

Form 1040

Department of the Treasury - Internal Revenue Service

(99)

2018

OMB No. 1545-0074

IRS Use Only - Do not write or staple in this space.

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

Your first name and initial

Last name

Your social security number

TIMOTHY J.

RYAN

[REDACTED]

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

ANDREA M.

RYAN

[REDACTED]

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.

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.

If more than four dependents, see inst. and ✓ here ►

Dependents (see instructions):

(1) First name

Last name

(2) Social security number

(3) Relationship to you

(4) ✓ if qualifies for (see inst.)

Child tax credit

Credit for other dependents

[REDACTED]	[REDACTED]	[REDACTED]	X		
			X		

Sign Here

Joint return?

See instructions.

Keep a copy 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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

U.S. CONGRESSMAN

If the IRS sent you an Identity Protection PIN, enter it here [REDACTED]

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

Date

Spouse's occupation

EDUCATOR

If the IRS sent you an Identity Protection PIN, enter it here [REDACTED]

Paid Preparer Use Only

Firm's name

Preparer's name

Preparer's signature

PTIN

Firm's EIN

Check if:

- 3rd Party Designee
 Self-employed

Firm's address

Phone no.

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

Form 1040 (2018)

Attach Form(s)
W-2. Also attach
Form(s) W-2G and
1099-R if tax was
withheld.

Standard Deduction for -
● Single or married filing separately, \$12,000
● Married filing jointly or Qualifying widow(er), \$24,000
● Head of household, \$18,000
● If you checked any box under Standard deduction, see instructions.

Refund

Direct deposit?
See instructions.

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 1	1	219,163.
2a	Tax-exempt interest	2a	2b	
3a	Qualified dividends	3a	3b	
4a	IRAs, pensions, and annuities	4a	4b	
5a	Social security benefits	5a	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	1,841.	6	221,004.
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	220,754.
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	196,754.
11	a Tax (see inst.) 35,800. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____)		11	35,800.
	b Add any amount from Schedule 2 and check here <input checked="" type="checkbox"/>		12	4,360.
12	a Child tax credit/credit for other dependents 4,000. b Add any amount from Sch. 3 and check here <input checked="" type="checkbox"/>		13	31,440.
13	Subtract line 12 from line 11. If zero or less, enter -0-		14	
14	Other taxes. Attach Schedule 4		15	31,440.
15	Total tax. Add lines 13 and 14		16	40,985.
16	Federal income tax withheld from Forms W-2 and 1099		17	
17	Refundable credits: a EIC (see inst.) _____ b Sch 8812 _____ c Form 8863 _____		18	40,985.
	Add any amount from Schedule 5 _____		19	9,545.
18	Add lines 16 and 17. These are your total payments		20a	9,545.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid			
20a	a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input checked="" type="checkbox"/>			
	b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d Account number <input type="text"/>			
21	Amount of line 19 you want applied to your 2019 estimated tax <input checked="" type="checkbox"/> 21			
Amount You Owe	22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	<input checked="" type="checkbox"/>	22	
23	Estimated tax penalty (see instructions) <input checked="" type="checkbox"/> 23			

Form 1040 (2018)

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

OMB No. 1545-0074

2018Attachment
Sequence No. **01**

Name(s) shown on Form 1040

TIMOTHY J. & ANDREA M. RYANYour social security number
[REDACTED]

Additional Income	1-9b Reserved	STATEMENT 2
	10 Taxable refunds, credits, or offsets of state and local income taxes	STATEMENT 3
	11 Alimony received	
	12 Business income or (loss). Attach Schedule C or C-EZ	
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	
	14 Other gains or (losses). Attach Form 4797	
	15a Reserved	
	16a Reserved	
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	
	18 Farm income or (loss). Attach Schedule F	
	19 Unemployment compensation	
	20a Reserved	
	21 Other income. List type and amount ►	
	22 Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	
Adjustments to Income	23 Educator expenses	23 250 .
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24
	25 Health savings account deduction. Attach Form 8889	25
	26 Moving expenses for members of the Armed Forces. Attach Form 3903	26
	27 Deductible part of self-employment tax. Attach Schedule SE	27
	28 Self-employed SEP, SIMPLE, and qualified plans	28
	29 Self-employed health insurance deduction	29
	30 Penalty on early withdrawal of savings	30
	31a Alimony paid b Recipient's SSN ►	31a
	32 IRA deduction	32
	33 Student loan interest deduction	33
	34 Reserved	34
	35 Reserved	35
	36 Add lines 23 through 35	36 250 .

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

Schedule 1 (Form 1040) 2018

**SCHEDULE 3
(Form 1040)**Department of the Treasury
Internal Revenue Service**Nonrefundable Credits**

OMB No. 1545-0074

2018Attachment
Sequence No. **03**

Name(s) shown on Form 1040

TIMOTHY J. & ANDREA M. RYANYour social security number


Nonrefundable Credits	48 Foreign tax credit. Attach Form 1116 if required	48
	49 Credit for child and dependent care expenses. Attach Form 2441	49 360.
	50 Education credits from Form 8863, line 19	50
	51 Retirement savings contributions credit. Attach Form 8880	51
	52 Reserved	52
	53 Residential energy credit. Attach Form 5695	53
	54 Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54
	55 Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55 360.

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

Schedule 3 (Form 1040) 2018



**SCHEDULE 6
(Form 1040)**Department of the Treasury
Internal Revenue Service**Foreign Address and Third Party Designee**

OMB No. 1545-0074

2018Attachment
Sequence No. **05A**

► Attach to Form 1040.

