

Electronic Filing Instructions for your 2018 Federal Tax Return

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



Joshua Boyce
524 E Ryan Rd
Oak Creek, WI 53154

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$975.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 1010226171142 Routing Transit Number: 053207766.		
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2019. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2018 Federal Tax Return Summary	Adjusted Gross Income	\$	41,248.00
	Taxable Income	\$	29,248.00
	Total Tax	\$	3,317.00
	Total Payments/Credits	\$	4,292.00
	Amount to be Refunded	\$	975.00
	Effective Tax Rate		8.04%



Hi Joshua,

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

With TurboTax Federal Free Edition:

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

Many happy returns from TurboTax.

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

Your first name and initial: Joshua Last name: Boyce Your social security number: 247-87-5937

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

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

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

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

Home address (number and street). If you have a P.O. box, see instructions. 524 E Ryan Rd 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. Oak Creek WI 53154 If more than four dependents, see inst. and ✓ here ☐

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

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

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

Your signature: Spouse's signature. If a joint return, **both** must sign. Date: Date: Your occupation: Software Developer Spouse's occupation: If the IRS sent you an Identity Protection PIN, enter it here (see inst.): If the IRS sent you an Identity Protection PIN, enter it here (see inst.):

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

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

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

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1 41,248.
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 41,248.
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 41,248.
8 Standard deduction or itemized deductions (from Schedule A)	8 12,000.
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 29,248.
11 a Tax (see inst.) 3,317. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here	11 3,317.
12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here	12
13 Subtract line 12 from line 11. If zero or less, enter -0-	13 3,317.
14 Other taxes. Attach Schedule 4	14 0.
15 Total tax. Add lines 13 and 14	15 3,317.
16 Federal income tax withheld from Forms W-2 and 1099	16 4,292.
17 Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863 Add any amount from Schedule 5	17
18 Add lines 16 and 17. These are your total payments	18 4,292.
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19 975.
20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	20a 975.
b Routing number 053207766 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d Account number 1010226171142	
21 Amount of line 19 you want applied to your 2019 estimated tax	21
Amount You Owe 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22
23 Estimated tax penalty (see instructions)	23

Health Savings Accounts (HSAs)

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Name(s) shown on Form 1040 or Form 1040NR

Joshua Boyce

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ▶

247-87-5937

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions)	▶	<input checked="" type="checkbox"/> Self-only	<input type="checkbox"/> Family
2	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	0.	
3	If you were under age 55 at the end of 2018, and on the first day of every month during 2018, you were, or were considered, an eligible individual with the same coverage, enter \$3,450 (\$6,900 for family coverage). All others , see the instructions for the amount to enter	3	3,450.	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs	4	0.	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	3,450.	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter	6	3,450.	
7	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions)	7	0.	
8	Add lines 6 and 7	8	3,450.	
9	Employer contributions made to your HSAs for 2018	9	500.	
10	Qualified HSA funding distributions	10		
11	Add lines 9 and 10	11	500.	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	2,950.	
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25	13	0.	

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2018 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	

Electronic Filing Instructions for your 2018 Wisconsin Tax Return

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



Joshua Boyce
524 E Ryan Rd
Oak Creek, WI 53154

Balance Due/Refund	Your Wisconsin state tax return (Form 1) shows a refund due to you in the amount of \$430.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 1010226171142 Routing Transit Number: 053207766.		
Where's My Refund?	Before you call the Wisconsin Department of Revenue with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Wisconsin Department of Revenue directly at 1-608-266-8100. You can also visit the Wisconsin Department of Revenue web site at https://www.revenue.wi.gov .		
No Signature Document Needed	No signature form is required since you signed your return electronically.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns Copy of Form 8322, if applicable Copies of Forms W-2, W-2G, or 1099R Copies of any other documents that support information on the tax return Schedule FC, Schedule H, Schedule OS attachments Veterans and Surviving Spouses Property Tax Credit attachments		
2018 Wisconsin Tax Return Summary	Taxable Income	\$	33,088.00
	Total Tax	\$	1,690.00
	Total Payments/Credits	\$	2,120.00
	Amount to be Refunded	\$	430.00

For the year Jan. 1-Dec. 31, 2018, or other tax year

beginning _____, 2018 ending _____, 20____.

