated Business Tax Return**

	Taxpayer	Spouse
<b>1 a</b> File NYC-202S . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> File NYC-202 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Do not file NYC-202/NYC-202S . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Gain (loss) from sale of business assets . . . . .	_____	_____
<b>3</b> Net rent/royalty income from business property . . . . .	_____	_____
<b>4</b> Other business income (loss) . . . . .	_____	_____
<b>5</b> Income taxes/unincorporated business taxes paid and deducted on federal Schedule C or Schedule C-EZ . . . . .	_____	_____
<b>6</b> Number of months in business in New York City during the year . . . . .	_____	_____
<b>7 a</b> Use <b>direct deposit</b> for <b>NYC-202/NYC-202S tax refund</b> . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>b</b> Will the funds for this refund go to an account outside the U.S.? . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>c</b> Routing number . . . . .	_____	_____
<b>d</b> Account number . . . . .	_____	_____
<b>e 1</b> Account Type: Checking . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Account Type: Savings . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI – Metropolitan Commuter Transportation Mobility Tax Worksheet**

	Taxpayer	Spouse
Starting with 2015 this tax is no longer reported on a separate return, but on the IT-201 or IT-203.		
<b>1</b> Complete MCTM Tax Worksheet . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part VII – Sales or Use Tax and Voluntary Gifts or Contributions****Sales or Use Tax**

- 1 a If you do not owe any sales or use tax with the return, check this box ☒ X
- b To calculate tax due on nonbusiness-related items or services costing less than \$1,000 each (excluding shipping and handling) using the sales and use tax chart, check this box ☐
- c If manually calculating the sales or use tax due with the return, check this box and enter the amount of sales or use tax due on line 4 below ☐
- 2 If line 1b is checked and you maintained a permanent place of abode in New York State for sales and use tax purposes for only part of the year, enter the number of months you maintained a permanent place of abode in New York State \_\_\_\_\_
- 3 Sales tax due based on the sales and use tax chart \_\_\_\_\_
- 4 Sales tax due from ST-140, Individual Purchaser's Annual Report of Sales & Use Tax \_\_\_\_\_
- 5 Total sales or use tax due (line 2 plus line 3) \_\_\_\_\_ 0.

**Voluntary Gifts or Contributions**

Return a Gift to Wildlife . . . . .	Homeless Veterans Fund . . . . .
Missing/Exploited Children Fund . . . . .	Mental Illness Anti-Stigma Fund . . . . .
Breast Cancer Research Fund . . . . .	Women's Cancers Educ Prev Fd . . . . .
Alzheimer's Fund . . . . .	Autism Fund . . . . .
Olympic Fund (\$2 or \$4) . . . . .	Veterans' Homes . . . . .
Prostate/Testicular Cancer Fund . . . . .	Love Your Library Fund . . . . .
9/11 Memorial . . . . .	Lupus Educ and Prevention Fund . . . . .
Volunteer Firefighting & EMS . . . . .	Military Family Relief Fund . . . . .
Teen Health Education Fund . . . . .	City Univ NY Constr Fund . . . . .
Veterans Remembrance Fund . . . . .	

**Part VIII – Additional Information for E-Filed returns**

\_\_\_\_ W-2 Verification Indicator given by NYS (See Help).

☐ Tax Shelter Reportable Transaction Attachment Required (Form DTF-686)

**Electronic PDF Attachments**

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename

**Part IX - Direct Deposit or Direct Debit Information**

Yes No

☐ ☒ Use **direct deposit** for **New York tax refund**?

☐ ☐ Use electronic funds withdrawal of New York tax payment for the **tax return**?

☐ ☐ Use electronic funds withdrawal of New York tax payment for the **amended return**? (EF Only)

**Bank Information**

For direct deposit or electronic funds withdrawal, fill out the information below :

Name of Financial Institution (optional) \_\_\_\_\_

Account Type . . . . . Checking ☐ Savings ☐

Personal or business account . . . . . Personal ☐ Business ☐

Routing number . . . . . \_\_\_\_\_

Account number . . . . . \_\_\_\_\_

**Enter the following information only if you elect direct debit of your state tax payment:**

Enter the payment date to withdraw from the account above . . . . . \_\_\_\_\_

State balance-due amount from this return . . . . . \_\_\_\_\_

**Electronic funds withdrawal amount due with amended return information:**

Enter settlement date to withdraw the tax due amount from the account above . . . . . \_\_\_\_\_

State balance-due amount paid with this amended 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.?

**Electronic Filing of Estimated Payments**

☐ File **Form(s) IT-2105** electronically (Check the boxes below next to the quarters you would like to file)

Qtr	Payment Amount	Payment Due Date	Date to Withdraw	Date Scheduled	Date Signed	Date Transmitted	Date Accepted	Completed
1		04/15/19		Not scheduled				
2		06/17/19		Not scheduled				
3		09/16/19		Not scheduled				
4		01/15/20		Not scheduled				

**Bank Information for Estimated Payments**

For direct deposit or electronic funds withdrawal, fill out the information below :

Name of Financial Institution (optional) \_\_\_\_\_

Account Type . . . . . Checking ☐ Savings ☐

Personal or business account . . . . . Personal ☐ Business ☐

Routing number . . . . . \_\_\_\_\_

Account number . . . . . \_\_\_\_\_

**International ACH Transactions for Estimated Payments**

Yes No

☐ ☐ Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Part X – Extension Status****New York State Income Tax Return (IT-201 or IT-203)**

Yes No

☐ ☒ Tax return due date extended?

Extended due date . . . . . \_\_\_\_\_

Amount paid with IT-370 . . . . . \_\_\_\_\_

**New York City Unincorporated Business Tax Return (NYC-202 or NYC-202S)**

Yes No

☐ ☒ Has NYC-EXT, "Application for Automatic Extension", been filed for the taxpayer?

Extended due date . . . \_\_\_\_\_

☐ ☒ Has NYC-EXT, "Application for Automatic Extension", been filed for the spouse?