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

Name(s) shown on Form 1040

TIMOTHY J. & ANDREA M. RYANYour social security number
[REDACTED]

Foreign Address	Foreign country name	Foreign province/county	Foreign postal code
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Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? Designee's name ► [REDACTED]	<input checked="" type="checkbox"/> Yes. Complete below. Phone [REDACTED]	<input type="checkbox"/> No Personal identification number (PIN) ► [REDACTED]
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LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 6 (Form 1040) 2018

COPY

Child Tax Credit and Credit for Other Dependents Worksheet (keep for your records)

Name(s): First TIMOTHY J. & ANDREA M.	Last RYAN	Your SSN [REDACTED]
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. <u>1</u> 4,000.		
2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: _____ X \$500. Enter the result. <u>2</u>		
3. Add lines 1 and 2. <u>3</u> 4,000.		
4. Enter the amount from Form 1040, line 7 or Form 1040NR, line 37. <u>4</u> 220,754.		
5. 1040 filers: Enter the total of any- <ul style="list-style-type: none"> ● 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. <u>5</u> 0.		
1040NR filers: Enter -0.		
6. Add lines 4 and 5. Enter the total. <u>6</u> 220,754.		
7. Enter the amount shown below for your filing status. <ul style="list-style-type: none"> ● Married filing jointly - \$400,000 ● All other filing statuses - \$200,000 <u>7</u> 400,000.		
8. Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> Yes. Subtract line 7 from line 6. <u>8</u> 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).		
9. Multiply the amount on line 8 by 5% (.05). Enter the result. <u>9</u> 0.		
10. Is the amount on line 3 more than the amount on line 9? <input type="checkbox"/> No. STOP You cannot take the child tax credit or credit for other dependents on Form 1040, line 12a, or Form 1040NR, line 49. You also cannot take the additional child tax credit. <input checked="" type="checkbox"/> Yes. Subtract line 9 from line 3. Enter the result. <u>10</u> 4,000.		
Part 2		
11. Enter the amount from Form 1040, line 11 or Form 1040NR, line 45. <u>11</u> 35,800.		
12. 1040 filers: Enter the total of the amounts from Schedule 3, lines 48 through 51.* 1040NR filers: Enter the total of the amounts from lines 46 through 48.* <u>12</u> 360.		
13. Subtract line 12 from line 11. <u>13</u> 35,440.		
14. Are you claiming any of the following credits? <ul style="list-style-type: none"> ● Residential energy efficient property credit, Form 5695, Part I. ● Mortgage interest credit, Form 8396 ● Adoption credit, Form 8839 ● District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. If you are filing Form 2555 or 2555-EZ, enter -0-. Otherwise, complete the Line 14 Worksheet to figure the amount to enter here. <u>14</u> 0.		
15. Subtract line 14 from line 13. Enter the result. <u>15</u> 35,440.		
16. Is the amount on line 10 of this worksheet more than the amount on line 15? <input checked="" type="checkbox"/> No. Enter the amount from line 10. <input type="checkbox"/> Yes. Enter the amount from line 15. <u>16</u> 4,000.		

* Also include amounts from:

- Form 5695, line 30
- Form 8910, line 15
- Form 8936, line 23
- Schedule R, line 22

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

► Attach to Form 1040, 1040NR, or Form 1041.

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

OMB No. 1545-0074

2018

Attachment Sequence No. 13

Name(s) shown on return

TIMOTHY J. & ANDREA M. RYAN

Your social security number

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) Yes No

B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A ROYALTIES

B

C

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	6		A		
B			B		
C			C		

Type of Property:

1 Single Family Residence	3 Vacation/Short-Term Rental	5 Land	7 Self-Rental
2 Multi-Family Residence	4 Commercial	6 Royalties	8 Other (describe)

Income:		Properties:	A	B	C
3 Rents received		3			
4 Royalties received		4	1,483.		
5 Advertising		5			
6 Auto and travel (see instructions)		6			
7 Cleaning and maintenance		7			
8 Commissions		8			
9 Insurance		9			
10 Legal and other professional fees		10			
11 Management fees		11			
12 Mortgage interest paid to banks, etc. (see instructions)		12			
13 Other interest		13			
14 Repairs		14			
15 Supplies		15	78.		
16 Taxes		16			
17 Utilities		17			
18 Depreciation expense or depletion		18			
19 Other (list) ► STMT 5		19	562.		
20 Total expenses. Add lines 5 through 19		20	640.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198		21	843.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)		22)))

23a Total of all amounts reported on line 3 for all rental properties	23a		
b Total of all amounts reported on line 4 for all royalty properties	23b	1,483.	
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e	640.	

24 Income. Add positive amounts shown on line 21. Do not include any losses	24	843.	
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	843.	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2018

Child and Dependent Care Expenses

► Attach to Form 1040 or Form 1040NR.
 ► Go to www.irs.gov/Form2441 for instructions and the latest information.

2018

Name(s) shown on return

Your social security number

TIMOTHY J. & ANDREA M. RYAN

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box.

Part I Persons or Organizations Who Provided the Care - You must complete this part.

(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid
			1,800.

Did you receive dependent care benefits?	No	Complete only Part II below.
	Yes	Complete Part III on page 2 next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 4 (Form 1040), line 60a; or Form 1040NR, line 59a.

Part II Credit for Child and Dependent Care Expenses2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

First	(a) Qualifying person's name Last	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2018 for the person listed in column (a)
			1,800.

3 Add the amounts in column (c) of line 2. Don't enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	1,800.
4 Enter your earned income . See instructions	4	165,660.
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	53,503.
6 Enter the smallest of line 3, 4, or 5	6	1,800.
7 Enter the amount from Form 1040, line 7; or Form 1040NR, line 36	7	220,754.

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
\$0 - 15,000	.35	
15,000 - 17,000	.34	
17,000 - 19,000	.33	
19,000 - 21,000	.32	
21,000 - 23,000	.31	
23,000 - 25,000	.30	
25,000 - 27,000	.29	
27,000 - 29,000	.28	

If line 7 is:

Over	But not over	Decimal amount is
\$29,000 - 31,000	.27	
31,000 - 33,000	.26	
33,000 - 35,000	.25	
35,000 - 37,000	.24	
37,000 - 39,000	.23	
39,000 - 41,000	.22	
41,000 - 43,000	.21	
43,000 - No limit	.20	

9 Multiply line 6 by the decimal amount on line 8. If you paid 2017 expenses in 2018, see the instructions

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions

STATEMENT 6 10 35,800.

11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Schedule 3 (Form 1040), line 49; or Form 1040NR, line 47

11 360.

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

Form 2441 (2018)

Part III Dependent Care Benefits

12 Enter the total amount of dependent care benefits you received in 2018. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12	
13 Enter the amount, if any, you carried over from 2017 and used in 2018 during the grace period. See instructions	13	
14 Enter the amount, if any, you forfeited or carried forward to 2019. See instructions	14	()
15 Combine lines 12 through 14. See instructions	15	
16 Enter the total amount of qualified expenses incurred in 2018 for the care of the qualifying person(s)	16	
17 Enter the smaller of line 15 or 16	17	
18 Enter your earned income . See instructions	18	
19 Enter the amount shown below that applies to you.	19	
● If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). ● If married filing separately, see instructions. ● All others, enter the amount from line 18.	20	
20 Enter the smallest of line 17, 18, or 19	21	
21 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19).....	22	
22 Is any amount on line 12 from your sole proprietorship or partnership? <input type="checkbox"/> No. Enter -0-. <input checked="" type="checkbox"/> Yes. Enter the amount here	23	
23 Subtract line 22 from line 15	24	
24 Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	25	
25 Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-	26	

To claim the child and dependent care credit,
complete lines 27 through 31 below.

