

# Electronic Filing Instructions for your 2018 Federal Tax Return

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



Airat Aibedullov & Kamila Aibedullova  
5501 Seminary rd, Apt. 2001S  
FALLS CHURCH, VA 22041

<b>Balance Due/Refund</b>	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$4,330.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 097111622 Routing Transit Number: 056001066.		
<b>When Will You Get Your Refund?</b>	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 <a href="http://www.turbotax.com">www.turbotax.com</a> . 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 <a href="http://www.irs.gov">www.irs.gov</a> and select the "Where's my refund?" link.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
<b>2018 Federal Tax Return Summary</b>	Adjusted Gross Income	\$	46,342.00
	Taxable Income	\$	20,155.00
	Total Tax	\$	1,663.00
	Total Payments/Credits	\$	5,993.00
	Amount to be Refunded	\$	4,330.00
	Effective Tax Rate		-8.13%



Hi Airat and Kamila,

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.

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: **Airat** Last name: **Aibedullo** Your social security number: **785-07-4177**

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: **Kamila** Last name: **Aibedullova** Spouse's social security number: **810-70-4608**

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. **5501 Seminary rd** Apt. no. **2001S** 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. **FALLS CHURCH VA 22041** 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
Malik	Aibedullo	391-39-5185	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ailin	Aibedullove	144-79-9466	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: \_\_\_\_\_ Date: \_\_\_\_\_ Your occupation: **Sales**

Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date: \_\_\_\_\_ Spouse's occupation: **Retail Sales Associate**

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)

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	<b>35,407.</b>
<b>2a</b>	Tax-exempt interest	<b>2b</b>	
<b>3a</b>	Qualified dividends	<b>3b</b>	
<b>4a</b>	IRAs, pensions, and annuities	<b>4b</b>	
<b>5a</b>	Social security benefits	<b>5b</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>6</b>	<b>47,174.</b>
<b>7</b>	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	<b>7</b>	<b>46,342.</b>
<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>8</b>	<b>24,000.</b>
<b>9</b>	Qualified business income deduction (see instructions)	<b>9</b>	<b>2,187.</b>
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b>	<b>20,155.</b>
<b>11</b>	<b>a</b> Tax (see inst.) <b>2,040.</b> (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"/> )	<b>11</b>	<b>2,040.</b>
<b>12</b>	<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>	<b>12</b>	<b>2,040.</b>
<b>13</b>	<b>a</b> Child tax credit/credit for other dependents <b>1,320.</b> <b>b</b> Add any amount from Schedule 3 and check here <input checked="" type="checkbox"/>	<b>13</b>	<b>0.</b>
<b>14</b>	Other taxes. Attach Schedule 4	<b>14</b>	<b>1,663.</b>
<b>15</b>	Total tax. Add lines 13 and 14	<b>15</b>	<b>1,663.</b>
<b>16</b>	Federal income tax withheld from Forms W-2 and 1099	<b>16</b>	<b>2,225.</b>
<b>17</b>	Refundable credits: <b>a</b> EIC (see inst.) <b>1,088.</b> <b>b</b> Sch. 8812 <b>2,680.</b> <b>c</b> Form 8863	<b>17</b>	<b>3,768.</b>
<b>18</b>	Add any amount from Schedule 5	<b>18</b>	<b>5,993.</b>
<b>19</b>	Add lines 16 and 17. These are your total payments	<b>19</b>	<b>4,330.</b>
<b>20a</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>	<b>20a</b>	<b>4,330.</b>
<b>21</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>		
<b>22</b>	<b>a</b> Routing number <b>056001066</b> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>23</b>	<b>d</b> Account number <b>097111622</b>		
<b>24</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b>	<b>24</b>	
<b>25</b>	<b>Amount you owe</b> . Subtract line 18 from line 15. For details on how to pay, see instructions	<b>25</b>	
<b>26</b>	Estimated tax penalty (see instructions)	<b>26</b>	

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

► **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. **01**

Name(s) shown on Form 1040

Airat Aibedullov & Kamila Aibedullova

Your social security number

785-07-4177

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .	<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>10</b>	
	<b>11</b>	Alimony received . . . . .	<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	11,767.
	<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>	0.
	<b>15a</b>	Reserved . . . . .	<b>15b</b>	
	<b>16a</b>	Reserved . . . . .	<b>16b</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 . . . . .	<b>19</b>	
	<b>20a</b>	Reserved . . . . .	<b>20b</b>	
	<b>21</b>	Other income. List type and amount ► . . . . .	<b>21</b>	
	<b>22</b>	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 . . . . .	<b>22</b>	11,767.
<b>Adjustments to Income</b>	<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 for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>	
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>	832.
	<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>	
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ► . . . . .	<b>31a</b>	
	<b>32</b>	IRA deduction . . . . .	<b>32</b>	
	<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>	
	<b>34</b>	Reserved . . . . .	<b>34</b>	
	<b>35</b>	Reserved . . . . .	<b>35</b>	
	<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>	832.

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**

▶ **Attach to Form 1040.**

▶ **Go to *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

Airat Aibedullov & Kamila Aibedullova

Your social security number

785-07-4177

<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>	720 .
	<b>51</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>51</b>	
	<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>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>	720 .

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

REV 12/21/18 TTO

**Schedule 3 (Form 1040) 2018**

**SCHEDULE 4**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Other Taxes**

► **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. **04**

Name(s) shown on Form 1040

Airat Aibedullov & Kamila Aibedullova

Your social security number

785-07-4177

**Other  
Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>57</b>	1,663.
<b>58</b>	Unreported social security and Medicare tax from: Form <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>59</b>	
<b>60a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>60a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) . . . . .	<b>61</b>	0.
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <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 the amounts in the far right column. These are your <b>total other taxes</b> . Enter here and on Form 1040, line 14 . . . . .	<b>64</b>	1,663.

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

REV 12/21/18 TTO

**Schedule 4 (Form 1040) 2018**

**SCHEDULE C**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Profit or Loss From Business**  
(Sole Proprietorship)

► Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **09**

Name of proprietor <b>Airat Aibedullov</b>	Social security number (SSN) <b>785-07-4177</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>AICO LLC</b>	<b>B</b> Enter code from instructions ► <b>9   9   9   9   9   9</b>
<b>C</b> Business name. If no separate business name, leave blank. <b>AICO LLC</b>	<b>D</b> Employer ID number (EIN) (see instr.) <b>8   3   1   7   8   7   9   4   3</b>
<b>E</b> Business address (including suite or room no.) ► <b>5501 Seminary rd, Apt. 2001S</b> City, town or post office, state, and ZIP code <b>FALLS CHURCH, VA 22041</b>	
<b>F</b> Accounting method: <b>(1)</b> <input checked="" type="checkbox"/> Cash <b>(2)</b> <input type="checkbox"/> Accrual <b>(3)</b> <input type="checkbox"/> Other (specify) ►	
<b>G</b> Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>H</b> If you started or acquired this business during 2018, check here . . . . . <input checked="" type="checkbox"/>	
<b>I</b> Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) . . . . . <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>	
<b>J</b> If "Yes," did you or will you file required Forms 1099? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . <input type="checkbox"/>	<b>1</b>	<b>19,725.</b>
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>19,725.</b>
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	<b>19,725.</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . .	<b>7</b>	<b>19,725.</b>

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising . . . . .	<b>8</b>		<b>18</b> Office expense (see instructions)	<b>18</b>	<b>100.</b>
<b>9</b> Car and truck expenses (see instructions). . . . .	<b>9</b>	<b>6,913.</b>	<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion . . . . .	<b>12</b>		<b>b</b> Other business property . . . . .	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .	<b>13</b>	<b>325.</b>	<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	<b>100.</b>
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>16</b> Interest (see instructions):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel . . . . .	<b>24a</b>	
<b>b</b> Other . . . . .	<b>16b</b>		<b>b</b> Deductible meals (see instructions) . . . . .	<b>24b</b>	<b>300.</b>
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities . . . . .	<b>25</b>	<b>220.</b>
<b>18</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	<b>18</b>		<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>		<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>30</b>		<b>b</b> <b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	<b>11,767.</b>			
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.					