Extended due date . . . \_\_\_\_\_

**Part XI – Form NYC-1127, Nonresident Employees of the City of New York**

	Taxpayer	Spouse
1 Check the box to indicate the individual(s) who were employed by the city of New York . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 New York City department or agency where employed. . . . .	_____	_____
3 Date current employment with the city of New York began. . . . .	_____	_____
4 If employment ended in 2018, enter final date of employment . . . . .	_____	_____
5 For married filing joint taxpayers, file NYC-1127: <input type="checkbox"/> Separately, considering only the income/adjustments of the New York City employee <input type="checkbox"/> Jointly with spouse, all income/adjustments of both taxpayer and spouse are used to compute overpayment or balance due		

**Part XII – Other Information for Your Tax Return****2-digit special condition code number:**

- ☐ **Code A6 Build America Bond Interest** — You (or your spouse if married) included Build America Bond (BAB) interest in your federal adjusted gross income (AGI)  
 \* Enter total BAB interest included on Form 1040, line 8a . . . . . \_\_\_\_\_  
 \* Enter BAB interest entered above from NY state or local governments . . . . . \_\_\_\_\_
- ☐ **Code C7 Combat zone** — You (or your spouse if married) qualify for an extension of time to file and pay your tax due under the combat zone or contingency operation relief provisions
- ☐ **Code D9 Deceased taxpayer** — If a joint return is being filed, the tax return qualifies for an automatic 90-day extension to file because either the taxpayer or spouse died within 30 days before the due date of their tax return.
- ☐ **Code K2 Combat zone, killed in action (KIA)** — You are filing a return on behalf of a member of the armed forces who died while serving in a combat zone
- ☐ **Code M2 Military Spouse Income** — The spouse of a servicemember is exempt from New York state tax on compensation earned in New York if domiciled in another state (IT-203 filers only)
- ☐ **Code E3 Out of the country** — You (or your spouse if married) qualify for an automatic two-month extension of time to file your federal return because you are out of the country
- ☐ **Code E4 Nonresident aliens** — You (or your spouse if married) are a federal nonresident alien
- ☐ **Code E5 Extension of time to file beyond six months** — You (or your spouse if married):
- Qualify for an extension of time to file beyond six months because you are outside the United States and Puerto Rico. Attach a copy of the letter sent to the IRS requesting additional time to file
  - Received a federal extension to qualify for the federal foreign earned income exclusion and/or the foreign housing exclusion or deduction. Attach a copy of the approved Form 2350, *Application for Extension of Time to File U.S. Income Tax Return*



**Part XII – Other Information for Your Tax Return (continued)**

- ☐ **Code 56 Ponzi-type fraudulent investment** - You (or your spouse if married) had a Ponzi-type fraudulent investment reported as a theft loss (itemized deduction) on the New York tax returns using the federal safe harbor rules
- ☐ **Code P2 Protective Claim** - You (or your spouse if married) are claiming a refund on an amended return (IT-201-X or IT-203-X) based on unresolved issues involving the Tax Department
- ☐ **Code N3 NOL Carryback** - You (or your spouse if married) are filing an amended return (IT-201-X or IT-203-X) due to a net operating loss carryback

\_\_\_\_ If you (or your spouse if married) qualify under a special condition for filing your 2018 tax return not listed above, enter your 2-digit special condition code number

\_\_\_\_ If applicable, also enter the second 2-digit special condition code number

**Third Party Designee:**

**Yes No**

☐ ☐ May another person discuss this return with the New York Department of Taxation and Finance?

If Yes, complete the following:

Designee's name . . . . . \_\_\_\_\_

Designee's email address . . . . . \_\_\_\_\_

Designee's phone number . . . . . \_\_\_\_\_

Personal identification number . . . . . \_\_\_\_\_

**New York State Underpayment Penalty:**

- ☒ Allow New York Department of Taxation and Finance to figure the interest and penalty on IT-2105.9
- ☐ The taxpayer qualified for a 90 day extension of time to pay their first **2018** estimated tax payment

**Other Penalties and Interest:**

Enter any late filing penalty, late payment penalty, or interest (IT-201 or IT-203) . . . . . \_\_\_\_\_

**Long-term Residential Care Deduction (IT-201 and IT-203 Filers):**

**Yes No**

☐ ☐ Was the taxpayer a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

☐ ☐ Was the spouse a resident in a continuing care retirement community that was issued a certificate of authority by the New York State Department of Health to operate as a continuing care retirement community?

- 1 Fees paid during the year that are attributable to the cost of providing long-term care benefits under a continuing care contract . . . . .
- 2 Long-term care insurance deduction age limitation . . . . .

Taxpayer	Spouse
_____	_____
_____	_____

**IT-201 or IT-203 Question D3, regarding Nonqualified deferred compensation required by Section 457A:**

**Yes No**

☐ ☒ Were you required to report, under Section 457A, any nonqualified deferred compensation on your 2018 federal return?

**Part XIII— Amended Return**

- ☐ You are filing a current year New York amended income tax return
- Payment made with original return . . . . . \_\_\_\_\_
- Refund received from original return . . . . . \_\_\_\_\_

# Tax Payments Worksheet

**2018**

► Keep for your records.

Name NATHAN AND HALEY JUDD	Social Security Number 570-83-4676
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## Tax Payments for the Current Year

	Date	Payments		
		State	New York City	Yonkers
1 First Payment . . . . .				
2 Second Payment . . . . .				
3 Third Payment . . . . .				
4 Fourth Payment . . . . .				
<b>Additional Payments</b>				
5 Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
Payment . . . . .				
5 a MCTMT Estimates made, from MCTMT Worksheet - Taxpayer . . . . .			5 a	
5 b MCTMT Estimates made, from MCTMT Worksheet - Spouse . . . . .			5 b	
6 Overpayment from previous year applied to current year . . . . .			6	
6 a MCTMT Overpayment from previous year, from MCTMT Wkst - Taxpayer . . . . .			6 a	
6 b MCTMT Overpayment from previous year, from MCTMT Wkst - Spouse . . . . .			6 b	
7 Amount paid with current year extension . . . . .			7	
8 <b>Total tax payments</b> . . . . .			8	

## New York State Income Tax Withheld for the Current Year

9 State withholding on Forms W-2 . . . . .	9	648.
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	
12 b State withholding on Forms 1099-G . . . . .	12 b	
12 c State withholding on Forms 1099-K . . . . .	12 c	
13 Other state tax withholding . . . . .	13	
14 <b>Total state income tax withheld</b> . . . . .	14	648.

## City Income Tax Withheld for the Current Year

15 Total City of New York withholding . . . . .	15	
16 Total Yonkers withholding . . . . .	16	
17 Section 1127 withholding . . . . .	17	

## Section 414(h) and 125 Withholding

18 Public employee 414(h) retirement contributions - subject to New York Tax . . .	18	
19 Public employee 414(h) retirement contributions - <b>not</b> subject to New York Tax . . . . .	19	
20 Total City of New York withholding (IRC 125) - subject to New York Tax . . . . .	20	
21 Total City of New York withholding (IRC 125) - <b>not</b> subject to New York Tax . .	21	
22 Date return will be filed and balance paid . . . . .	22	

# New York State School District/County Selection Worksheet

2018

► Keep for your records

Name as Shown on Return

NATHAN AND HALEY JUDD

Social Security No.

570-83-4676

Listed below are the counties in New York state. The school districts associated with each county are available by clicking on the field next to your county of residence. You should select the appropriate school district. Based on the school district selected, the program will automatically select the matching school district code.