27 Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	
28 Add lines 24 and 25	28	
29 Subtract line 28 from line 27. If zero or less, stop . You can't take the credit. Exception. If you paid 2017 expenses in 2018, see the instructions for line 9	29	
30 Complete line 2 on page 1 of this form. Don't include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	
31 Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	

Paid Preparer's Due Diligence Checklist

OMB No. 1545-0074

2018Attachment
Sequence No. 70

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status
To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.
► Go to www.irs.gov/Form8867 for instructions and the latest information.

Taxpayer name(s) shown on return

TIMOTHY J. & ANDREA M. RYAN

Taxpayer identification number

Enter preparer's name and PTIN

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I-V for the benefit(s), and/or HOH filing status claimed (check all that apply).		EIC	CTC/ ACTC/ODC	AOTC	HOH
1 Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?.....		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. ● Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. ● Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of any credit(s) claimed.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.).....		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount of the credit(s)		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
List those documents, if any, that you relied on.					
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of any credit(s) claimed on the return if his/her return is selected for audit?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) a Did you complete the required recertification Form 8862?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
9a Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim the EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/> Yes <input type="checkbox"/> No N/A			

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No N/A		

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
13 Did the taxpayer provide the required substantiation for the credit, including a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Part VI Eligibility Certification

► You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to determine the amount of the credit(s) claimed;
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of Form 8867;
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed;
 3. Copies of any documents provided by the taxpayer on which you relied to determine eligibility for the credit(s) and/or HOH filing status;
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained; and
 5. A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing status and the amount(s) of any credit(s) claimed and the taxpayer's answers.

► If you have not complied with all due diligence requirements, you may have to pay a \$520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Shared Responsibility Payment

821636 12-26-18

To Figure Your Shared Responsibility Payment

- Follow Steps 1 through 5 next.
- Complete Worksheet A and Worksheet B if you are directed to them as you complete Steps 1 through 5.
- Complete the Shared Responsibility Payment Worksheet as directed by Steps 1 through 5 or Worksheets A and B.

Step 1 All Filers

1. Can someone claim you as a dependent?

- Yes.** Stop. You don't owe a shared responsibility payment. Check the Someone can claim you as a dependent box on the Your standard deduction line of Form 1040.
 No. Continue to line 2

2. Did you, and everyone else in your tax household (see Tax household under Definitions, earlier) have qualifying health coverage for every month of 2018, or have a coverage exemption that covered all of 2018 or a combination of qualifying health care coverage and coverage exemption(s) for every month of 2018*?

- Yes.** Stop. You don't owe a shared responsibility payment. Check the "Full-year health care coverage or exempt" box on Form 1040.
 No. Continue to line 3

*You can check the "Full-year health care coverage or exempt" box if you had or adopted a child during the year, or a member of your tax household died during the year, as long as that person had qualifying health care coverage or a coverage exemption for every month he or she was a member of your tax household and everyone else in your tax household had health care coverage or coverage exemptions for each month of the year.

3. Did you or anyone else in your tax household have qualifying health coverage or qualify for a coverage exemption for any month in 2018?

- Yes.** Stop. Claim any coverage exemption you qualify for on Form 8965. Skip question 4; go to Worksheet A.
 No. Continue to line 4

4. Did you, or anyone else in your tax household turn 18 during 2018?

- Yes.** Go to Worksheet A.
 No. Go to Step 2

Step 2 Flat Dollar Amount

1. Multiply \$695 by the number of people in your tax household who were at least 18 years old.* 1 _____

*For purposes of figuring the shared responsibility payment, an individual is considered under age 18 for an entire month if he or she didn't turn 18 before the first day of the month. An individual turns 18 on the anniversary of the day the individual was born.

2. Multiply \$347.50 by the number of people in your tax household who were under age 18 2 _____

3. Add lines 1 and 2 3 _____

4. Enter the smaller of line 3 or \$2,085 here and on line 1 of the Shared Responsibility Payment Worksheet. Go to Step 3 4 _____

Step 3 Household Income

1. Enter the amount from Form 1040, line 7 1 _____

2. Did you receive any tax-exempt interest?
 Yes. Enter the amount from Form 1040, line 2a 2 _____
 No. Continue to line 3

3. Did you attach Form 2555 or Form 2555-EZ?
 Yes. Enter the amount from Form 2555, lines 45 and 50; or Form 2555-EZ, line 18 3 _____
 No. Continue to line 4

4. Did you claim any dependents?
 Yes. Continue to line 5
 No. Stop. Add lines 1 through 3. **This is your household income.** Enter the result on Step 4, line 1

5. Were any of the dependents you claimed required to file a return?
 Yes. Complete questions 1 through 3 for each dependent with a filing requirement for whom you didn't attach Form 8814. Enter the total here 5 _____
 No. Add lines 1 through 3. **This is your household income.** Enter the result on Step 4, line 1

6. Did you attach Form 8814?
 Yes. Continue to line 7
 No. Stop. Add lines 1, 2, 3, and 5. **This is your household income.** Enter the result on Step 4, line 1

7. Is Form 8814, line 4, more than \$1,050?
 Yes. Add the amount from Form 8814, line 1b, and the smaller of Form 8814, line 4 or 5 7 _____
 No. Enter 0. Continue to line 8

8. Add lines 1, 2, 3, 5, and 7. **This is your household income.** Enter the result on Step 4, line 1 8 _____

Shared Responsibility Payment continued

Step 4 Percentage Income Amount

1. Enter your household income from Step 3 1 _____
2. Were you or your spouse (if filing jointly) born before January 2, 1954?
 Yes. Skip question 3. Find your filing threshold on the **Filing Thresholds for Most People** chart and enter it both here and on line 4 2 _____
 No. Go to question 3.
3. Enter the amount listed below for your filing status 3 _____
 - Single - \$12,000
 - Head of household - \$18,000
 - Married filing jointly - \$24,000
 - Married filing separately - \$0
 - Qualifying widow(er) - \$24,000
4. Enter the amount from line 2 or 3 4 _____
5. Subtract line 4 from line 1 5 _____
6. Is the amount on line 5 zero or less?
 Yes. Stop. You don't owe a shared responsibility payment. Check the "Full-year health care coverage or exempt" box on Form 1040. You don't need to file Form 8965.
 No. Continue to line 7
7. Multiply line 5 by 2.5% (0.025). This is your percentage income amount 7 _____
8. Were you required to complete Worksheet A?
 Yes. Go to Worksheet B. Then continue to Step 5.
 No. Enter the amount from line 7 above on line 2 of the Shared Responsibility Payment Worksheet and complete line 3 of that worksheet. Then continue to Step 5.