**32a** ☐ All investment is at risk.  
**32b** ☐ Some investment is not at risk.

**Part III Cost of Goods Sold** (see instructions)

<b>33</b>	Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . . <b>35</b>
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . . <b>36</b>
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . . <b>37</b>
<b>38</b>	Materials and supplies . . . . . <b>38</b>
<b>39</b>	Other costs . . . . . <b>39</b>
<b>40</b>	Add lines 35 through 39 . . . . . <b>40</b>
<b>41</b>	Inventory at end of year . . . . . <b>41</b>
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . . <b>42</b>

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

<b>43</b>	When did you place your vehicle in service for business purposes? (month, day, year) ▶ .....
<b>44</b>	Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:
<b>a</b>	Business .....
<b>b</b>	Commuting (see instructions) .....
<b>c</b>	Other .....
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>47a</b>	Do you have evidence to support your deduction? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</b>	If "Yes," is the evidence written? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
<b>48</b>	<b>Total other expenses.</b> Enter here and on line 27a . . . . . <b>48</b>



**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

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

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)

Airat Aibedullov

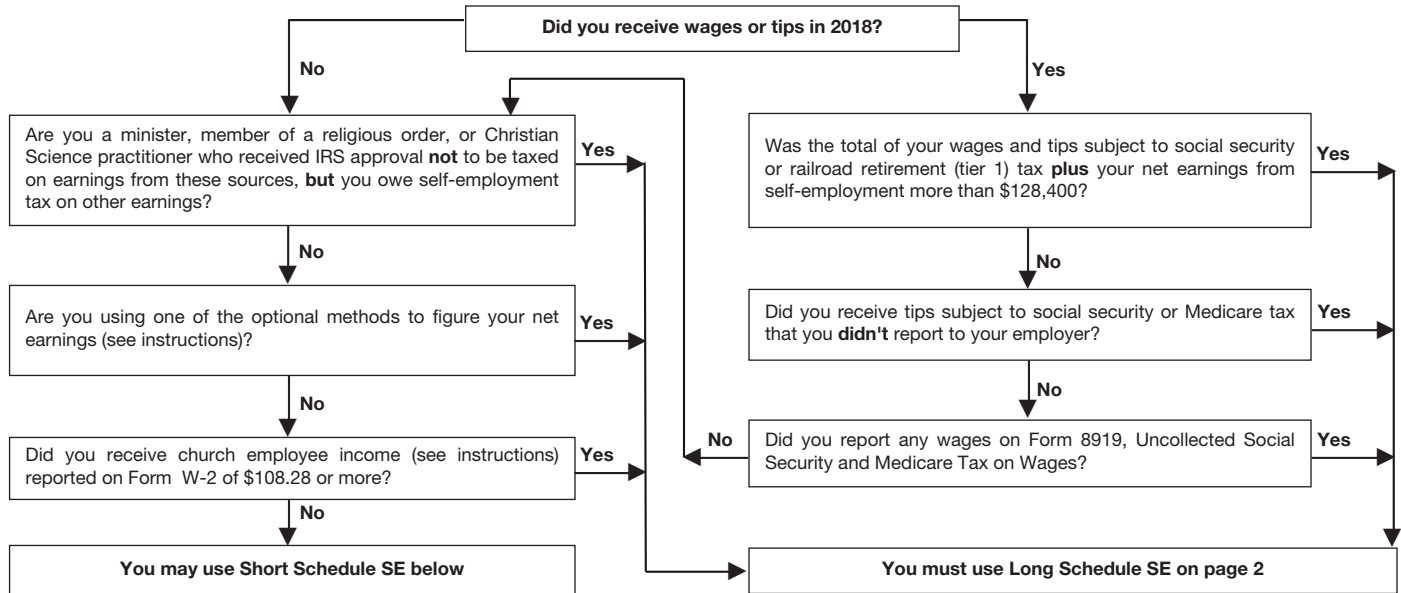
Social security number of person  
with **self-employment** income ►

785-07-4177

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note:** Use this flowchart **only if** you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A—Short Schedule SE. Caution:** Read above to see if you can use Short Schedule SE.

<b>1a</b>	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b>	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH . . . . .	<b>1b</b>	( )
<b>2</b>	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	11,767.
<b>3</b>	Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	11,767.
<b>4</b>	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; <b>don't</b> file this schedule unless you have an amount on line 1b. . . . . ►	<b>4</b>	10,867.
<b>Note:</b>	If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
<b>5</b>	<b>Self-employment tax.</b> If the amount on line 4 is: • \$128,400 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on <b>Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55</b> • More than \$128,400, multiply line 4 by 2.9% (0.029). Then, add \$15,921.60 to the result. Enter the total here and on <b>Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55</b> . . .	<b>5</b>	1,663.
<b>6</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on <b>Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27</b> . . .	<b>6</b>	832.

Form **4797**Department of the Treasury  
Internal Revenue Service**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2018**Attachment  
Sequence No. **27**

Name(s) shown on return

Airat Aibedullov &amp; Kamila Aibedullova

Identifying number

785-07-4177

- 1** Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . .

**1****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

<b>2</b>	<b>(a)</b> Description of property	<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	<b>(d)</b> Gross sales price	<b>(e)</b> Depreciation allowed or allowable since acquisition	<b>(f)</b> Cost or other basis, plus improvements and expense of sale	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)
<b>3</b>	Gain, if any, from Form 4684, line 39 . . . . .						<b>3</b>
<b>4</b>	Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .						<b>4</b>
<b>5</b>	Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .						<b>5</b>
<b>6</b>	Gain, if any, from line 32, from other than casualty or theft . . . . .						<b>6</b>
<b>7</b>	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows . . . . .						<b>7</b>
<b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.  <b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
<b>8</b>	Nonrecaptured net section 1231 losses from prior years. See instructions . . . . .						<b>8</b>
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions . . . . .						<b>9</b>

**Part II Ordinary Gains and Losses** (see instructions)

- 10**
- Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

Hyundai SantaFe	01/01/2018	11/30/2018	0.	1,464.	1,464.	0.					
<b>11</b>	Loss, if any, from line 7 . . . . .					<b>11</b> ( )					
<b>12</b>	Gain, if any, from line 7 or amount from line 8, if applicable . . . . .					<b>12</b>					
<b>13</b>	Gain, if any, from line 31 . . . . .					<b>13</b>					
<b>14</b>	Net gain or (loss) from Form 4684, lines 31 and 38a . . . . .					<b>14</b>					
<b>15</b>	Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .					<b>15</b>					
<b>16</b>	Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .					<b>16</b>					
<b>17</b>	Combine lines 10 through 16 . . . . .					<b>17</b> 0.					
<b>18</b>	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.										
<b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions . . . . .						<b>18a</b>					
<b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14						<b>18b</b> 0.					