## New York Counties

Albany . . . . .	_____	Niagara . . . . .	_____
Allegany . . . . .	_____	Oneida . . . . .	_____
Broome . . . . .	_____	Onondaga . . .	_____
Cattaraugus . . .	_____	Ontario . . . . .	_____
Cayuga . . . . .	_____	Orange . . . . .	_____
Chautauqua . . .	_____	Orleans . . . . .	_____
Chemung . . . . .	_____	Oswego . . . . .	_____
Chenango . . . . .	_____	Otsego . . . . .	_____
Clinton . . . . .	Peru	Putnam . . . . .	_____
Columbia . . . . .	_____	Rensselaer . . .	_____
Cortland . . . . .	_____	Rockland . . . .	_____
Delaware . . . . .	_____	St. Lawrence . .	_____
Dutchess . . . . .	_____	Saratoga . . . . .	_____
Erie . . . . .	_____	Schenectady . .	_____
Essex . . . . .	_____	Schoharie . . . .	_____
Franklin . . . . .	_____	Schuyler . . . . .	_____
Fulton . . . . .	_____	Seneca . . . . .	_____
Genesee . . . . .	_____	Steuben . . . . .	_____
Greene . . . . .	_____	Suffolk . . . . .	_____
Hamilton . . . . .	_____	Sullivan . . . . .	_____
Herkimer . . . . .	_____	Tioga . . . . .	_____
Jefferson . . . . .	_____	Tompkins . . . .	_____
Lewis . . . . .	_____	Ulster . . . . .	_____
Livingston . . . .	_____	Warren . . . . .	_____
Madison . . . . .	_____	Washington . . .	_____
Monroe . . . . .	_____	Wayne . . . . .	_____
Montgomery . . .	_____	Westchester . . .	_____
Nassau . . . . .	_____	Wyoming . . . . .	_____
New York City . .	_____	Yates . . . . .	_____

**New York State**  
**Wages/Self-Employment Income Allocation**

**2018**

► Keep for your records

Name as Shown on Return	Social Security No.
-------------------------	---------------------

**Part I – New York Wage Allocation**  
**Taxpayer**

Allocate by Formula	Allocate by Percent		New York Wages
		CLINTON CO CHAPTER NYSARC INC ADVOCACY & RESOURCE CENTER	27,224.

**Spouse**

Allocate by Formula	Allocate by Percent		New York Wages
		PERU CENTRAL SCHOOL DISTRICT	840.

See Tax Help for details.

**Part II – State Self-Employment Income Allocation**  
**Taxpayer**

Type of Business	State Code	Allocation Percent		State Self- Employment Income

**Spouse**

Type of Business	State Code	Allocation Percent		State Self- Employment Income

See Tax Help for details.

# Other Additions and Subtractions Statement

2018

► Keep for your records

Name as Shown on Return  
NATHAN AND HALEY JUDD

Social Security No.  
570-83-4676

## Part I – Other New York Additions (IT-201 line 23, IT-203 line 22)

<b>A-101</b>	New York City flexible benefits program (IRC 125) . . . . .	<b>A-101</b>	
	NY State allocated amount of above . . . . . ►		
<b>A-102</b>	Interest and dividends from certain obligations of US government agencies or instrumentalities exempt from federal income tax; taxable by New York . . . . .	<b>A-102</b>	
	NY State allocated amount of above . . . . . ►		
<b>A-103</b>	New York's 529 college savings program distributions ( <b>IT-203 only</b> ) . . . . .	<b>A-103</b>	
	Reported on Line 22 of Form IT-201 NY State allocated amount of above . . . . . ►		
<b>A-104</b>	414(h) retirement contributions Reported on Line 21 of Form IT-201/IT-203		
<b>A-105</b>	Special additional mortgage recording tax deduction . . . . .	<b>A-105</b>	
	NY State allocated amount of above . . . . . ►		
<b>A-106</b>	Special additional mortgage recording tax basis adjustment . . . . .	<b>A-106</b>	
	NY State allocated amount of above . . . . . ►		
<b>A-107</b>	Sales or dispositions of assets acquired from decedents . . . . .	<b>A-107</b>	
	NY State allocated amount of above . . . . . ►		
<b>A-108</b>	Disposition of solar and wind energy systems . . . . .	<b>A-108</b>	
	NY State allocated amount of above . . . . . ►		
<b>A-109</b>	New business investment; deferral recognition . . . . .	<b>A-109</b>	
	NY State allocated amount of above . . . . . ►		
<b>A-110</b>	Qualified emerging technology investments (QETI) . . . . .	<b>A-110</b>	
	NY State allocated amount of above . . . . . ►		
<b>A-111</b>	Interest expense on loans used to buy obligations exempt from New York State tax and other expenses relating to the production of income exempt from New York State tax . . . . .	<b>A-111</b>	
	NY State allocated amount of above . . . . . ►		
<b>A-112</b>	Health insurance and the welfare benefit fund surcharge . . . . .	<b>A-112</b>	
	NY State allocated amount of above . . . . . ►		
<b>A-113</b>	Interest income on state and local bonds and obligations Reported on Line 20 of Form IT-201/IT-203		
<b>A-114</b>	Form 4970 accumulation distribution of trusts . . . . .	<b>A-114</b>	
	NY State allocated amount of above . . . . . ►		
<b>A-115</b>	Special Accruals . . . . .	<b>A-115</b>	
	NY State allocated amount of above . . . . . ►		
<b>A-116</b>	Resident beneficiary accumulation distribution . . . . .	<b>A-116</b>	
	NY State allocated amount of above . . . . . ►		
<b>A-117</b>	Incomplete gift non-grantor trust . . . . .	<b>A-117</b>	
	NY State allocated amount of above . . . . . ►		
<b>A-118</b>	Net gain from casualty and theft loss . . . . .	<b>A-118</b>	
	NY State allocated amount of above . . . . . ►		
<b>A-201</b>	Income taxes from partnerships, S-corporations . . . . .		
	Inc/unincorp bus taxes paid and deducted on fed Sch C . . . . .		
	Personal income taxes and unincorporated business taxes deducted from federal gross income but includable in New York gross income . . . . .	<b>A-201</b>	
	NY State allocated amount of above . . . . . ►		
<b>A-202</b>	Percentage depletion . . . . .	<b>A-202</b>	
	NY State allocated amount of above . . . . . ►		
<b>A-203</b>	Deductions attributable to safe harbor leases . . . . .	<b>A-203</b>	
	NY State allocated amount of above . . . . . ►		