Step 5 National Average Bronze Plan Premium

1. Were you required to complete Worksheet A?
 Yes. Continue to line 2
 No. Skip question 2; Go to question 3.
2. Multiply \$283* by the number on Worksheet A, line 8. Enter the result here and on line 4 of the Shared Responsibility Payment Worksheet. Skip question 3 and complete line 5 of the Shared Responsibility Payment Worksheet 2 _____
* \$283 is the 2018 national average premium for a bronze level health plan available through the Marketplace for one individual for one month.
3. Enter on line 4 of the Shared Responsibility Payment Worksheet the amount below that corresponds to the total number of people in your tax household. Then complete line 5 of the Shared Responsibility Payment Worksheet.
 - 1 person - \$3,396
 - 2 people - \$6,792
 - 3 people - \$10,188
 - 4 people - \$13,584
 - 5 or more people - \$16,980

Shared Responsibility Payment Worksheet

Use this worksheet if you are referred here from the Shared Responsibility Payment flowchart or from Worksheet A or B. If everyone in your tax household had either minimum essential coverage or a coverage exemption for every month during 2018, stop here. You don't owe a shared responsibility payment.

Complete Step 1

1. Enter the flat dollar amount. (From Step 2, question 4 or Worksheet A, line 7) 1 _____

Complete Step 3

2. Enter the percentage income amount. (From Step 4, question 7 or Worksheet B, line 14) 2 _____

3. Enter the larger of line 1 or line 2 3 _____

Complete Step 5

4. Enter the National Average Bronze Plan Premium. (From Step 5, question 2 or 3) 4 _____

5. Enter the smaller of line 3 or line 4 here and on Schedule 4 (Form 1040), line 61.

This is your shared responsibility payment 5 _____

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T HOUSE OF REP - MEMBER SERVICES	165,660.	33,951.	7,102.		7,961.	2,528.
S WEATHERSFIELD LOCAL SCHOOL DISTRICT	53,503.	7,034.	1,528.			908.
TOTALS	219,163.	40,985.	8,630.		7,961.	3,436.

COPY

SCHEDULE 1	STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	2
	2017	2016	2015
GROSS STATE/LOCAL INC TAX REFUNDS			
LESS: TAX PAID IN FOLLOWING YEAR	OHIO	998.	
NET TAX REFUNDS OHIO		998.	
TOTAL NET TAX REFUNDS		998.	

COPY

SCHEDULE 1	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT	3	
		2017	2016	2015
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	998.			
LESS:REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION				
1 NET REFUNDS FOR RECALCULATION	998.			
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	28,170.			
3 DEDUCTION NOT SUBJ TO PHASEOUT				
4 NET REFUNDS FROM LINE 1	998.			
5 LINE 2 MINUS LINES 3 AND 4	27,172.			
6 MULT LN 5 BY APPL SEC. 68 PCT	21,738.			
7 PRIOR YEAR AGI	218,870.			
8 ITEM. DED. PHASEOUT THRESHOLD	313,800.			
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	-94,930.			
10 MULT LN 9 BY APPL SEC. 68 PCT				
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)				
12 ITEM DED. NOT SUBJ TO PHASEOUT				
13A TOTAL ADJ. ITEMIZED DEDUCTIONS				
13B PRIOR YR. STD. DED. AVAILABLE				
14 PRIOR YR. ALLOWABLE ITEM. DED.				
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14				
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	998.			
17 ALLOWABLE PRIOR YR. ITEM. DED.	28,170.			
18 PRIOR YEAR STD. DED. AVAILABLE	12,700.			
19 SUBTRACT LINE 18 FROM LINE 17	15,470.			
20 LESSER OF LINE 16 OR LINE 19	998.			
21 PRIOR YEAR TAXABLE INCOME	174,500.			
22 AMOUNT TO INCLUDE ON SCHEDULE 1, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21				998.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2015				
TOTAL TO SCHEDULE 1, LINE 10				998.



SCHEDULE 1	STUDENT LOAN INTEREST DEDUCTION	STATEMENT 4
1. ENTER THE TOTAL INTEREST PAID IN 2018 ON QUALIFIED STUDENT LOANS. DON'T ENTER MORE THAN \$2,500		1,565.
2. ENTER THE AMOUNT FROM FORM 1040, LINE 6		221,004.
3. ENTER THE TOTAL OF THE AMOUNTS FROM SCHEDULE 1, LINES 23 THROUGH 32 PLUS ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED LINE NEXT TO SCHEDULE 1, LINE 36 OTHER THAN ANY AMOUNTS IDENTIFIED AS "DPAD"		250.
4. SUBTRACT LINE 3 FROM LINE 2		220,754.
5. ENTER THE AMOUNT SHOWN BELOW FOR YOUR FILING STATUS. * SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)-\$65,000 * MARRIED FILING JOINTLY-\$135,000		135,000.
6. IS THE AMOUNT ON LINE 4 MORE THAN THE AMOUNT ON LINE 5? [] NO. SKIP LINES 6 AND 7, ENTER -0- ON LINE 8, AND GO TO LINE 9 [X] YES. SUBTRACT LINE 5 FROM LINE 4		85,754.
7. DIVIDE LINE 6 BY \$15,000 (\$30,000 IF MARRIED FILING JOINTLY). ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES). IF THE RESULT IS 1.000 OR MORE, ENTER 1.000		1.000
8. MULTIPLY LINE 1 BY LINE 7		1,565.
9. STUDENT LOAN INTEREST DEDUCTION. SUBTRACT LINE 8 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE 1, LINE 33		0.