For Paperwork Reduction Act Notice, see separate instructions.

BAA

REV 12/22/18 TTO

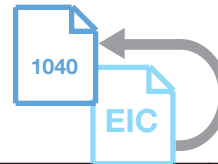
Form **4797** (2018)

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

Name(s) shown on return

**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**

Airat Aibedullov &amp; Kamila Aibedullova

785-07-4177

**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**

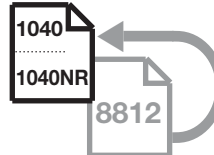
<b>1 Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name Malik Aibedullov	First name Last name Ailin Aibedullove	First name Last name
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions 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.	391-39-5185	144-79-9466	
<b>3 Child's year of birth</b>	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 <u>2</u> <u>0</u> <u>1</u> <u>6</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. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>
<b>b</b> Was the child permanently and totally disabled during any part of 2018?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Son	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

Airat Aibedullov & Kamila Aibedullova

Your social security number

785-07-4177

**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>	1,320.
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop here;</b> you cannot claim this credit . . . . .	<b>3</b>	2,680.
<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>4</b>	2,800.
<b>5</b>	Enter the <b>smaller</b> of line 3 or line 4 . . . . .	<b>5</b>	2,680.
<b>6a</b>	Earned income (see separate instructions) . . . . .	<b>6a</b>	46,342.
<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>	43,842.
<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>	6,576.

**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>	2,680.
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Enter this amount on  
Form 1040, line 17b, or  
Form 1040NR, line 64.

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

▶ Attach to Form 1040.

▶ Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

Your social security number

Airat Aibedullov &amp; Kamila Aibedullova

785-07-4177

*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

<b>1</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . . .	<b>1</b>	
<b>2</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	<b>2</b>	
<b>3</b>	Enter the amount from Form 1040, line 7. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>3</b>	
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .	<b>4</b>	
<b>5</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>5</b>	
<b>6</b>	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	
<b>7</b>	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box . . . . . ▶ <input type="checkbox"/>	<b>7</b>	
<b>8</b>	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040, line 17c. Then go to line 9 below . . . . .	<b>8</b>	

**Part II Nonrefundable Education Credits**

<b>9</b>	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	<b>9</b>	
<b>10</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .	<b>10</b>	3,600.
<b>11</b>	Enter the smaller of line 10 or \$10,000 . . . . .	<b>11</b>	3,600.
<b>12</b>	Multiply line 11 by 20% (0.20) . . . . .	<b>12</b>	720.
<b>13</b>	Enter: \$134,000 if married filing jointly; \$67,000 if single, head of household, or qualifying widow(er) . . . . .	<b>13</b>	134,000.
<b>14</b>	Enter the amount from Form 1040, line 7. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>14</b>	46,342.
<b>15</b>	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .	<b>15</b>	87,658.
<b>16</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>16</b>	20,000.
<b>17</b>	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>17</b>	1.000
<b>18</b>	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	<b>18</b>	720.
<b>19</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 50 . . . . .	<b>19</b>	720.

Name(s) shown on return

Airat Aibedullov &amp; Kamila Aibedullova

Your social security number

785-07-4177



**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

<b>20</b> Student name (as shown on page 1 of your tax return) Airat Aibedullov	<b>21</b> Student social security number (as shown on page 1 of your tax return) <div style="text-align: right;">785-07-4177</div>
<b>22</b> Educational institution information (see instructions)	
<b>a.</b> Name of first educational institution PeopleNTech  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1604 Spring Hill Rd #302 Vienna VA 22182  <b>(2)</b> Did the student receive Form 1098-T from this institution for 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>(3)</b> Did the student receive Form 1098-T from this institution for 2017 with box <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2 filled in and box 7 checked?  <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.	<b>b.</b> Name of second educational institution (if any)  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.  <b>(2)</b> Did the student receive Form 1098-T from this institution for 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>(3)</b> Did the student receive Form 1098-T from this institution for 2017 with box <input type="checkbox"/> Yes <input type="checkbox"/> No 2 filled in and box 7 checked?  <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.
<b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2018? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
<b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2018 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input type="checkbox"/> Yes — Go to line 25. <input checked="" type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.	
<b>25</b> Did the student complete the first 4 years of postsecondary education before 2018? See instructions. <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.	
<b>26</b> Was the student convicted, before the end of 2018, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.	



**You *can't* take the American opportunity credit and the lifetime learning credit for the *same student* in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .	<b>27</b>
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>
<b>29</b> Multiply line 28 by 25% (0.25) . . . . .	<b>29</b>
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . .	<b>30</b>

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>
	3,600.



**Health Coverage Exemptions**

▶ Attach to Form 1040.

▶ Go to [www.irs.gov/Form8965](http://www.irs.gov/Form8965) for instructions and the latest information.

Name as shown on return

Airat Aibedullov &amp; Kamila Aibedullova

Your social security number

785-07-4177

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

**Part I**

**Marketplace-Granted Coverage Exemptions for Individuals.** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

**Part II****Coverage Exemptions Claimed on Your Return for Your Household**

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here ☐

**Part III**

**Coverage Exemptions Claimed on Your Return for Individuals.** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	Airat Aibedullov	785-07-4177	A		×	×							×	×	×	×
9	Kamila Aibedullova	810-70-4608	A		×	×						×	×	×	×	×
10																
11																
12																
13																

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2018**Attachment  
Sequence No. **179**

Name(s) shown on return

Airat Aibedullov &amp; Kamila Aibedullova

Business or activity to which this form relates

Sch C AICO LLC

Identifying number

785-07-4177

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

<b>1</b> Maximum amount (see instructions)	<b>1</b>	1,000,000.
<b>2</b> Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b> Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	2,500,000.
<b>4</b> Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b> Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b> (a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b> Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b> Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	
<b>10</b> Carryover of disallowed deduction from line 13 of your 2017 Form 4562	<b>10</b>	
<b>11</b> Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	<b>11</b>	
<b>12</b> Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	
<b>13</b> Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ▶	<b>13</b>	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

<b>14</b> Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	<b>14</b>	325.
<b>15</b> Property subject to section 168(f)(1) election	<b>15</b>	
<b>16</b> Other depreciation (including ACRS)	<b>16</b>	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

<b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2018	<b>17</b>	
<b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 30-year			30 yrs.	MM	S/L	
<b>d</b> 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

<b>21</b> Listed property. Enter amount from line 28	<b>21</b>	
<b>22</b> <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	<b>22</b>	325.
<b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	



**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		<b>24b</b> If "Yes," is the evidence written? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
Hyundai Elantra	12/01/2018	100.00 %						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
Hyundai SantaFe	01/01/2018	29.28 %				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .							<b>29</b>	