<b>A-204</b>	Safe harbor leases; election for qualified leased property . . . . .	<b>A-204</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>A-205</b>	Form IT-399 - Accelerated cost recovery system (ACRS) deduction . . . . .	<b>A-205</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>A-206</b>	Form IT-399 - ACRS property; year of disposition adjustment . . . . .	<b>A-206</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>A-207</b>	Prior year's Farmers' School Tax Credit . . . . .	<b>A-207</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>A-208</b>	Sport utility vehicle expense deduction . . . . .	<b>A-208</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>A-209</b>	Form IT-398 - IRC section 168(k) property depreciation . . . . .	<b>A-209</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>A-210</b>	Special depreciation . . . . .	<b>A-210</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>A-211</b>	Royalty and interest payments made to related party member(s) . . . . .	<b>A-211</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>A-212</b>	Environmental remediation insurance premiums . . . . .	<b>A-212</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>A-213</b>	Domestic production activities deduction . . . . .	<b>A-213</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>A-214</b>	Metropolitan commuter transportation mobility tax claimed as a federal deduction . . . . .	<b>A-214</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>A-215</b>	NOL deduction limitation . . . . .	<b>A-215</b>	_____
<b>A-216</b>	Manufacturer's real property tax . . . . .	<b>A-216</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>A-217</b>	START-UP NY excise tax on telecommunication services . . . . .	<b>A-217</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>Below items flow to Part 2 of Schedule A</b>			
<b>A-301</b>	S corporation shareholders; reduction for taxes . . . . .	<b>A-301</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>A-302</b>	S corporation shareholders; pass-through loss or deduction items . . . . .	<b>A-302</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>A-303</b>	S corporation shareholders; distributions not included in federal AGI, not previously subject to New York personal income tax because the corporation was a New York C corporation . . . . .	<b>A-303</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>A-304</b>	S corporation shareholders; disposition of stock or indebtedness with increased basis . . . . .	<b>A-304</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		

<b>EA-901</b>	Beneficiary's share of fiduciary adjustment. . . . .	<b>EA-901</b>	
	NY State allocated amount of above . . . . . ▶		
<b>Partner, shareholder and beneficiary additions to Part 2 of Schedule A:</b>			
Enter applicable code from above listing:			
	Modification Code	Total Amount	NYS Allocated Amount
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>Total to Form IT-201, line 23 or Form IT-203, line 22 . . . . . ▶</b>			

**Part II – Other New York Subtractions (IT-201, line 31, IT-203 line 29)**

<b>S-101</b>	START-UP NY wages . . . . .	<b>S-101</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-102</b>	Interest income from Build America Bonds (BAB) issued by New York or its local governments. . . . .	<b>S-102</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-103</b>	New York's 529 college savings program deduction <b>(IT-203 only)</b> . . . . .	<b>S-103</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-104</b>	New York's 529 college savings program distributions <b>(IT-203 only)</b> . . . . .	<b>S-104</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-105</b>	Long-term residential care deduction . . . . .	<b>S-105</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-106</b>	Pension and annuity income exclusion Reported on Line 29 of Form IT-201/Line 28 of IT-203		
<b>S-107</b>	Pensions of NY State and local governments and federal government Reported on Line 26 of Form IT-201/Line 25 of IT-203		
<b>S-109</b>	Accelerated death benefits that were includable in federal adjusted gross income . . . . .	<b>S-109</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-110</b>	Contributions for Executive Mansion, natural and historic resources, not deducted elsewhere . . . . .	<b>S-110</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-111</b>	Distributions made to a victim of Nazi persecution . . . . .	<b>S-111</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-112</b>	Items of income related to assets stolen from, hidden from, or otherwise lost to a victim of Nazi persecution . . . . .	<b>S-112</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-113</b>	Professional service corporation shareholders. . . . .	<b>S-113</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-114</b>	Gain to be subtracted from the sale of a new business investment reported on your federal income tax return. . . . .	<b>S-114</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-115</b>	Qualified emerging technology investments (QETI) . . . . .	<b>S-115</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-116</b>	Sales or dispositions of assets acquired before 1960 with greater state than federal bases . . . . .	<b>S-116</b>	

	NY State allocated amount of above . . . . . ▶ _____		
<b>S-117</b>	Income earned before 1960 and previously reported to New York State . . . . .	<b>S-117</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-118</b>	Military pay included in federal adjusted gross income, received for active duty as a member of US armed services in a designated combat zone . . . . .	<b>S-118</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-119</b>	Military pay . . . . .	<b>S-119</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-120</b>	Interest paid on loans made under New York Higher Education Loan Program (HELP) . . . . .	<b>S-120</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-121</b>	Certain investment income from U.S. government agencies . . . . .	<b>S-121</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-122</b>	Tier II Railroad Retirement benefits repta on RRB-1099-R . . . . .		
	Enter any nonqualified plan adjustment repta elsewhere . . . . .		
	Certain railroad retirement income and railroad unemployment insurance benefits . . . . .	<b>S-122</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-123</b>	Certain investment income exempted by other New York State laws . . . . .	<b>S-123</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-124</b>	Form IT-221 - Disability income exclusion . . . . .	<b>S-124</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-125</b>	Interest income on U.S. government bonds Reported on Line 28 of Form IT-201/Line 27 of IT-203 . . . . .		
<b>S-126</b>	New York State organized militia income. . . . .	<b>S-126</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-127</b>	Loss from sale or disposition of property that would have been realized if a federal estate tax return had been required . . . . .	<b>S-127</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-128</b>	Native American Income Exclusion . . . . .	<b>S-128</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-129</b>	Special Accruals . . . . .	<b>S-129</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-130</b>	Volunteer firefighter or ambulance worker length of service award . . . . .	<b>S-130</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-132</b>	Unreimbursed exp related to donating an organ for human transplant. . . . .	<b>S-132</b>	_____
<b>S-133</b>	Distributions from an eligible retirement plan for Lake Ontario and St. Lawrence Seaway flood relief program . . . . .	<b>S-133</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-134</b>	Income from Student Loan debt discharged due to death or disability. . . . .	<b>S-134</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-135</b>	Qualified moving expense reimbursements and moving expenses . . . . .	<b>S-135</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-201</b>	Small business modification . . . . .	<b>S-201</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-202</b>	Trade or business interest expense on loans used to buy federally tax-exempt obligations that are taxable to New York State . . . . .	<b>S-202</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-203</b>	Trade or business expenses (other than interest expense) connected with federally tax-exempt income that is taxable to New York State . . . . .	<b>S-203</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-204</b>	Amortizable bond premiums on bonds that are owned by a trade or business and the interest on which is federally tax-exempt income but is taxable to New York State . . . . .	<b>S-204</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		
<b>S-205</b>	Wage and salary expenses allowed as federal credits but not as federal expenses . . . . .	<b>S-205</b>	_____
	NY State allocated amount of above . . . . . ▶ _____		