Note

Check here if an amended return ☐

DO NOT STAPLE

See page 5 before assembling return

Your legal last name BOYCE		Legal first name JOSHUA		M.I.	Your social security number 247875937
If a joint return, spouse's legal last name		Spouse's legal first name		M.I.	Spouse's social security number
Home address (number and street). If you have a PO Box, see page 11. 524 E RYAN RD				Apt. no.	
City or post office OAK CREEK		State WI	Zip code 53154		
Filing status Check <input checked="" type="checkbox"/> below <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return. Fill in spouse's SSN above and full name here				Tax district Check below then fill in either the name of the city, village, or town and the county in which you lived at the end of 2018. <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town City, village, or town OAK CREEK County of MILWAUKEE School district number See page 57 4018	
<input type="checkbox"/> Head of household (see page 12). Also, check here if married... <input type="checkbox"/> If married, fill in spouse's SSN above and full name here				Special conditions	

Use **BLACK** Ink • Print numbers like this → 0 1 2 3 4 5 6 7 8 9 Not like this → Ø 1 4 7 • **NO COMMAS; NO CENTS**

1	Federal adjusted gross income (see page 12)	1	41248.00
	Form W-2 wages included in line 1		41248.00
2	State and municipal interest (see page 13)	2	.00
3	Capital gain/loss addition (see page 14)	3	.00
4	Other additions } Fill in code number and amount, see page 14. Fill in total other additions on line 4.		.00
	.00 .00 .00 .00 .00	4	.00
5	Add the amounts in the right column for lines 1 through 4	5	41248.00
6	Taxable refund of state income tax (from federal Schedule 1 (Form 1040), line 10)	6	0.00
7	United States government interest	7	.00
8	Unemployment compensation (see page 16)	8	.00
9	Social security adjustment (see page 16)	9	.00
10	Capital gain/loss subtraction (see page 17)	10	.00
11	Other subtractions } Fill in code number and amount, see page 17. Fill in total other subtractions on line 11.		.00
	.00 .00 .00		
	.00 .00	11	.00
12	Add lines 6 through 11	12	0.00
13	Subtract line 12 from line 5. This is your Wisconsin income	13	41248.00

PAPER CLIP payment here

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NO COMMAS; NO CENTS

14	Wisconsin income from line 13	14	41248.00
15	Standard deduction. See table on page 55, OR ▼	15	7460.00
	If someone else can claim you (or your spouse) as a dependent, see page 30 and check here ▶ <input type="checkbox"/>		
16	Subtract line 15 from line 14. If line 15 is larger than line 14, fill in 0	16	33788.00
17	Exemptions (Caution: See page 30)		
a	Fill in exemptions allowed <u>1</u> x \$700 ..	17a	700.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250 ..	17b	.00
c	Add lines 17a and 17b	17c	700.00
18	Subtract line 17c from line 16. If line 17c is larger than line 16, fill in 0. This is taxable income ..	18	33088.00
19	Tax (see table on page 48)	19	1763.00
20	Itemized deduction credit. Enclose Schedule 1, page 4	20	.00
21	Armed forces member credit (must be stationed outside U.S. See page 32) ..	21	.00
22	School property tax credit		
a	Rent paid in 2018—heat included <u>3000.00</u> } Find credit from table page 33 ..	22a	73.00
	Rent paid in 2018—heat not included <u>.00</u> }		
b	Property taxes paid on home in 2018 <u>.00</u> Find credit from table page 34 ..	22b	.00
23	Working families tax credit (see page 35)	23	0.00
24	Certain nonrefundable credits from line 12 of Schedule CR	24	.00
25	Add credits on lines 20 through 24	25	73.00
26	Subtract line 25 from line 19. If line 25 is larger than line 19, fill in 0	26	1690.00
27	Alternative minimum tax. Enclose Schedule MT	27	.00
28	Add lines 26 and 27	28	1690.00
29	Married couple credit. Enclose Schedule 2, page 4		
29			.00
30	Other credits from Schedule CR, line 35 ..	30	.00
31	Net income tax paid to another state. Enclose Schedule OS <input type="checkbox"/>		
31			.00
32	Add lines 29, 30, and 31	32	.00
33	Subtract line 32 from line 28. If line 32 is larger than line 28, fill in 0. This is your net tax	33	1690.00
34	Sales and use tax due on Internet, mail order, or other out-of-state purchases (see page 38) ..	34	.00
	If you certify that no sales or use tax is due, check here ▶ <input checked="" type="checkbox"/>		
35	Donations (decreases refund or increases amount owed)		
a	Endangered resources00	e	Military family relief00
b	Cancer research00	f	Second Harvest/Feeding Amer.00
c	Veterans trust fund00	g	Red Cross WI Disaster Relief00
d	Multiple sclerosis00	h	Special Olympics Wisconsin00
	Total (add lines a through h) ... ▶	35i	.00
36	Penalties on IRAs, retirement plans, MSAs, etc. (see page 39) ..	36	.00
37	Other penalties (see page 40)	37	.00
38	Add lines 33, 34, 35i, 36 and 37	38	1690.00