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) .	7,320	3,574				
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven . . . . .	17,680	0				
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .	25,000	3,574				
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	X	X				
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . .	X	X				
<b>36</b> Is another vehicle available for personal use?	X	X				

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions. . . . .		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2018 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2018 tax year . . . . .					<b>43</b>
<b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>

# Electronic Filing Instructions for your 2018 Virginia Tax Return

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



Airat Aibedullov & Kamila Aibedullova  
5501 Seminary rd  
FALLS CHURCH, VA 22041

<b>Balance Due/Refund</b>	Your Virginia state tax return (Form 760) shows a balance due of \$508.00.		
	Your return shows you have elected to pay your balance due of \$508.00 by Direct Debit using the following information:		
	- Amount Withdrawn:	\$508.00	
	- Account Number:	097111622	
	- Routing Transit Number:	056001066	
	- Date of Withdrawal:	02/15/2019	
<b>No Signature Document Needed</b>	No signature form is required since you signed your return electronically.		
<b>What You Need to Keep</b>	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
<b>2018 Virginia Tax Return Summary</b>	Taxable Income	\$	36,935.00
	Total Tax	\$	1,699.00
	Total Payments/Credits	\$	1,191.00
	Payment Due	\$	508.00
<b>Estimated Payments to Make for Next Year's Return</b>	Virginia Estimated Payment Vouchers for 2019 - Do not mail the following vouchers (Form 760ES/CG) with your 2018 income tax return. These vouchers are used to prepay your 2019 income taxes that will be filed next year.		
	Mail payments according to the schedule below:		
	Voucher Number	Due Date	Amount
	1	05/01/2019	\$ 127.00
	2	06/15/2019	\$ 127.00
	3	09/15/2019	\$ 127.00
	4	01/15/2020	\$ 127.00
	Include a separate check or money order for each payment, payable to "Virginia Department of Taxation". Write your social security number and "Form VA 760ES" on each check.		

Electronic Filing Instructions for your 2018 Virginia Tax Return

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



Airat Aibedullov & Kamila Aibedullova  
5501 Seminary rd  
FALLS CHURCH, VA 22041

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**Estimated  
Payments to  
Make for Next  
Year's Return  
(Continued)**

Mail your FIRST PAYMENT to:  
Director of Tax Administration  
P.O. Box 1478  
Richmond, VA 23218-1478

Mail your THREE REMAINING PAYMENTS to:  
Director of Tax Administration  
P.O. Box 1478  
Richmond, VA 23218-1478

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Mail 760ES Voucher 1 To:

Director of Tax Administration, P.O. Box 1478, Richmond, VA 23218-1478

— Cut Here —

**2019 FORM 760ES - Voucher 1**  
**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

CALENDAR YEAR FILERS DUE: 05-01-19

- ☐ Check if this is a new address.  
☒ Check here if this is your first payment for  
this taxable year.

FISCAL YEAR FILERS: BEGINNING MONTH:

REV 11/16/18 TTO 1555

LOCALITY NO.	FOR OFFICE USE
059	

7850741772 7621555 119059 059

Your Social Security Number (SSN)

785074177

Spouses SSN (if filing a joint return)

810704608

AIRAT AIBEDULLOV

KAMILA AIBEDULLOVA

5501 SEMINARY RD APT # 2001S

FALLS CHURCH

VA 22041

Daytime Phone Number 571-645-0138

Mail your voucher and payment to the Virginia Department of  
Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see  
pages 7-8 and use the address listed for the city or county  
where you intend to file.

If you file with the Department, make your check payable to  
the Department of Taxation. If you file locally, make your check  
payable to your local Treasurer.

**Amount of payment**

**127.00**

Mail 760ES Voucher 2 To:

Director of Tax Administration, P.O. Box 1478, Richmond, VA 23218-1478

— Cut Here —

**2019 FORM 760ES - Voucher 2**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

CALENDAR YEAR FILERS DUE: 06-15-19

- ☐ Check if this is a new address.  
☐ Check here if this is your first payment for  
this taxable year.

FISCAL YEAR FILERS: BEGINNING MONTH:

REV 11/16/18 TTO 1555

LOCALITY NO.

059

FOR OFFICE USE

7850741772 7621555 119067 059

Your Social Security Number (SSN)

785074177

Spouses SSN (if filing a joint return)

810704608

AIRAT AIBEDULLOV

KAMILA AIBEDULLOVA

5501 SEMINARY RD APT # 2001S

FALLS CHURCH

VA 22041

Daytime Phone Number 571-645-0138

Mail your voucher and payment to the Virginia Department of  
Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see  
pages 7-8 and use the address listed for the city or county  
where you intend to file.

If you file with the Department, make your check payable to  
the Department of Taxation. If you file locally, make your check  
payable to your local Treasurer.

**Amount of payment**

**127.00**

Mail 760ES Voucher 3 To:

Director of Tax Administration, P.O. Box 1478, Richmond, VA 23218-1478

— Cut Here —

**2019 FORM 760ES - Voucher 3**  
**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

CALENDAR YEAR FILERS DUE: 09-15-19

- ☐ Check if this is a new address.  
☐ Check here if this is your first payment for  
this taxable year.

FISCAL YEAR FILERS: BEGINNING MONTH:

REV 11/16/18 TTO 1555

LOCALITY NO.	FOR OFFICE USE
059	

7850741772 7621555 119091 059

Your Social Security Number (SSN)

785074177

Spouses SSN (if filing a joint return)

810704608

AIRAT AIBEDULLOV

KAMILA AIBEDULLOVA

5501 SEMINARY RD APT # 2001S

FALLS CHURCH

VA 22041

Daytime Phone Number 571-645-0138

Mail your voucher and payment to the Virginia Department of  
Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see  
pages 7-8 and use the address listed for the city or county  
where you intend to file.

If you file with the Department, make your check payable to  
the Department of Taxation. If you file locally, make your check  
payable to your local Treasurer.

**Amount of payment**

**127.00**

Mail 760ES Voucher 4 To:

Director of Tax Administration, P.O. Box 1478, Richmond, VA 23218-1478

— Cut Here —

**2019 FORM 760ES - Voucher 4**  
**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

CALENDAR YEAR FILERS DUE: 01-15-20

- ☐ Check if this is a new address.  
☐ Check here if this is your first payment for  
this taxable year.

FISCAL YEAR FILERS: BEGINNING MONTH:

REV 11/16/18 TTO 1555

LOCALITY NO.	FOR OFFICE USE
059	

7850741772 7621555 120014 059

Your Social Security Number (SSN)

785074177

AIRAT AIBEDULLOV

KAMILA AIBEDULLOVA

5501 SEMINARY RD APT # 2001S

FALLS CHURCH

Spouses SSN (if filing a joint return)

810704608

VA 22041

Daytime Phone Number 571-645-0138

Mail your voucher and payment to the Virginia Department of  
Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see  
pages 7-8 and use the address listed for the city or county  
where you intend to file.

If you file with the Department, make your check payable to  
the Department of Taxation. If you file locally, make your check  
payable to your local Treasurer.