<b>S-206</b>	Cost depletion . . . . .	<b>S-206</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-207</b>	Special depreciation expenditures . . . . .	<b>S-207</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-208</b>	Amount included in federal AGI (except for mass transit vehicles) solely because you made the safe harbor election on your federal return for agreements entered into before January 1, 1984 . . . . .	<b>S-208</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-209</b>	Amount that you could have excluded from federal AGI (except for mass transit vehicles) had you not made the safe harbor election on your federal return for agreements entered into before January 1, 1984 . . . . .	<b>S-209</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-210</b>	Form IT-399 - New York depreciation allowed . . . . .	<b>S-210</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-211</b>	Form IT-399 - ACRS (year of disposition adjustment) . . . . .	<b>S-211</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-212</b>	Sport utility vehicle expense deduction recapture . . . . .	<b>S-212</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-213</b>	Form IT-398 - IRC section 168(k) property depreciation . . . . .	<b>S-213</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-214</b>	Form IT-398 - IRC section 168(k) property (year of disposition adjustment) . . . . .	<b>S-214</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-215</b>	Refund of certain New York business tax credits (such as QEZE) . . . . .	<b>S-215</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-216</b>	New York State Innovation Hot Spot Program . . . . .	<b>S-216</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-217</b>	Taxable refunds ( <b>only if</b> included in federal income but <b>not</b> included in IT-201/IT-203 line 4) . . . . .	<b>S-217</b>	
	NY State allocated amount of above . . . . . ▶		
<b>Below items flow to Part 2 of Schedule B</b>			
<b>S-301</b>	S corporation shareholders; disposition of stock or indebtedness with a reduced basis/New York additions previously made for distributions relating to stock, cash distributions during post termination transition period, and distributions of undistributed taxable income . . . . .	<b>S-301</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-302</b>	S corporation shareholders; pass-through income . . . . .	<b>S-302</b>	
	NY State allocated amount of above . . . . . ▶		
<b>S-303</b>	Franchise tax refunds . . . . .	<b>S-303</b>	
	NY State allocated amount of above . . . . . ▶		
<b>ES-901</b>	Beneficiary's share of fiduciary adjustment. . . . .	<b>ES-901</b>	
	NY State allocated amount of above . . . . . ▶		
<b>Partner, shareholder and beneficiary subtractions to Part 2 of Schedule B:</b>			
Enter applicable code from above listing:			
	Modification Code	Total Amount	NYS Allocated Amount
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<b>Total</b> to Form IT-201, line 31 or Form IT-203, line 29 . . . . . ▶			



**Form IT-196**  
**Line 48**

**College Tuition Itemized Deduction Worksheet**

**2018**

► Keep for your records

Name as Shown on Return		Social Security No.
<b>1</b> Amount from Form IT-272, line 3. . . . . If your filing status is: • 1 or 3 and the amount on Form IT-201, line 33 is <b>\$100,000 or less</b> ; or • 4 and the amount on Form IT-201, line 33 is <b>\$150,000 or less</b> ; or • 2 or 5 and the amount on Form IT-201, line 33 is <b>\$200,000 or less</b> skip lines 2 through 4 and enter the amount from line 1 on line 5. All others continue with line 2.		<b>1</b>
<b>2</b> Amount, if any, from Form IT-196, line 47 . . . . . (If the amount on line 2 is <b>0</b> skip lines 3 and 4 below and see the instructions to compute the amount to enter on line 5.)	<b>2</b>	
<b>3</b> Amount from Form IT-196, line 45 . . . . .	<b>3</b>	
<b>4</b> Divide line 2 by line 3 and round to the fourth decimal place . . . . .	<b>4</b>	
<b>5</b> Multiply line 1 by the amount on line 4. This is your college tuition itemized deduction . . . . .	<b>5</b>	

# College Tuition Qualified Expenses Optimization Worksheet

**2018**

► Keep for your records

Name as Shown on Return  
NATHAN AND HALEY JUDD

Social Security No.  
570-83-4676

**Part I – Complete columns A through G below for each eligible student for whom you paid qualified college tuition expenses.**

- Do not list the same student more than once
- List the EIN and name of the college that was last attended
- Tuition payments for enrollment or attendance in a course of study leading to the granting of a post baccalaureate or other graduate degree do **not** qualify for the college tuition credit

1

A Student's name B Student's SSN	C Date of birth D Student Type	E EIN of college F College name	G Under-graduate expense?	H Qualified college tuition expenses paid in 2018
			Yes <input type="checkbox"/>	
			No <input checked="" type="checkbox"/>	
			Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	
2 Total tuition (sum of column G) . . . . .			2	
3 Total tuition eligible for the College Tuition Credit or Itemized Deduction . . . . .			3	

**Part II – Optimization of College Tuition Credit vs College Tuition Itemized Deduction (IT-201 Filers Only)**

Taxpayers who file IT-201, Resident Income Tax Return **and** itemize deductions can use college tuition expenses as an itemized deduction or used to calculate a tax credit.

- 1 **Check this box to launch the optimizer now.** This will automatically determine whether the deduction or the credit generates the lowest tax ☐

**Caution:** A. If you make any changes to this return after launching the automatic optimization above, you **MUST** optimize again by rechecking the box on Line 1 above.  
B. If you check the Optimizer box on Line 1 above, wait until the calculations are done before you continue. Refer to the calculation indicator at the bottom right. It will indicate refund or tax due when calculations are done.

- 2 Automatic - Check to use the Deduction or Credit choices calculated in column (b) below . . . . . ► ☒  
OR  
3 Manual - Check to use the Deduction or Credit choices you entered in column (a) below. . . . . ► ☐

	(a) Manual: Choose Credit or Deduction	(b) Automatic: Program Choice
Check the box to use your qualified college tuition expenses to calculate a credit . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Check the box to use your qualified college tuition expenses as an itemized deduction . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part III – Net Refund/Balance Due**

Refund . . . . . 2387  
Balance Due . . . . .

# Tax Computation Worksheet

2018

► Keep for your records

Name as Shown on Return

NATHAN AND HALEY JUDD

Social Security No.

570-83-4676

## Married filing jointly and qualifying widow(er) Worksheets 1 through 4

- If your New York adjusted gross income is more than \$107,650, but not more than \$2,155,350, and taxable income is \$161,550 or less, then you must compute your tax using worksheet 1

### Tax Computation Worksheet 1

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 . . . . .	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . .	2	
3	Multiply line 2 by 6.33% (.0633). If line 1 is \$157,650 or more, enter line 3 amount on line 9 below, skip lines 4 through 8 . . . . .	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	4	
5	Subtract line 4 from line 3 . . . . .	5	
6	Enter the excess of line 1 over \$107,650 . . . . .	6	
7	Divide line 6 by \$50,000 and round to the fourth decimal place . . . . .	7	
8	Multiply line 5 by line 7 . . . . .	8	
9	Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	9	

- If your New York adjusted gross income is more than \$161,550, but not more than \$2,155,350 and your taxable income is more than \$161,550 but not more than \$323,200, compute your tax using worksheet 2

### Tax Computation Worksheet 2

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 . . . . .	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . .	2	
3	Multiply line 2 by 6.57% (.0657). If line 1 is \$211,550 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 . . . . .	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	4	
5	Subtract line 4 from line 3 . . . . .	5	
6	Enter \$629 on line 6 . . . . .	6	
7	Subtract line 6 from line 5 . . . . .	7	
8	Enter the excess of line 1 over \$161,550 . . . . .	8	
9	Divide line 8 by \$50,000 and round to the fourth decimal place . . . . .	9	
10	Multiply line 7 by line 9 . . . . .	10	
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	11	

- If your New York adjusted gross income is more than \$323,200, but not more than \$2,155,350 and your taxable income is more than \$323,200, compute your tax using worksheet 3 on page 2.