SCHEDULE E	OTHER EXPENSES	STATEMENT 5
COPYRIGHT - ROYALTIES		
DESCRIPTION		AMOUNT
TRAVEL		405.
TRANSCRIBER FEES		157.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19		562.

FORM 2441

CREDIT LIMIT WORKSHEET

STATEMENT 6

-
- 1 ENTER THE AMOUNT FROM FORM 1040, LINE 11; FORM 1040NR, LINE 45 35,800.
- 2 ENTER THE AMOUNT FROM SCHEDULE 3 (FORM 1040), LINE 48;
OR FORM 1040NR, LINE 46
-
- 3 SUBTRACT LINE 2 FROM LINE 1. ALSO ENTER THE AMOUNT ON FORM 2441,
LINE 10. BUT IF ZERO OR LESS, STOP; YOU CANNOT TAKE THE CREDIT 35,800.
-

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Ohio

Department of
Taxation
Rev. 11/18

2018 Ohio IT 1040
Individual Income Tax Return



18000185

Sequence No. 1

02 06 19

Use only black ink and UPPERCASE letters.

Check here if this is an amended return. Include the Ohio IT RE (do **NOT** include a copy of the previously filed return).

Check here if this is a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Taxpayer's SSN (required)



If deceased

Spouse's SSN (if filing jointly)



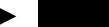
If deceased

Enter school district # for
this return (see instructions).

check box

check box

SD #



First name

TIMOTHY

M.I. Last name

J RYAN

Spouse's first name (only if married filing jointly)

ANDREA

M.I. Last name

M RYAN

Address line 1 (number and street) or P.O. Box

Address line 2 (apartment number, suite number, etc.)

City

State

ZIP code

Ohio county (first four letters)

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Ohio Residency Status - Check applicable box

Full-year resident Part-year resident Nonresident

Indicate state

Check applicable box for spouse (only if married filing jointly)

Full-year resident Part-year resident Nonresident

Indicate state

Filing Status - Check one (as reported on federal income tax return)

Single, head of household or qualifying widow(er)
 Married filing jointly
 Married filing separately

Ohio Political Party Fund

Check here if you want \$1 to go to this fund.

Check here if your spouse wants \$1 to go to this fund (if filing jointly).

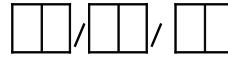
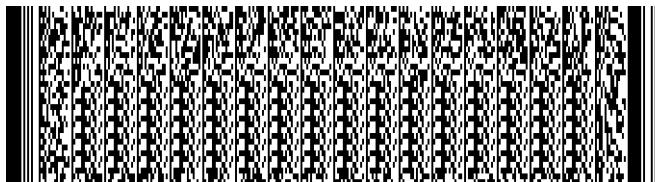
Note: Checking this box will not increase your tax or decrease your refund.

Check here if you filed the federal extension 4868.

Check here if someone else is able to claim you (or your spouse if joint return) as a dependent.

Do not staple or paper clip.

1. Federal adjusted gross income (from the federal 1040, line 7). Include page 1 and 2 of your federal return if the amount is zero or negative. Place a "-" in box at the right if negative	1.	220754 00
2a. Additions - Ohio Schedule A, line 10 (INCLUDE SCHEDULE)	2a.	0 00
2b. Deductions - Ohio Schedule A, line 37 (INCLUDE SCHEDULE)	2b.	1398 00
3. Ohio adjusted gross income (line 1 plus line 2a minus line 2b). Place a "-" in the box at the right if the amount is less than zero	3.	219356 00
4. Exemption amount (if claiming dependent(s), INCLUDE SCHEDULE J)	4.	7400 00
Number of exemptions claimed: 4		
5. Ohio income tax base (line 3 minus line 4; if less than zero, enter zero)	5.	211956 00
6. Taxable business income - Ohio Schedule IT BUS, line 13 (INCLUDE SCHEDULE)	6.	0 00
7. Line 5 minus line 6 (if less than zero, enter zero)	7.	211956 00



Postmark date



Code

871001 11-16-18 CCH

2018 IT 1040 - page 1 of 2

Ohio

Department of
Taxation

Rev. 11/18

2018 Ohio IT 1040

Individual Income Tax Return



18000285

Sequence No. 2

SSN [REDACTED]

7a. Amount from line 7 on page 1	7a.	211956 00
8a. Nonbusiness income tax liability on line 7a (see instructions for tax tables)	8a.	8083 00
8b. Business income tax liability - Ohio Schedule IT BUS, line 14 (INCLUDE SCHEDULE)	8b.	0 00
8c. Income tax liability before credits (line 8a plus line 8b)	8c.	8083 00
9. Ohio nonrefundable credits - Ohio Schedule of Credits, line 33 (INCLUDE SCHEDULE)	9.	404 00
10. Tax liability after nonrefundable credits (line 8c minus line 9; if less than zero, enter zero)	10.	7679 00
11. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)	11.	0 00
12. Use tax due on Internet, mail order or other out-of-state purchases (see instructions). Check here to certify that no use tax is due	X 12.	0 00
13. Total Ohio tax liability before withholding or estimated payments (add lines 10, 11 and 12)	13.	7679 00
14. Ohio income tax withheld (W-2, box 17; W-2G, box 15; 1099-R, box 12). Include W-2(s), W-2G(s) and 1099-R(s) with the return	14.	8630 00
15. Estimated (2018 Ohio IT 1040ES) and extension (2018 Ohio IT 40P) payments and credit carryforward from previous year return	15.	0 00
16. Refundable credits - Ohio Schedule of Credits, line 40 (INCLUDE SCHEDULE)	16.	0 00
17. <u>Amended return only</u> - amount previously paid with original and/or amended return	17.	0 00
18. Total Ohio tax payments (add lines 14, 15, 16 and 17)	18.	8630 00
19. <u>Amended return only</u> - overpayment previously requested on original and/or amended return	19.	0 00
20. Line 18 minus line 19. Place a "-" in the box at the right if the amount is less than zero	20.	8630 00

If line 20 is MORE THAN line 13, skip to line 24. OTHERWISE, continue to line 21.