Name(s) shown on Form 1		Your social security number	
JOSHUA BOYCE		247875937	
NO COMMAS; NO CENTS			
39	Amount from line 38	39	1690.00
40	Wisconsin tax withheld. Enclose withholding statements	40	2120.00
41	2018 estimated tax payments and amount applied from 2017 return	41	.00
42	Earned income credit. Number of qualifying children ..		
	Federal credit.00 x% =	42	.00
43	Farmland preservation credit. a Schedule FC, line 17	43a	.00
	b Schedule FC-A, line 13	43b	.00
44	Repayment credit (see page 40)	44	.00
45	Homestead credit. Enclose Schedule H or H-EZ.	45	.00
46	Eligible veterans and surviving spouses property tax credit . . .	46	.00
47	Other credits from Schedule CR, line 41. Enclose Schedule CR	47	.00
48	AMENDED RETURN ONLY—Amounts previously paid (see page 44)	48	.00
49	Add lines 40 through 48	49	2120.00
50	AMENDED RETURN ONLY—Amounts previously refunded (see page 44)	50	.00
51	Subtract line 50 from line 49	51	2120.00
52	If line 51 is larger than line 39, subtract line 39 from line 51. This is the AMOUNT YOU OVERPAID	52	430.00
53	Amount of line 52 you want REFUNDED TO YOU	53	430.00
54	Amount of line 52 you want APPLIED TO YOUR 2019 ESTIMATED TAX	54	0.00
55	If line 51 is smaller than line 39, subtract line 51 from line 39. This is the AMOUNT YOU OWE . Paper clip payment to front of return	55	.00
56	Underpayment interest. Fill in exception code-See Sch. U 	56	.00
	Also include on line 55 (see page 46)		

Third Party Designee Do you want to allow another person to discuss this return with the department (see page 47)? ☐ **Yes** Complete the following. ☒ **No**

Designee's name	Phone no.	Personal identification number (PIN)
		<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>



Paper clip copies of your federal income tax return and schedules to this return.
Assemble your return (pages 1-4) and withholding statements in the order listed on page 5.

Sign here

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Your signature	Spouse's signature (if filing jointly, BOTH must sign)	Date	Daytime phone
			8644312370

I-010ai

Mail your return to: Wisconsin Department of Revenue
If tax duePO Box 268, Madison WI 53790-0001
If refund or no tax duePO Box 59, Madison WI 53785-0001
If homestead credit claimedPO Box 34, Madison WI 53786-0001



NO COMMAS; NO CENTS

Schedule 1 – Itemized Deduction Credit (see page 31)

1	Medical and dental expenses from line 4 of federal Schedule A. See instructions for exceptions	1	.00
2	Interest paid from lines 8a-8c and 9 of federal Schedule A. Do not include interest paid to purchase a second home located outside Wisconsin or a residence which is a boat. Also, do not include interest paid to purchase or hold U.S. government securities and interest from a tax-option (S) corporation if claimed as a subtraction	2	.00
3	Gifts to charity from line 14 of federal Schedule A. See instructions for exceptions	3	.00
4	Casualty losses from line 15 of federal Schedule A	4	.00
5	Add lines 1 through 4	5	.00
6	Fill in your standard deduction from line 15 on page 2 of Form 1	6	.00
7	Subtract line 6 from line 5. If line 6 is more than line 5, fill in 0	7	0.00
8	Rate of credit is .05 (5%)	8	x .05
9	Multiply line 7 by line 8. Fill in here and on line 20 on page 2 of Form 1	9	.00

▶ You must submit this page with Form 1 if you claim either of these credits ◀

Schedule 2 – Married Couple Credit When Both Spouses Are Employed (see page 36)

When completing this schedule, be sure to fill in your income in column (A) and your spouse's income in column (B)

	(A) YOURSELF	(B) SPOUSE
1 Taxable wages, salaries, tips, and other employee compensation. Do NOT include deferred compensation, interest, dividends, pensions, unemployment compensation, or other unearned income	1 .00	.00
2 Net profit or (loss) from self-employment from federal Schedules C, C-EZ, and F (Form 1040), Schedule K-1 (Form 1065), and any other taxable self-employment or earned income	2 .00	.00
3 Combine lines 1 and 2. This is earned income	3 .00	.00
4 Add the amounts from federal Schedule 1 (Form 1040), lines 24, 28 and 32, plus repayment of supplemental unemployment benefits, and contributions to secs. 403(b) and 501(c)(18)(D) pension plans, included in line 36, and any Wisconsin disability income exclusion. Fill in the total of these adjustments that apply to your or your spouse's income	4 .00	.00
5 Subtract line 4 from line 3. This is qualified earned income. If less than zero, fill in 0	5 .00	.00
6 Compare the amounts in columns (A) and (B) of line 5. Fill in the smaller amount here. If more than \$16,000, fill in \$16,000	6 .00	.00
7 Rate of credit is .03 (3%)	7 x .03	.00
8 Multiply line 6 by line 7. Fill in here and on line 29 on page 2 of Form 1	8 .00	.00

Do not fill in more than \$480.