**Tax Computation Worksheet 3**

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 . . . . .	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . .	2	
3	Multiply line 2 by 6.85% (.0685). If line 1 is \$373,200 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 . . . . .	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	4	
5	Subtract line 4 from line 3 . . . . .	5	
6	Enter \$1,017 on line 6 . . . . .	6	
7	Subtract line 6 from line 5 . . . . .	7	
8	Enter the excess of line 1 over \$323,200 . . . . .	8	
9	Divide line 8 by \$50,000 and round to the fourth decimal place . . . . .	9	
10	Multiply line 7 by line 9 . . . . .	10	
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	11	

- If your New York adjusted gross income is more than \$2,155,350, compute tax using worksheet 4 below.

**Tax Computation Worksheet 4**

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 . . . . .	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . .	2	
3	Multiply line 2 by 8.82% (.0882). If line 1 is \$2,205,350 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 . . . . .	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	4	
5	Subtract line 4 from line 3 . . . . .	5	
6	If line 2 is \$160,500 or less, enter \$629 on line 6. If line 2 is more than \$161,550 but not more than \$323,200, enter \$1,017 on line 6. If line 2 is more than \$323,200, enter \$1,922 on line 6 . . . . .	6	
7	Subtract line 6 from line 5 . . . . .	7	
8	Enter the excess of line 1 over \$2,155,350 . . . . .	8	
9	Divide line 8 by \$50,000 and round to the fourth decimal place . . . . .	9	
10	Multiply line 7 by line 9 . . . . .	10	
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	11	

**Single and married filing separately** Worksheets 5 through 7

- If your New York adjusted gross income is more than \$107,650, but not more than \$1,077,550, and taxable income is \$215,400 or less, then you must compute your tax using worksheet 5 on page 3.

**Tax Computation Worksheet 5**

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 . . . . .	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . .	2	
3	Multiply line 2 by 6.57% (.0657). If line 1 is \$157,650 or more, enter line 3 amount on line 9 below, skip lines 4 through 8 . . . . .	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	4	
5	Subtract line 4 from line 3 . . . . .	5	
6	Enter the excess of line 1 over \$107,650 . . . . .	6	
7	Divide line 6 by \$50,000 and round to the fourth decimal place . . . . .	7	
8	Multiply line 5 by line 7 . . . . .	8	
9	Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	9	

- If your New York adjusted gross income is more than \$215,400, but not more than \$1,077,550, and taxable income is more than \$215,400, then you must compute your tax using worksheet 6 below.

**Tax Computation Worksheet 6**

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 . . . . .	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . .	2	
3	Multiply line 2 by 6.85% (.0685). If line 1 is \$265,400 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 . . . . .	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	4	
5	Subtract line 4 from line 3 . . . . .	5	
6	Enter \$506 on line 6 . . . . .	6	
7	Subtract line 6 from line 5 . . . . .	7	
8	Enter the excess of line 1 over \$215,400 . . . . .	8	
9	Divide line 8 by \$50,000 and round to the fourth decimal place . . . . .	9	
10	Multiply line 7 by line 9 . . . . .	10	
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	11	

- If your New York adjusted gross income is more than \$1,077,550, compute your tax using worksheet 7 on page 4.

**Tax Computation Worksheet 7**

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 . . . . .	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . .	2	
3	Multiply line 2 by 8.82% (.0882). If line 1 is \$1,127,550 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 . . . . .	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	4	
5	Subtract line 4 from line 3 . . . . .	5	
6	If line 2 is \$215,400 or less, enter \$506 on line 6. If line 2 is more than \$215,400, enter \$1,109 on line 6 . . . . .	6	
7	Subtract line 6 from line 5 . . . . .	7	
8	Enter the excess of line 1 over \$1,077,550 . . . . .	8	
9	Divide line 8 by \$50,000 and round to the fourth decimal place . . . . .	9	
10	Multiply line 7 by line 9 . . . . .	10	
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	11	

**Head of household** Worksheets 8 through 10

- If your New York adjusted gross income is more than \$107,650, but not more than \$1,616,450, and taxable income is \$269,300 or less, then you must compute your tax using worksheet 8 below.

**Tax Computation Worksheet 8**

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 . . . . .	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . .	2	
3	Multiply line 2 by 6.57% (.0657). If line 1 is \$157,650 or more, enter line 3 amount on line 9 below, skip lines 4 through 8 . . . . .	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	4	
5	Subtract line 4 from line 3 . . . . .	5	
6	Enter the excess of line 1 over \$107,650 . . . . .	6	
7	Divide line 6 by \$50,000 and round to the fourth decimal place . . . . .	7	
8	Multiply line 5 by line 7 . . . . .	8	
9	Add lines 4 and 8. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	9	

- If your New York adjusted gross income is more than \$269,300, but not more than \$1,616,450, and taxable income is more than \$269,300, then you must compute your tax using worksheet 9 on page 5.



**Tax Computation Worksheet 9**

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 . . . . .	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . .	2	
3	Multiply line 2 by 6.85% (.0685). If line 1 is \$319,300 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 . . . . .	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	4	
5	Subtract line 4 from line 3 . . . . .	5	
6	Enter \$729 on line 6 . . . . .	6	
7	Subtract line 6 from line 5 . . . . .	7	
8	Enter the excess of line 1 over \$269,300 . . . . .	8	
9	Divide line 8 by \$50,000 and round to the fourth decimal place . . . . .	9	
10	Multiply line 7 by line 9 . . . . .	10	
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	11	

- If your New York adjusted gross income is more than \$1,616,450, compute your tax using worksheet 10 below.