21. Tax liability (line 13 minus line 20). If line 20 is negative, ignore the "-" and add line 20 to line 13	21.	0 00
22. Interest and penalty due on late filing or late payment of tax (see instructions)	22.	0 00
23. Total amount due (line 21 plus line 22). Include Ohio IT 40P (if original return) or IT 40XP (if amended return) and make check payable to "Ohio Treasurer of State" AMOUNT DUE ► 23.		0 00
24. Overpayment (line 20 minus line 13)	24.	951 00
25. <u>Original return only</u> - amount of line 24 to be credited toward 2019 income tax liability	25.	0 00
26. <u>Original return only</u> - amount of line 24 to be donated: a. Breast / cervical cancer b. Wishes for Sick Children c. Wildlife species 0 00 0 00 0 00		
d. Military injury relief e. Ohio History Fund f. State nature preserves 0 00 0 00 0 00		
	Total 26g.	0 00
27. REFUND (line 24 minus lines 25 and 26g)	YOUR REFUND ► 27.	951 00

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge
and belief, the return and all enclosures are true, correct and complete.

If your refund is \$1.00 or less, no refund will be issued.
If you owe \$1.00 or less, no payment is necessary.

► Your signature _____ Date (MM/DD/YY) _____

► Spouse's signature _____ Phone number _____

X Check here to authorize your preparer to discuss this return with Taxation

Preparer's printed name [REDACTED]

Phone number [REDACTED]

Preparer's TIN (PTIN) [REDACTED]

NO Payment Included - Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Payment Included - Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057

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Ohio

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Taxation
Rev. 11/18

02 06 19

2018 Ohio Schedule A
Income Adjustments - Additions and Deductions

SSN of primary filer
[REDACTED]



18000385

Sequence No. 3

Additions

(add income items only to the extent not included on Ohio IT 1040, line 1)

1. Non-OHIO state or local government interest and dividends	1.	0 00
2. Certain OHIO pass-through entity and financial institutions taxes paid	2.	0 00
3. Reimbursement of college tuition expenses and fees deducted in any previous year(s) and noneducation expenditures from a college savings account	3.	0 00
4. Losses from sale or disposition of OHIO public obligations	4.	0 00
5. Nonmedical withdrawals from a medical savings account	5.	0 00
6. Reimbursement of expenses previously deducted for OHIO income tax purposes, but only if the reimbursement is not in federal adjusted gross income	6.	0 00

Federal

7. Internal Revenue Code 168(k) and 179 depreciation expense addback	7.	0 00
8. Federal interest and dividends subject to state taxation	8.	0 00
9. Federal conformity additions	9.	0 00
10. Total additions (add lines 1 through 9 ONLY). Enter here and on OHIO IT 1040, line 2a	10.	0 00

Deductions

(deduct income items only to the extent included on OHIO IT 1040, line 1)

11. Business income deduction - OHIO Schedule IT BUS, line 11	11.	0 00
12. Employee compensation earned in OHIO by residents of neighboring states	12.	0 00
13. State or municipal income tax overpayments shown on the federal 1040, Schedule 1, line 10	13.	998 00
14. Taxable Social Security benefits	14.	0 00
15. Certain railroad retirement benefits	15.	0 00
16. Interest income from OHIO public obligations and from OHIO purchase obligations; gains from the sale or disposition of OHIO public obligations; or income from a transfer agreement	16.	0 00
17. Amounts contributed to an OHIO county's individual development account program	17.	0 00
18. Amounts contributed to STABLE account: OHIO's ABLE plan	18.	0 00
19. Income earned in OHIO by a qualifying out-of-state business or employee for disaster work conducted during a disaster response period	19.	0 00

Federal

20. Federal interest and dividends exempt from state taxation	20.	0 00
21. Deduction of prior year 168(k) and 179 depreciation addbacks	21.	0 00
22. Refund or reimbursements shown on the federal 1040, Schedule 1, line 21 for itemized deductions claimed on a prior year federal income tax return	22.	0 00

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2018 Ohio Schedule A

Income Adjustments - Additions and Deductions

SSN of primary filer
[REDACTED]

18000485

Sequence No. 4

23. Repayment of income reported in a prior year 23. 0 00

24. Wage expense not deducted due to claiming the federal work opportunity tax credit 24. 0 00

25. Federal conformity deductions 25. 0 00

Uniformed Services

26. Military pay for Ohio residents received while the military member was stationed outside Ohio 26. 0 00

27. Certain income earned by military nonresidents and civilian nonresident spouses 27. 0 00

28. Uniformed services retirement income 28. 0 00

29. Military injury relief fund 29. 0 00

30. Certain Ohio National Guard reimbursements and benefits 30. 0 00

Education

31. Ohio 529 contributions, tuition credit purchases **SEE STATEMENT 1** 31. 400 00

32. Pell/Ohio College Opportunity taxable grant amounts used to pay room and board 32. 0 00

Medical

33. Disability and survivorship benefits (do not include pension continuation benefits) 33. 0 00

34. Unreimbursed long-term care insurance premiums, unsubsidized health care insurance premiums and excess health care expenses (see instructions for worksheet) 34. 0 00

35. Funds deposited into, and earnings of, a medical savings account for eligible health care expenses (see instructions for worksheet) 35. 0 00

36. Qualified organ donor expenses 36. 0 00

37. **Total deductions** (add lines 11 through 36 ONLY). Enter here and on Ohio IT 1040, line 2b 37. 1398 00

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Ohio

Department of
Taxation
Rev. 11/18

2018 Ohio Schedule of Credits

Nonrefundable and Refundable



18280185

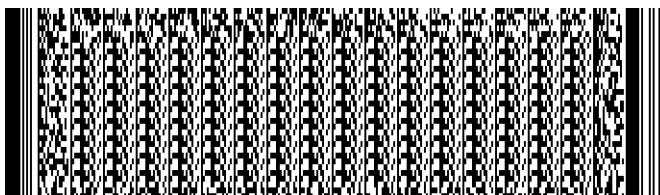
02 06 19

SSN of primary filer
[REDACTED]