**Amount of payment**

**127.00**



AIRAT AIBEDULLOV  
KAMILA AIBEDULLOVA  
5501 SEMINARY RD APT 2001S

FALLS CHURCH VA 22041

SSN - You	┌	AIBE	785074177	Vendor ID	1555	XXXXXX	┐
SSN - Spouse		AIBE	810704608				
Fed Adj Gross Income (FAGI)	1.		46342.	Withholding (VA) - You	20A.		797.
Additions	2.		313.	Withholding (VA) - Spouse	20B.		176.
Subtotal	3.		46655.	Estimated Payments	21.		
Age Deduction - You	4A.			2017 Overpayment	22.		
Age Deduction - Spouse	4B.			Extension Payments	23.		
Soc Sec & Tier 1 Railroad	5.			Credit - Low-Income or EIC	24.		218.
State Income Tax Overpayment	6.			Credit - Schedule OSC	25.		
Subtractions	7.			Reserved for Future Use	26.		
Subtotal Subtractions	8.			Credits - Schedule CR	27.		
Total VA Adj Gross Income (VAGI)	9.		46655.	Total Payments / Credits	28.		1191.
Itemized Deductions - VA Sch. A	10.			Tax You Owe	29.		508.
State / Local Income Tax - VA Sch. A	11.			Tax Overpayment	30.		
Standard / Itemized Deductions	12.		6000.	Overpayment Credited to Next Year	31.		
Exemptions	13.		3720.	VAC - Virginia 529 / ABLEnow	32.		
Deductions	14.			VAC - Other Contributions	33.		
Subtotal (Deductions & Exemptions)	15.		9720.	Addition to Tax, Penalty & Interest	34.		
VA Taxable Income	16.		36935.	Sales and Use Tax	35.		
Amount of Tax	17.		1866.	<b>Amount You Owe</b>			508.
Spouse Tax Adjustment (STA)	18.		167.	Will Pay by Credit/Debit Card	IN		
VAGI - Spouse	18A.		5968.	<b>Your Refund</b>		┐	
Net Amount of Tax	└		1699.	Bank Routing #			
	19.			Bank Account #			





## Filing Status, Age &amp; License Information

Filing Status 2

Federal Head of Household

DOB - You 01031978

VA Driver's License ID - You C69662833

VA Driver's License - Iss. Date - You 07052018

Spouse Name (Filing Status 3 Only)

DOB - Spouse 03271979

VA Driver's License ID - Spouse E69651887

VA Driver's License - Iss. Date - Spouse 06092018

## Exemptions (A)

You 1

Spouse 1

Dependents 2

Total (A) 4

## Exemptions (B)

65 & Over - You

65 & Over - Spouse

Blind - You

Blind - Spouse

Total (B)

## Additional Filing Information

Locality 059

Name or Filing Status Change

Address Change

VA Return Not Filed Last Year

Dependent on Another's Return

Farmer / Fisherman / Merchant Seaman

Amended

NOL

Overseas on Due Date

Federal EIC & Amount 1088 . X

Deceased Indicator

No Sales & Use Tax Due Indicator X

Refund - Direct Bank Deposit

Refund - Check

Obtain Electronic 1099G

ID Theft PIN

## Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You \_\_\_\_\_ Date

Phone - You 5716450138

Signature - Spouse \_\_\_\_\_ Date

Phone - Spouse

Signature - Preparer SELF - PREPARED Date

Phone - Preparer

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information 7

**File by May 1, 2019**

Include Page 1, Page 2 and all  
supporting 760CG documents.



**Additions**

Interest on obligations (other state)	1.	
Other Additions		
Fixed Date Conformity	2A.	313 .
	2B.	
	2C.	
Total Additions	3.	313 .

**Low-Income Credit or VA EIC (con't)**

Total Exemptions	11.	4
# of Personal Exemptions	12.	0
Total Exemptions Amount or \$0	13.	0 .
Federal EIC	14.	1088 .
20% of Line 14	15.	218 .
Greater of Line 13 or Line 15	16.	218 .
Credit	17.	218 .

**Subtractions**

Income (US obligations / securities)	4.
Disability Income (wages) - You	5A.
Disability Income (wages) - Spouse	5B.
Other Subtractions	
Fixed Date Conformity	6A.
6B.	Code
6C.	Code
6D.	Code
Total Subtractions	7.

**Addition to Tax, Penalty & Interest**

Addition to Tax	18.
Form 760C Addition	
Form 760F Addition	
Penalty	19.
Late Filing Penalty	
Extension Penalty	
Interest	20.
Total Adjustments	21.

**Deductions**

8A.  
8B.  
8C.

Total Deductions 9.

Claiming More Adjustments - Schedule ADJS

**Low-Income Credit or VA EIC**

Family	Name	SSN	VAGI
You	AIRAT AIBEDULL	785074177	40687 .
Spouse	KAMILA AIBEDUL	810704608	5968 .
Dependent	MALIK AIBEDULL	391395185	0 .
Dependent	AILIN AIBEDULL	144799466	0 .
Total Family VAGI		10.	46655 .

**2018 Schedule INC/CG**

785074177

Report all W-2s, 1099s &amp; VK-1s with VA Withholding



AIRAT

AIBEDULLOV

KAMILA

AIBEDULLOVA

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
785074177	W	568.	455134831	30455134831F001	12103.
785074177	W	229.	721592911	30721592911F001	5759.
810704608	W	176.	043294200	30043294200F001	4996.

Total VA Withholding	SSN	VA Withholding
You	785074177	797.
Spouse	810704608	176.

Total # of W-2s, 1099s &amp; VK-1s 03

**To avoid delays - be sure to enter all information, including the Employer's FEIN.**

# 2018 Schedule FED/CG

AIRAT AIBEDULLOV  
KAMILA AIBEDULLOVA  
5501 SEMINARY RD APT 2001S



FALLS CHURCH

VA 22041

785074177

810704608

059

## SCHEDULE C, SCHEDULE C-EZ and/or SCHEDULE F INFORMATION

1. Schedule Name	First Schedule Info.	C	Second Schedule Info.
2. Gross Receipts or Sales	19725 .		
3. Depreciation/Expense Deduction	325 .		
4. Business Activity Code	999999		
5. Business Locality Code	059		
6. Car & truck expenses	6913 .		
7. Inventory at end of year			
8. # of miles you used your vehicle for: <b>Business</b>	3574		
9. # of miles you used your vehicle for: <b>Commuting</b>			
10. # of miles you used your vehicle for: <b>Other</b>	0		

## SCHEDULE 2106 and/or SCHEDULE 2106-EZ INFORMATION

11. # of miles you used your vehicle for: **Business**

12. # of miles you used your vehicle for: **Commuting**

13. # of miles you used your vehicle for: **Other**

14. % of business use of vehicle: **Vehicle 1**

15. % of business use of vehicle: **Vehicle 2**

## SCHEDULE 4562 INFORMATION

16. Property Used more than 50% in qualified business  
Type of Property HYUNDAI ELANT

17. Date placed in service 120118

18. Business/Investment Use % 100 . 00

19. Cost or other basis

20. Depreciation Deduction

21. Elected Section 179 Cost

22. Business Locality Code 059

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

Your first name and initial: **Airat** Last name: **Aibedullo** Your social security number: **785-07-4177**