**Tax Computation Worksheet 10**

1	Enter your New York adjusted gross income from Form IT-201, line 33 or Form IT-203, line 32 . . . . .	1	
2	Enter your taxable income from Form IT-201, line 38 or Form IT-203, line 37 . . . .	2	
3	Multiply line 2 by 8.82% (.0882). If line 1 is \$1,666,450 or more, enter line 3 amount on line 11 below, skip lines 4 through 10 . . . . .	3	
4	Enter your New York State tax on the line 2 amount from the <i>New York State tax rate schedule</i> . . . . .	4	
5	Subtract line 4 from line 3 . . . . .	5	
6	If line 2 is \$269,300 or less, enter \$729 on line 6. If line 2 is more than \$269,300, enter \$1,483 on line 6 . . . . .	6	
7	Subtract line 6 from line 5 . . . . .	7	
8	Enter the excess of line 1 over \$1,616,450 . . . . .	8	
9	Divide line 8 by \$50,000 and round to the fourth decimal place . . . . .	9	
10	Multiply line 7 by line 9 . . . . .	10	
11	Add lines 4, 6 and 10. Enter here and Form IT-201, line 39 or Form IT-203, line 38. . . . .	11	

Name as Shown on Return  
NATHAN AND HALEY JUDDSocial Security No.  
570-83-4676**Part I** 2019 Estimated Tax Amount Options**Note:** MCTMT estimate information on separate worksheets, payment amounts flow to bottom of this worksheet, paid on form IT-2105**1 Select One of Five Ways to Calculate the Required Annual Payment for 2019 Estimates:**

	State	New York City	Yonkers
a 100% (110%) of <b>2018</b> taxes . . . . .	<input checked="" type="checkbox"/> 366.		
b 100% of tax on <b>2019</b> estimated taxable income . . . . .	<input type="checkbox"/> 0.	<input type="checkbox"/> 0.	
c 90% of tax on <b>2019</b> estimated taxable income . . . . .	<input type="checkbox"/> 0.	<input type="checkbox"/> 0.	
d 66-2/3% of tax on <b>2019</b> estimated taxable income (farmers and fishermen) . . . . .	<input type="checkbox"/> 0.	<input type="checkbox"/> 0.	
e Fixed total amount (not program calculated) . . . . .	<input type="checkbox"/>		

**2 Selected estimated tax amount:**

a 2019 Required Annual Payment based on your choice above. . . . .	366.
b Estimated amount of 2019 state income tax withholding . . . . .	648.
c <b>Total of estimated tax payments required for 2019</b> (line 2a less line 2b) . . . . .	0.

**3 Select Estimated Tax Payment option:**

a Calculate estimates if New York State, New York City or Yonkers tax is \$300 or more . . . . .	<input checked="" type="checkbox"/>
b Calculate estimates if _____ (specify amount) or more . . . . .	<input type="checkbox"/>
c Calculate estimates regardless of amount. . . . .	<input type="checkbox"/>
d Do <b>not</b> calculate estimates . . . . .	<input type="checkbox"/>

**4 Other Options:**

a Enter the number of vouchers to be prepared (default 4 payments) . . . . .	4
--	---

**Part II** Overpayment Application Options

1 Amount of overpayment available . . . . .	2,387.
Check to apply overpayment and refund excess . . . . .	<input type="checkbox"/>
or enter amount to apply . . . . .	
A Apply consecutively to all quarters . . . . .	<input checked="" type="checkbox"/>
B Apply to first quarter only . . . . .	<input type="checkbox"/>
C Apply evenly to state estimated amounts only . . . . .	<input type="checkbox"/>

**Part III Rounding and Printing Options****1 Select Rounding Option:**

- a ☒ Round up to next \$1      b ☐ Round up to next \$10      c ☐ Round up to next \$50      ☐ Round up to next \$100

**2 Select Voucher Printing Option:**

- a ☒ Print (per Part I, lines 3a - c)      b ☐ Print only name, etc.      c ☐ Do not print vouchers

**Part IV Filing Status and Dependent Exemptions for 2019 Calculations****A 1 Choose 2019 filing status:**

- ☐ Single      ☒ Married filing jointly      ☐ Head of household      ☐ Qualifying widow(er)  
☐ Married filing separately

**B** Check if dependent of another in 2019. . . . . Yes ☐ No ☐

**C** Enter the number of dependent exemptions in 2019 . . . . . 2

**Part V Changes to Income, Deductions, Credits and Withholding for 2019**

Your 2018 income and deductions are entered in the '2018 Actual' column.

\*For each line in the '2019 Estimated' column, enter estimated 2019 amount if **different** from 2018; otherwise, the '2018 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2018 Actual	*2019 Estimated
<b>A 1</b> New York adjusted gross income. . . . .	28,064.	
<b>2</b> New York City taxable income (see IT-201 line 47 instructions) . . . .		
<b>B</b> Enter either your standard or estimated itemized deduction . . . . .	16,050.	16,050.
<b>C</b> Dependent exemption ( <i>number of dependents times \$1,000</i> ) . . . . .	2,000.	2,000.
<b>D</b> New York City Household Credit/Accum Distribution Credit . . . . .		
<b>E</b> New York City tax on ordinary income portion of lump-sum distribution . . . . .		
<b>F 1</b> New York City Unincorporated Business Tax Credit . . . . .		
<b>2</b> New York City General Corporation Tax Credit . . . . .		
<b>G</b> New York State Household Credit; nonresidents and part-year residents also enter Child and Dependent Care Credit and Earned Income Credit . . . . .	35.	
<b>H Nonresidents and Part-Year residents:</b>		
<b>(1)</b> New York adjusted gross income (Form IT-203, line 45, New York State amount) . . . . .		
<b>(2)</b> New York adjusted gross income (Form IT-203, line 45, federal amount) . . . . .		
<b>I</b> Nonresident and part-year resident income percentage . . . . .		
<b>J</b> Additional taxes — New York State . . . . .		
<b>K</b> Additional taxes — New York City . . . . .		
<b>L</b> Resident credit and other nonrefundable credits — New York State . . . . .		
<b>M</b> Refundable credits — New York State . . . . .	2,070.	
<b>N</b> Refundable credits — New York City . . . . .		
<b>O</b> Gross wages subject to the Yonkers nonresident tax (Form Y-203) . . . . .		
<b>P</b> Net earnings from self-employment subject to the Yonkers nonresident tax (Form Y-203) . . . . .		
<b>Q</b> Yonkers nonresident earnings tax (Form Y-203) . . . . .		
<b>R</b> New York State income tax withheld . . . . .	648.	
<b>S</b> New York City income tax withheld . . . . .		
<b>T</b> Yonkers income tax withheld . . . . .		