Sequence No. 7

Nonrefundable Credits

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	8083	00	
2. Retirement income credit (see instructions for table; include 1099-R forms)	2.	0	00	
3. Lump sum retirement credit (see instructions for worksheet; include a copy)	3.	0	00	
4. Senior citizen credit (must be 65 or older to claim this credit)	4.	0	00	
5. Lump sum distribution credit (see instructions for worksheet; include a copy)	5.	0	00	
6. Child care and dependent care credit (see instructions for worksheet)	6.	0	00	
7. Displaced worker training credit (see instructions for all required documentation)	7.	0	00	
8. Campaign contribution credit for Ohio statewide office or General Assembly	8.	0	00	
9. Income-based exemption credit (\$20 times the number of exemptions)	9.	0	00	
10. Total (add lines 2 through 9)	10.	0	00	
11. Tax less credits (line 1 minus line 10; if less than zero, enter zero)	11.	8083	00	
12. Joint filing credit (see instructions for table). <u>5</u> % times the amount on line 11	12.	STMT 2	404	00
13. Earned income credit	13.		0	00
14. Ohio adoption credit	14.		0	00
15. Job retention credit, nonrefundable portion (include a copy of the credit certificate)	15.		0	00
16. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate)	16.		0	00
17. Credit for purchases of grape production property	17.		0	00
18. InvestOhio credit (include a copy of the credit certificate)	18.		0	00
19. Technology investment credit carryforward (include a copy of the credit certificate)	19.		0	00
20. Enterprise zone day care and training credits (include a copy of the credit certificate)	20.		0	00
21. Research and development credit (include a copy of the credit certificate)	21.		0	00
22. Ohio historic preservation credit, nonrefundable carryforward portion (include a copy of the credit certificate)	22.		0	00
23. Total (add lines 12 through 22)	23.		404	00
24. Tax less additional credits (line 11 minus line 23; if less than zero, enter zero)	24.		7679	00



OhioDepartment of
Taxation
Rev. 11/18**2018 Ohio Schedule of Credits****Nonrefundable and Refundable**SSN of primary filer
[REDACTED]

18280285

Sequence No. 8

Nonresident Credit

Date of nonresidency	to	State of residency	
25. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)	25.	0 00	
26. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)	26.	0 00	
27. Divide line 25 by line 26 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 24 to calculate your nonresident credit	27.	0 0000	0 00

Resident Credit

28. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident	28.	0 00
29. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)	29.	0 00
30. Divide line 28 by line 29 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 24 and enter the result here	30.	0 0000
31. Enter the 2018 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia	31.	0 00
32. Enter the lesser of line 30 or line 31. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax	32.	0 00
33. Total nonrefundable credits (add lines 10, 23, 27 and 32; enter here and on Ohio IT 1040, line 9)	33.	404 00

Refundable Credits

34. Historic preservation credit (include a copy of the credit certificate)	34.	0 00
35. Job creation credit and job retention credit, refundable portion (include a copy of the credit certificate)	35.	0 00
36. Pass-through entity credit (include a copy of the Ohio IT K-1s)	36.	0 00
37. Motion picture production credit (include a copy of the credit certificate)	37.	0 00
38. Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1s)	38.	0 00
39. Venture capital credit (include a copy of the credit certificate)	39.	0 00
40. Total refundable credits (add lines 34 through 39; enter here and on Ohio IT 1040, line 16)	40.	0 00

Do not staple or paper clip.

Ohio

Department of
Taxation
Rev. 11/18

Ohio Schedule J

Dependents Claimed on the Ohio IT 1040 Return



02 06 19

Tax Year
2018

SSN of primary filer (required)

Sequence No. **9**

Do not list the primary filer and/or spouse as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" below if there are not enough boxes to spell it out completely.

1. Dependent's SSN (required) Dependent's date of birth (MM DD YYYY - Required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's Last name (required)

2. Dependent's SSN (required) Dependent's date of birth (MM DD YYYY - Required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's Last name (required)

3. Dependent's SSN (required) Dependent's date of birth (MM DD YYYY - Required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's Last name (required)

4. Dependent's SSN (required) Dependent's date of birth (MM DD YYYY - Required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's Last name (required)

5. Dependent's SSN (required) Dependent's date of birth (MM DD YYYY - Required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's Last name (required)

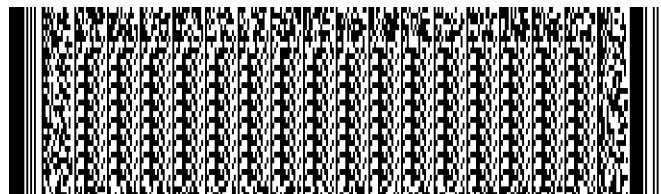
6. Dependent's SSN (required) Dependent's date of birth (MM DD YYYY - Required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's Last name (required)

7. Dependent's SSN (required) Dependent's date of birth (MM DD YYYY - Required) Dependent's relationship to you (required)

Dependent's first name (required) M.I. Dependent's Last name (required)

Do not staple or paper clip.



OhioDepartment of
Taxation
Rev. 11/18**Ohio Schedule J**
Dependents Claimed on the Ohio IT 1040 ReturnTax Year
2018SSN of primary filer (required)
[REDACTED]Sequence No. **10**

Do not list the primary filer and/or spouse as dependents on this schedule. Use this schedule to claim dependents. If you have more than 15 dependents, complete additional copies of this schedule and include them with your income tax return. Abbreviate the "Dependent's relationship to you" below if there are not enough boxes to spell it out completely.

8. Dependent's SSN (required)	Dependent's date of birth (MM DD YYYY - Required)	Dependent's relationship to you (required)
Dependent's first name (required)	M.I. Dependent's Last name (required)	
9. Dependent's SSN (required)	Dependent's date of birth (MM DD YYYY - Required)	Dependent's relationship to you (required)
Dependent's first name (required)	M.I. Dependent's Last name (required)	
10. Dependent's SSN (required)	Dependent's date of birth (MM DD YYYY - Required)	Dependent's relationship to you (required)
Dependent's first name (required)	M.I. Dependent's Last name (required)	
11. Dependent's SSN (required)	Dependent's date of birth (MM DD YYYY - Required)	Dependent's relationship to you (required)
Dependent's first name (required)	M.I. Dependent's Last name (required)	
12. Dependent's SSN (required)	Dependent's date of birth (MM DD YYYY - Required)	Dependent's relationship to you (required)
Dependent's first name (required)	M.I. Dependent's Last name (required)	
13. Dependent's SSN (required)	Dependent's date of birth (MM DD YYYY - Required)	Dependent's relationship to you (required)
Dependent's first name (required)	M.I. Dependent's Last name (required)	
14. Dependent's SSN (required)	Dependent's date of birth (MM DD YYYY- Required)	Dependent's relationship to you (required)
Dependent's first name (required)	M.I. Dependent's Last name (required)	
15. Dependent's SSN (required)	Dependent's date of birth (MM DD YYYY- Required)	Dependent's relationship to you (required)
Dependent's first name (required)	M.I. Dependent's Last name (required)	



2018 Ohio IT/SD 2210

Interest Penalty on Underpayment of Ohio Individual Income, School District Income and Pass-Through Entity Tax

Include with your 2018 Ohio tax return.