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: **Kamila** Last name: **Aibedullova** Spouse's social security number: **810-70-4608**

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. **5501 Seminary rd** Apt. no. **2001S** 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. **FALLS CHURCH VA 22041** 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
Malik	Aibedullo	391-39-5185	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ailin	Aibedullove	144-79-9466	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: \_\_\_\_\_ Date: \_\_\_\_\_ Your occupation: **Sales**

Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date: \_\_\_\_\_ Spouse's occupation: **Retail Sales Associate**

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)

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	<b>35,407.</b>
<b>2a</b>	Tax-exempt interest	<b>2b</b>	
<b>3a</b>	Qualified dividends	<b>3b</b>	
<b>4a</b>	IRAs, pensions, and annuities	<b>4b</b>	
<b>5a</b>	Social security benefits	<b>5b</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>6</b>	<b>47,174.</b>
<b>7</b>	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	<b>7</b>	<b>46,342.</b>
<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>8</b>	<b>24,000.</b>
<b>9</b>	Qualified business income deduction (see instructions)	<b>9</b>	<b>2,187.</b>
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b>	<b>20,155.</b>
<b>11</b>	<b>a</b> Tax (see inst.) <b>2,040.</b> (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"/> ) <b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>	<b>11</b>	<b>2,040.</b>
<b>12</b>	<b>a</b> Child tax credit/credit for other dependents <b>1,320.</b> <b>b</b> Add any amount from Schedule 3 and check here <input checked="" type="checkbox"/>	<b>12</b>	<b>2,040.</b>
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b>	<b>0.</b>
<b>14</b>	Other taxes. Attach Schedule 4	<b>14</b>	<b>1,663.</b>
<b>15</b>	Total tax. Add lines 13 and 14	<b>15</b>	<b>1,663.</b>
<b>16</b>	Federal income tax withheld from Forms W-2 and 1099	<b>16</b>	<b>2,225.</b>
<b>17</b>	Refundable credits: <b>a</b> EIC (see inst.) <b>1,088.</b> <b>b</b> Sch. 8812 <b>2,680.</b> <b>c</b> Form 8863 <b>Add any amount from Schedule 5</b>	<b>17</b>	<b>3,768.</b>
<b>18</b>	Add lines 16 and 17. These are your total payments	<b>18</b>	<b>5,993.</b>
<b>19</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>	<b>19</b>	<b>4,330.</b>
<b>20a</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>20a</b>	<b>4,330.</b>
<b>▶ b</b>	Routing number <b>0 5 6 0 0 1 0 6 6</b> <b>▶ c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>▶ d</b>	Account number <b>0 9 7 1 1 1 6 2 2</b>		
<b>21</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b>	<b>21</b>	
<b>Amount You Owe</b>	<b>22</b> <b>Amount you owe.</b> Subtract line 18 from line 15. For details on how to pay, see instructions	<b>22</b>	
	<b>23</b> Estimated tax penalty (see instructions)	<b>23</b>	

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

► **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. **01**

Name(s) shown on Form 1040

Airat Aibedullov & Kamila Aibedullova

Your social security number

785-07-4177

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .		<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .		<b>10</b>	
	<b>11</b>	Alimony received . . . . .		<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .		<b>12</b>	11,767.
	<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>	0.
	<b>15a</b>	Reserved . . . . .		<b>15b</b>	
	<b>16a</b>	Reserved . . . . .		<b>16b</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 . . . . .		<b>19</b>	
	<b>20a</b>	Reserved . . . . .		<b>20b</b>	
	<b>21</b>	Other income. List type and amount ► _____		<b>21</b>	
	<b>22</b>	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 . .		<b>22</b>	11,767.
<b>Adjustments to Income</b>	<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 for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>		
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE	<b>27</b>	832.	
	<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>		
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ► _____	<b>31a</b>		
	<b>32</b>	IRA deduction . . . . .	<b>32</b>		
	<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>		
	<b>34</b>	Reserved . . . . .	<b>34</b>		
	<b>35</b>	Reserved . . . . .	<b>35</b>		
	<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>		832.

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

Schedule 1 (Form 1040) 2018

REV 12/21/18 TTO

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

Department of the Treasury  
Internal Revenue Service

**Nonrefundable Credits**

▶ **Attach to Form 1040.**

▶ **Go to *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

Airat Aibedullov & Kamila Aibedullova

Your social security number

785-07-4177

<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>	720.
	<b>51</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>51</b>	
	<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>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>	720.

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

REV 12/21/18 TTO

**Schedule 3 (Form 1040) 2018**

**SCHEDULE 4**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Other Taxes**

► **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. **04**

Name(s) shown on Form 1040

Airat Aibedullov & Kamila Aibedullova

Your social security number

785-07-4177

**Other  
Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>57</b>	1,663.
<b>58</b>	Unreported social security and Medicare tax from: Form <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>59</b>	
<b>60a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>60a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>60b</b>	
<b>61</b>	Health care: individual responsibility (see instructions) . . . . .	<b>61</b>	0.
<b>62</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <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 the amounts in the far right column. These are your <b>total other taxes</b> . Enter here and on Form 1040, line 14 . . . . .	<b>64</b>	1,663.

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

REV 12/21/18 TTO

**Schedule 4 (Form 1040) 2018**



**SCHEDULE C  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Profit or Loss From Business**  
(Sole Proprietorship)

► Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **09**

Name of proprietor <b>Airat Aibedullov</b>	Social security number (SSN) <b>785-07-4177</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>AICO LLC</b>	<b>B</b> Enter code from instructions ► <b>9   9   9   9   9   9</b>
<b>C</b> Business name. If no separate business name, leave blank. <b>AICO LLC</b>	<b>D</b> Employer ID number (EIN) (see instr.) <b>8   3   1   7   8   7   9   4   3</b>
<b>E</b> Business address (including suite or room no.) ► <b>5501 Seminary rd, Apt. 2001S</b> City, town or post office, state, and ZIP code <b>FALLS CHURCH, VA 22041</b>	
<b>F</b> Accounting method: <b>(1)</b> <input checked="" type="checkbox"/> Cash <b>(2)</b> <input type="checkbox"/> Accrual <b>(3)</b> <input type="checkbox"/> Other (specify) ►	
<b>G</b> Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>H</b> If you started or acquired this business during 2018, check here . <input checked="" type="checkbox"/>	
<b>I</b> Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) . <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>	
<b>J</b> If "Yes," did you or will you file required Forms 1099? . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . ► <input type="checkbox"/>	<b>1</b>	<b>19,725.</b>
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	<b>19,725.</b>
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	<b>19,725.</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . . ►	<b>7</b>	<b>19,725.</b>