**Part VI 2019 Estimated Taxable Income and Tax**

	New York State	City of New York	City of Yonkers
1 Estimated New York adjusted gross income expected in 2019. . . . .	28,064.		
2 Enter either your standard deduction or estimated itemized deduction. . . . .	16,050.		
3 Subtract line 2 from line 1. . . . .	12,014.		
4 Dependent exemption ( <i>number of dependents times \$1,000</i> ) . . . . .	2,000.		
5 Estimated New York State taxable income (line 3 less line 4) . . . . .	10,014.		
6 New York State tax . . . . .	401.		
7 Estimated NYC taxable income. . . . .			
7 a New York City resident tax on line 7 amount . . .			
8 New York City Household Credit and New York City Accumulation Distribution Credit . . . . .			
9 Subtract line 8 from line 7a . . . . .		0.	
10 New York City tax on ordinary income portion of lump-sum distribution . . . . .			
11 Add lines 9 and 10. . . . .		0.	
12 New York City Unincorporated Business Tax Credit . . . . .			
12 a New York City General Corporation Tax Credit . .			
12 b Add lines 12 and 12a . . . . .			
13 Subtract line 12b from line 11. . . . .		0.	
14 Enter household credit; nonresidents and part-year residents also enter Child and Dependent Care Credit and Earned Income Credit . . . . .	35.		
a Nonresident and part-year resident income percentage . . . . .			
15 Subtract line 14 from line 6 . . . . .	366.		
16 Other taxes. . . . .			
17 Add lines 15 and 16 ( <i>in New York City column: add lines 13 and 16</i> ) . . . . .	366.	0.	
18 Resident credit and other nonrefundable credits . . . . .			
19 Total estimated New York State and New York City tax (New York State column: line 17 less line 18; City of New York column: enter amount from line 17) . . . . .	366.	0.	
20 Refundable credits. . . . .	2,070.		
21 New York State/City estimated tax (line 19 less line 20) . . . . .	0.	0.	
22 City of Yonkers:			
a Resident tax surcharge (line 21 times 16.75% (.1675)) . . . . .			
b Nonresident earnings tax (Form Y-203) . . . . .			
c Total (add lines 22a and 22b). . . . .			
23 Totals (New York State column, line 21; New York City column, line 21; City of Yonkers column, line 22c). . . . .	0.	0.	

<b>23 a</b>	Check this box if farmer or fisherman . . . . .	<input type="checkbox"/>			
<b>24</b>	Multiply line 23 by 90% (66-2/3% for farmers and fishermen) . . . . .		0.	0.	
<b>24 a</b>	100% of line 23 (tax calculated on 2019 estimated taxable income) . . . . .		0.	0.	
<b>25</b>	Enter 100% of the tax shown on your 2018 income tax return. (110% of that amount if you are not a farmer or a fisherman and the New York adjusted gross income shown on that return is more than \$150,000; or, if married filing separately for 2019, more than \$75,000) . .		366.		
<b>26</b>	2019 required annual payment based on your choice of options . . . . .		366.		
<b>27</b>	Estimate of income tax to be withheld . . . . .		648.		
<b>28</b>	<b>Total estimated tax payments required for 2019</b> . . . . .		0.		
<b>29</b>	Application of 2018 overpayment. Total . . . . .	<b>29</b>			

	<b>a</b> Due Date	<b>b</b> Amount to Pay	<b>c</b> 2018 Overpayment Applied	<b>d</b> Total Amount
<b>30 Payment</b>				
<b>New York State</b>				
1st quarter . . . . .				
2nd quarter . . . . .				
3rd quarter . . . . .				
4th quarter . . . . .				
<b>City of New York</b>				
1st quarter . . . . .				
2nd quarter . . . . .				
3rd quarter . . . . .				
4th quarter . . . . .				
<b>City of Yonkers</b>				
1st quarter . . . . .				
2nd quarter . . . . .				
3rd quarter . . . . .				
4th quarter . . . . .				
<b>Totals</b> . . . . .				

## Voucher amounts:

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
<b>New York State</b> . . . . .				
<b>City of New York</b> . . . . .				
<b>City of Yonkers</b> . . . . .				
<b>MCTMT - Taxpayer</b> . . . . .				
<b>MCTMT - Spouse</b> . . . . .				
<b>Voucher Totals:</b> . . . . .				

## Two-Year Comparison

2018

Name as Shown on Return NATHAN AND HALEY JUDD			Social Security No. 570-83-4676	
	2017	2018	Difference	%
<b>Federal Adjusted Gross Income</b>	15,948.	28,064.	12,116.	75.97
<b>New York Additions</b>				
State and local interest income . . . . .				
Public employee 414(h) retirement contributions . . . . .				
New York's 529 college savings program distributions . . . . .				
Other New York additions . . . . .				
<b>Total New York Additions</b> . . . . .				
<b>New York Subtractions</b>				
State tax refund . . . . .				
Government pension exclusion . . . . .				
Taxable social security benefits . . . . .				
U.S. government interest income . . . . .				
Pension and annuity income exclusion . . . . .				
New York's 529 college savings program deductions/earnings . . . . .				
Other New York subtractions . . . . .				
<b>Total New York Subtractions</b> . . . . .				
<b>New York Adjusted Gross Income</b> . . . . .	15,948.	28,064.	12,116.	75.97
Standard or Itemized Deduction . . . . .	16,050.	16,050.	0.	0.00
Dependent exemptions . . . . .	2,000.	2,000.	0.	0.00
<b>New York Taxable Income</b> . . . . .	0.	10,014.	10,014.	
New York State tax . . . . .	0.	401.	401.	
New York State nonrefundable credits . . . . .	105.	35.	-70.	-66.67
Other New York State taxes . . . . .				
Total New York State taxes . . . . .		366.	366.	
New York City taxes . . . . .				
Yonkers City taxes . . . . .				
Use tax . . . . .	0.	0.	0.	
Voluntary gifts/contributions . . . . .				
<b>Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions</b> . . . . .	0.	366.	366.	
Withholding . . . . .	191.	648.	457.	239.27
Estimated tax payments, extension payment, and amount applied from prior year return . . . . .				
Refundable credits . . . . .	2,178.	2,105.	-73.	-3.35
<b>Total payments and refundable credits</b> . . . . .	2,369.	2,753.	384.	16.21
Underpayment penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .	2,369.	2,387.	18.	0.76
<b>Balance Due</b> . . . . .				

**Tax Summary**  
 ► Keep for your records

**2018**

Name(s)	
NATHAN AND HALEY JUDD	
<b>Federal Adjusted Gross Income</b> . . . . .	28,064.
<b>New York Additions</b> . . . . .	
<b>New York Subtractions</b> . . . . .	
<b>New York Adjusted Gross Income</b> . . . . .	28,064.
<b>Itemized or Standard Deduction</b> . . . . .	16,050.
<b>Dependent Exemptions</b> . . . . .	2,000.
<b>New York Taxable Income</b> . . . . .	10,014.
<b>Tax</b> . . . . .	401.
<b>New York State Credits</b> . . . . .	35.
<b>Other New York State Taxes</b> . . . . .	
<b>Total New York State Taxes</b> . . . . .	366.
<b>New York City Taxes</b> . . . . .	
<b>MCTMT</b> . . . . .	
<b>Yonkers City Taxes</b> . . . . .	
<b>Sales or Use Tax</b> . . . . .	0.
<b>Voluntary Gifts/Contributions</b> . . . . .	
<b>Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions</b> . . . . .	366.
<b>Total Payments and Credits</b> . . . . .	2,753.
<b>Penalty Amount</b> . . . . .	
<b>Refund</b> . . . . .	2,387.
<b>Amount Owed</b> . . . . .	