Use UPPERCASE letters.

Section 1: Complete this section if you are filing **Ohio IT 1040 or SD 100**.

Taxpayer's SSN (required)

Spouse's SSN (only if married filing jointly)

Taxpayer's first name
TIMOTHY

M.I. Last name
J RYAN

Spouse's first name (only if married filing jointly)
ANDREA

M.I. Last name
M RYAN

Section 2: Complete this section if you are filing **Ohio SD 100E, IT 1041, IT 1140 or IT 4708**.

FEIN

Decedent's SSN (estates)

Name of pass-through entity, trust or estate

Additional line, if necessary, for name of pass-through entity, trust or estate

Section 3:

Total interest penalty due (from page 2, line 8 or page 3, line 6)

Include pages 1 and 2 when you file your Ohio IT 1040, SD 100, SD 100E, IT 1041 or IT 4708 tax return.

Include pages 1 and 3 when you file your Ohio IT 1140 tax return.

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

Taxpayer's name TIMOTHY J. & ANDREA M. RYANTaxpayer's FEIN/SSN

2018

**Part I - Calculating the Required Annual Payment
When Filing the Ohio IT 1040, SD 100, SD 100E, IT 1041 or IT 4708**

Use this form to calculate interest penalty on underpayment of taxes and to show the exceptions where no interest penalty is due.
See instructions.

Check here if you engage in farming or fishing activities and refer to Ohio Administrative Code Rule 5703-7-04 for options.

1. 2018 Ohio income taxes paid (timely paid* 2018 estimated payments plus withholding plus 2017 credit carryforward)** 1. 8 , 630 00
2. 2018 Ohio income tax liability (total tax minus total credits) 2. 7 , 679 00
3. 2017 Ohio income tax liability (total tax minus total credits) 3. 7 , 495 00
4. Multiply line 2 by 90% (.90) 4. 6 , 911 00
- 5a. Is line 1 greater than or equal to line 4? If yes, STOP, you have no interest penalty. If no, continue to line 5b 5a. Yes No
- 5b. Did you file a 2017 Ohio income tax return? If yes, continue to line 5c. If no, skip to line 5d 5b. Yes No
- 5c. Is line 1 greater than or equal to line 3? If yes, STOP, you have no interest penalty. If no, continue to line 5d 5c. Yes No
- 5d. Is line 2 less any withholding \$500 or less? If yes, STOP, you have no interest penalty. If no, continue to line 6 5d. Yes No
6. If you answered "Yes" on line 5b, enter the lesser of line 3 or line 4. If you answered "No", enter the amount from line 4. Then continue to Part II 6. 00

*Do not include any estimated payments that were made after their respective due date.

** Only applicable for IT1040, SD100 and SD 100E

Part II - Calculating the Interest Penalty Due

Payment Due Dates (see note below)				
	A 4/17/18 - 25%	B 6/15/18 - 50%	C 9/17/18 - 75%	D 1/15/19 - 100%
1. Multiply the amount on Part I, line 6 by the percentage indicated at the top of each column at right				
2. Multiply the total tax withheld from compensation by the percentage indicated at the top of each column at right				
3. Cumulative estimated tax paid by the dates shown at the top of each column at right				
4. Add lines 2 and 3				
5. Underpayment subject to interest penalty (line 1 minus line 4; if less than zero, enter zero)				
6. Ratio (if full or partial payment was made see instructions)	0.006461	0.010294	0.013552	0.012320
7. Interest penalty for the period: Multiply line 5 by line 6 for each column at right				
8. Total interest penalty due (sum of line 7, columns A through D). Enter here and on Section 3 of page 1			8.	

Note: Payment due dates - the associated dates and the rates on line 6 are for calendar year taxpayers. Fiscal year taxpayers must adjust the payment due dates and the line 6 ratios accordingly.

OH SCH A	CONTRIBUTIONS TO COLLEGEADVANTAGE 529 SAVINGS PLAN AND/OR PURCHASES OF TUITION CREDITS	STATEMENT	1
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BENEFICIARY'S NAME	CURRENT YEAR AMOUNT ALLOWED	AMOUNT CARRIED FORWARD TO NEXT YEAR
[REDACTED]	400.	0.
TOTAL TO SCHEDULE A, LINE 29	400.	0.

OH SCHEDULE OF CREDITS	QUALIFYING INCOME FOR JOINT FILING CREDIT	STATEMENT	2
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DESCRIPTION	TAXPAYER	SPOUSE
WAGES, SALARIES, TIPS, ETC.	165,660.	53,503.
LESS: TOTAL FEDERAL ADJUSTMENTS	-250.	0.
TAXPAYER SCHEDULE A ADJUSTMENT	-200.	
SPOUSE SCHEDULE A ADJUSTMENT		-200.
 TOTAL QUALIFYING INCOME (CREDIT APPLIES ONLY IF BOTH \$500 OR MORE)	 165,210.	 53,303.

STATE OF OHIO DISCLOSURE INFORMATION

BY SUBMITTING THIS RETURN ELECTRONICALLY, THE TAXPAYER ACCEPTS THE FOLLOWING STATEMENTS:

UNDER PENALTIES OF PERJURY, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE OHIO INCOME TAX RETURN AND IF APPLICABLE, THE OHIO SCHOOL DISTRICT INCOME TAX RETURN IS TRUE, CORRECT AND COMPLETE. I ALSO DECLARE UNDER PENALTIES OF PERJURY THAT IF I AM FILING A RETURN WITH MY SPOUSE, I AM AUTHORIZED TO MAKE THIS DECLARATION ON HIS/HER BEHALF AND TO FILE THE RETURN FOR BOTH OF US.

THE OHIO DEPARTMENT OF TAXATION IS NOT RESPONSIBLE FOR THE MISAPPLICATION OF A DIRECT DEPOSIT REFUND INTO A CHECKING, SAVINGS, IRA OR 529 COLLEGEADVANTAGE ACCOUNT THAT IS CAUSED BY ERROR, NEGLIGENCE OR MALFEASANCE ON THE PART OF THE TAXPAYER, ELECTRONIC FILER, FINANCIAL INSTITUTION, OR ANY OF THEIR AGENTS.

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