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising . . . . .	<b>8</b>		<b>18</b> Office expense (see instructions)	<b>18</b>	<b>100.</b>
<b>9</b> Car and truck expenses (see instructions). . . . .	<b>9</b>	<b>6,913.</b>	<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion . . . . .	<b>12</b>		<b>b</b> Other business property . . . . .	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .	<b>13</b>	<b>325.</b>	<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	<b>100.</b>
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>16</b> Interest (see instructions):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel . . . . .	<b>24a</b>	
<b>b</b> Other . . . . .	<b>16b</b>		<b>b</b> Deductible meals (see instructions) . . . . .	<b>24b</b>	<b>300.</b>
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities . . . . .	<b>25</b>	<b>220.</b>
<b>18</b> Office expense (see instructions)	<b>18</b>		<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>		<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	
<b>20</b> Rent or lease (see instructions):			<b>b</b> <b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>				
<b>b</b> Other business property . . . . .	<b>20b</b>				
<b>21</b> Repairs and maintenance . . . . .	<b>21</b>				
<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	<b>100.</b>			
<b>23</b> Taxes and licenses . . . . .	<b>23</b>				
<b>24</b> Travel and meals:					
<b>a</b> Travel . . . . .	<b>24a</b>				
<b>b</b> Deductible meals (see instructions) . . . . .	<b>24b</b>	<b>300.</b>			
<b>25</b> Utilities . . . . .	<b>25</b>	<b>220.</b>			
<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>				
<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>				
<b>b</b> <b>Reserved for future use</b> . . . . .	<b>27b</b>				
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . . ►	<b>28</b>	<b>7,958.</b>			
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>	<b>11,767.</b>			
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>30</b>				
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	<b>11,767.</b>			
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			<b>32a</b> <input type="checkbox"/> All investment is at risk. <b>32b</b> <input type="checkbox"/> Some investment is not at risk.		

**Part III Cost of Goods Sold** (see instructions)

<b>33</b>	Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . . <b>35</b>
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . . <b>36</b>
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . . <b>37</b>
<b>38</b>	Materials and supplies . . . . . <b>38</b>
<b>39</b>	Other costs . . . . . <b>39</b>
<b>40</b>	Add lines 35 through 39 . . . . . <b>40</b>
<b>41</b>	Inventory at end of year . . . . . <b>41</b>
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . . <b>42</b>

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

<b>43</b>	When did you place your vehicle in service for business purposes? (month, day, year) ▶ .....
<b>44</b>	Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:
<b>a</b>	Business .....
<b>b</b>	Commuting (see instructions) .....
<b>c</b>	Other .....
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>47a</b>	Do you have evidence to support your deduction? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</b>	If "Yes," is the evidence written? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
<b>48</b>	<b>Total other expenses.</b> Enter here and on line 27a . . . . . <b>48</b>

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2018**Attachment  
Sequence No. **179**

Name(s) shown on return

Airat Aibedullov &amp; Kamila Aibedullova

Business or activity to which this form relates

Sch C AICO LLC

Identifying number

785-07-4177

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 ▶	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	325.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	325.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		<b>24b</b> If "Yes," is the evidence written? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
Hyundai Elantra	12/01/2018	100.00 %						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
Hyundai SantaFe	01/01/2018	29.28 %				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .							<b>29</b>	

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year ( <b>don't</b> include commuting miles) .	7,320	3,574				
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven . . . . .	17,680	0				
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .	25,000	3,574				
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	<b>Yes</b> X	<b>No</b> X	<b>Yes</b> X	<b>No</b> X	<b>Yes</b> X	<b>No</b> X
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . .	X	X	X	X	X	X
<b>36</b> Is another vehicle available for personal use?	X	X	X	X	X	X

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	<b>Yes</b>	<b>No</b>
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions. . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2018 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2018 tax year . . . . .					<b>43</b>
<b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>

**SCHEDULE SE**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

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

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)

Airat Aibedullov

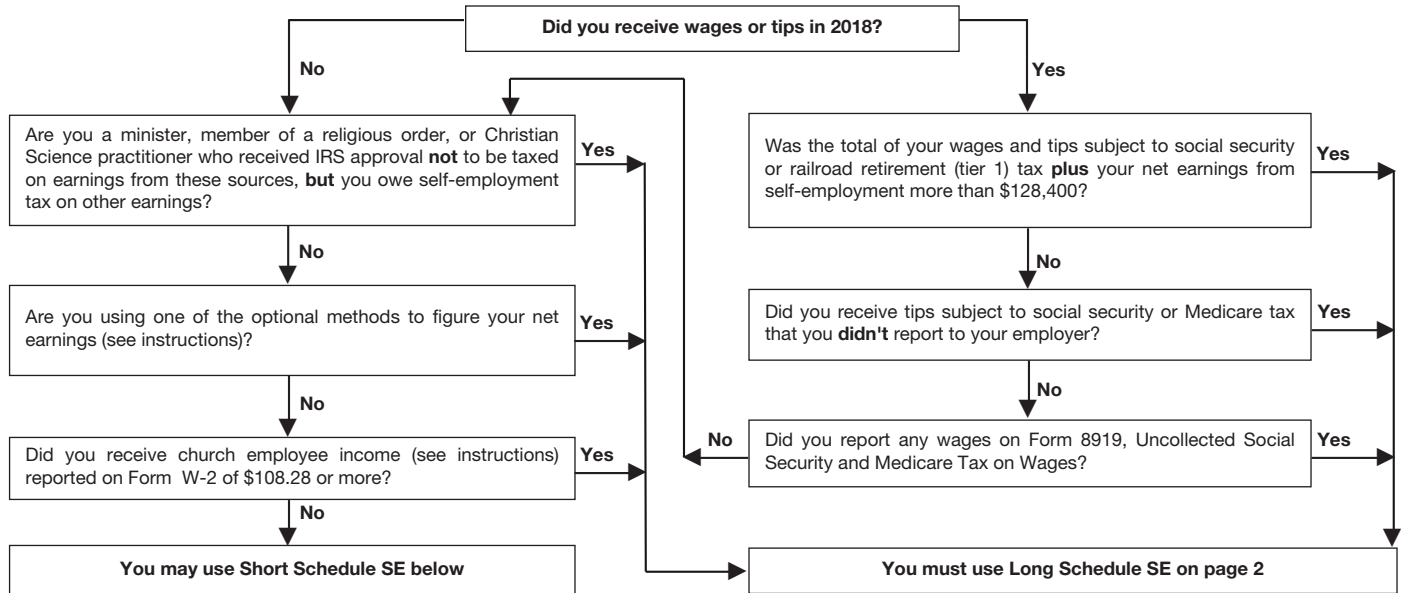
Social security number of person  
with **self-employment** income ►

785-07-4177

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note:** Use this flowchart **only if** you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A—Short Schedule SE. Caution:** Read above to see if you can use Short Schedule SE.

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH . . . . .	<b>1b</b>	( )
<b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	11,767.
<b>3</b> Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	11,767.
<b>4</b> Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; <b>don't</b> file this schedule unless you have an amount on line 1b. . . . . ►	<b>4</b>	10,867.
<b>Note:</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
<b>5 Self-employment tax.</b> If the amount on line 4 is: • \$128,400 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on <b>Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55</b> • More than \$128,400, multiply line 4 by 2.9% (0.029). Then, add \$15,921.60 to the result. Enter the total here and on <b>Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55</b> . . . . .	<b>5</b>	1,663.
<b>6 Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on <b>Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27</b> . . . . .	<b>6</b>	832.

Form **4797**Department of the Treasury  
Internal Revenue Service**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2018**Attachment  
Sequence No. **27**

Name(s) shown on return

Airat Aibedullov &amp; Kamila Aibedullova

Identifying number

785-07-4177

- 1** Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . .

**1****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

<b>2</b>	<b>(a)</b> Description of property	<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	<b>(d)</b> Gross sales price	<b>(e)</b> Depreciation allowed or allowable since acquisition	<b>(f)</b> Cost or other basis, plus improvements and expense of sale	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)
<b>3</b>	Gain, if any, from Form 4684, line 39 . . . . .						<b>3</b>
<b>4</b>	Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .						<b>4</b>
<b>5</b>	Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .						<b>5</b>
<b>6</b>	Gain, if any, from line 32, from other than casualty or theft . . . . .						<b>6</b>
<b>7</b>	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows . . . . .						<b>7</b>
<b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.  <b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
<b>8</b>	Nonrecaptured net section 1231 losses from prior years. See instructions . . . . .						<b>8</b>
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions . . . . .						<b>9</b>

**Part II Ordinary Gains and Losses** (see instructions)

- 10**
- Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

Hyundai SantaFe	01/01/2018	11/30/2018	0.	1,464.	1,464.	0.					
<b>11</b>	Loss, if any, from line 7 . . . . .					<b>11</b> ( )					
<b>12</b>	Gain, if any, from line 7 or amount from line 8, if applicable . . . . .					<b>12</b>					
<b>13</b>	Gain, if any, from line 31 . . . . .					<b>13</b>					
<b>14</b>	Net gain or (loss) from Form 4684, lines 31 and 38a . . . . .					<b>14</b>					
<b>15</b>	Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .					<b>15</b>					
<b>16</b>	Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .					<b>16</b>					
<b>17</b>	Combine lines 10 through 16 . . . . .					<b>17</b> 0.					
<b>18</b>	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.										
<b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions . . . . .						<b>18a</b>					
<b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14						<b>18b</b> 0.					

For Paperwork Reduction Act Notice, see separate instructions.

BAA

REV 12/22/18 TTO

Form **4797** (2018)

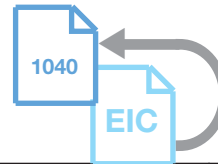


**SCHEDULE EIC**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**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**

Airat Aibedullova &amp; Kamila Aibedullova

785-07-4177

**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**

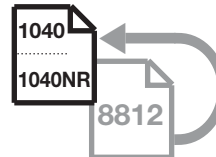
<b>1 Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name Malik Aibedullova	First name Last name Ailin Aibedullova	First name Last name
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions 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.	391-39-5185	144-79-9466	
<b>3 Child's year of birth</b>	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 <u>2</u> <u>0</u> <u>1</u> <u>6</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. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>
<b>b</b> Was the child permanently and totally disabled during any part of 2018?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Son	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

Airat Aibedullov & Kamila Aibedullova

Your social security number

785-07-4177

**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>	1,320.
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop here;</b> you cannot claim this credit . . . . .	<b>3</b>	2,680.
<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>4</b>	2,800.
<b>5</b>	Enter the <b>smaller</b> of line 3 or line 4 . . . . .	<b>5</b>	2,680.
<b>6a</b>	Earned income (see separate instructions) . . . . . <b>6a</b> 46,342.		
<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> 43,842.		
<b>8</b>	Multiply the amount on line 7 by 15% (0.15) and enter the result . . . . . <b>8</b> 6,576. <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.		

**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>	2,680.
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Enter this amount on  
Form 1040, line 17b, or  
Form 1040NR, line 64.



**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

▶ Attach to Form 1040.

▶ Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **50**

Your social security number

Airat Aibedullov &amp; Kamila Aibedullova

785-07-4177

*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

<b>1</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . . .	<b>1</b>	
<b>2</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	<b>2</b>	
<b>3</b>	Enter the amount from Form 1040, line 7. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>3</b>	
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .	<b>4</b>	
<b>5</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>5</b>	
<b>6</b>	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	
<b>7</b>	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box . . . . . <input type="checkbox"/>	<b>7</b>	
<b>8</b>	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040, line 17c. Then go to line 9 below . . . . .	<b>8</b>	

**Part II Nonrefundable Education Credits**

<b>9</b>	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	<b>9</b>	
<b>10</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .	<b>10</b>	3,600.
<b>11</b>	Enter the smaller of line 10 or \$10,000 . . . . .	<b>11</b>	3,600.
<b>12</b>	Multiply line 11 by 20% (0.20) . . . . .	<b>12</b>	720.
<b>13</b>	Enter: \$134,000 if married filing jointly; \$67,000 if single, head of household, or qualifying widow(er) . . . . .	<b>13</b>	134,000.
<b>14</b>	Enter the amount from Form 1040, line 7. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>14</b>	46,342.
<b>15</b>	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .	<b>15</b>	87,658.
<b>16</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>16</b>	20,000.
<b>17</b>	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>17</b>	1.000
<b>18</b>	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	<b>18</b>	720.
<b>19</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 50 . . . . .	<b>19</b>	720.

Name(s) shown on return

Airat Aibedullov &amp; Kamila Aibedullova

Your social security number

785-07-4177



**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

<b>20</b> Student name (as shown on page 1 of your tax return) Airat Aibedullov	<b>21</b> Student social security number (as shown on page 1 of your tax return) <div style="text-align: right;">785-07-4177</div>
<b>22</b> Educational institution information (see instructions)	
<b>a.</b> Name of first educational institution PeopleNTech  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1604 Spring Hill Rd #302 Vienna VA 22182  <b>(2)</b> Did the student receive Form 1098-T from this institution for 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>(3)</b> Did the student receive Form 1098-T from this institution for 2017 with box <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2 filled in and box 7 checked?  <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.	<b>b.</b> Name of second educational institution (if any)  <b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.  <b>(2)</b> Did the student receive Form 1098-T from this institution for 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>(3)</b> Did the student receive Form 1098-T from this institution for 2017 with box <input type="checkbox"/> Yes <input type="checkbox"/> No 2 filled in and box 7 checked?  <b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.
<b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2018? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
<b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2018 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input type="checkbox"/> Yes — Go to line 25. <input checked="" type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.	
<b>25</b> Did the student complete the first 4 years of postsecondary education before 2018? See instructions. <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.	
<b>26</b> Was the student convicted, before the end of 2018, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.	



**You *can't* take the American opportunity credit and the lifetime learning credit for the *same student* in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .	<b>27</b>
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>
<b>29</b> Multiply line 28 by 25% (0.25) . . . . .	<b>29</b>
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . .	<b>30</b>

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>
	3,600.

**Health Coverage Exemptions**

▶ Attach to Form 1040.

▶ Go to [www.irs.gov/Form8965](http://www.irs.gov/Form8965) for instructions and the latest information.

Name as shown on return

Airat Aibedullov &amp; Kamila Aibedullova

Your social security number

785-07-4177

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

**Part I**

**Marketplace-Granted Coverage Exemptions for Individuals.** If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

**Part II Coverage Exemptions Claimed on Your Return for Your Household**

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here ☐

**Part III**

**Coverage Exemptions Claimed on Your Return for Individuals.** If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	Airat Aibedullov	785-07-4177	A		×	×							×	×	×	×
9	Kamila Aibedullova	810-70-4608	A		×	×						×	×	×	×	×
10																
11																
12																
13																