

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

▶ Go to www.irs.gov/Form1040X for instructions and the latest information.**This return is for calendar year** ☒ 2017 ☐ 2016 ☐ 2015 ☐ 2014**Other year.** Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial

kathryn J

Last name

harris

Your social security number

410-19-5568

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions.

5110 GARRARD AVE

Apt. no.

914

Your phone number

(323) 791-3221

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

SAVANNAH GA 31405

Foreign country name

Foreign province/state/county

Foreign postal code

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.☒ Single☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)☐ Married filing jointly☐ Married filing separately ☐ Qualifying widow(er)**Full-year coverage.**

If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No."

See instructions.

☐ Yes☒ No

Use Part III on the back to explain any changes

Income and Deductions

		A. Original amount or as previously adjusted (see instructions)	B. Net change— amount of increase or (decrease)— explain in Part III	C. Correct amount
1	Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ▶ <input type="checkbox"/>	1 7,581.	5,446.	13,027.
2	Itemized deductions or standard deduction	2 6,350.	12,898.	19,248.
3	Subtract line 2 from line 1	3 1,231.	-7,452.	-6,221.
4	Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29	4 4,050.	0.	4,050.
5	Taxable income. Subtract line 4 from line 3	5 -2,819.	-7,452.	-10,271.

Tax Liability

6	Tax. Enter method(s) used to figure tax (see instructions): Table	6 0.	0.	0.
7	Credits. If a general business credit carryback is included, check here ▶ <input type="checkbox"/>	7 0.	0.	0.
8	Subtract line 7 from line 6. If the result is zero or less, enter -0- . . .	8 0.	0.	0.
9	Health care: individual responsibility (see instructions)	9 0.	0.	0.
10	Other taxes	10 0.	0.	0.
11	Total tax. Add lines 8, 9, and 10	11 0.	0.	0.

Payments

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing , see instructions.)	12 293.	180.	473.
13	Estimated tax payments, including amount applied from prior year's return	13 0.	0.	0.
14	Earned income credit (EIC)	14 510.	-473.	37.
15	Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify): _____	15 0.	0.	0.
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16 0.		
17	Total payments. Add lines 12 through 15, column C, and line 16	17 510.		

Refund or Amount You Owe

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS.	18 803.
19	Subtract line 18 from line 17 (If less than zero, see instructions.)	19 -293.
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference	20 293.
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21
22	Amount of line 21 you want refunded to you	22 0.
23	Amount of line 21 you want applied to your (enter year): estimated tax . 23	

Complete and sign this form on Page 2.

Part I Exemptions

Complete this part **only** if any information relating to exemptions has changed from what you reported on the return you are amending. This would include a change in the number of exemptions, either personal exemptions or dependents.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself	24 1	0	1
25	Your dependent children who lived with you	25 0	0	0
26	Your dependent children who didn't live with you due to divorce or separation	26 0	0	0
27	Other dependents	27 0	0	0
28	Total number of exemptions. Add lines 24 through 27	28 1	0	1
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form.	29 4,050.	0.	4,050.
30	List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.

► Attach any supporting documents and new or changed forms and schedules.

I didn't get my W-2 from Berwick Animal Hospital until 4/17/18

Remember to keep a copy of this form for your records.

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

Sign Here

► Your signature _____ Date _____ Salesperson _____
Your occupation _____

► Spouse's signature. If a joint return, **both** must sign. _____ Date _____ Spouse's occupation _____

Paid Preparer Use Only

► Preparer's signature _____ Date _____ Self-Prepared _____
Firm's name (or yours if self-employed) _____

Print/type preparer's name _____ Firm's address and ZIP code _____

PTIN _____ ☐ Check if self-employed _____ Phone number _____ EIN _____

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20		See separate instructions.
Your first name and initial kathryn J	Last name harris	Your social security number 410-19-5568
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 5110 GARRARD AVE		Apt. no. 914
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). SAVANNAH GA 31405		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	

Filing Status

1

☒ Single

2

☐ Married filing jointly (even if only one had income)

3

☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4

☐ Head of household (with qualifying person). (See instructions.)
If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5

☐ Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

6a

☒ Yourself. If someone can claim you as a dependent, **do not** check box 6a

b

☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d

Total number of exemptions claimed

Boxes checked on 6a and 6b

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

If more than four dependents, see instructions and check here ▶

☐

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions.	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	15,280.		
	8a	Taxable interest. Attach Schedule B if required	8a			
	b	Tax-exempt interest. Do not include on line 8a	8b			
	9a	Ordinary dividends. Attach Schedule B if required	9a			
	b	Qualified dividends	9b			
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	0.		
	11	Alimony received	11			
	12	Business income or (loss). Attach Schedule C or C-EZ	12	-1,053.		
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13			
	14	Other gains or (losses). Attach Form 4797	14			
15a	IRA distributions	15a		b Taxable amount	15b	
16a	Pensions and annuities	16a		b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17				
18	Farm income or (loss). Attach Schedule F	18				
19	Unemployment compensation	19				
20a	Social security benefits	20a		b Taxable amount	20b	
21	Other income. List type and amount	21				
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22		14,227.		

Adjusted Gross Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶	31a	
	32	IRA deduction	32	1,200.
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35	36		1,200.
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37		13,027.

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,350

Married filing jointly or Qualifying widow(er), \$12,700

Head of household, \$9,350

38	Amount from line 37 (adjusted gross income)	38	13,027.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	19,248.
41	Subtract line 40 from line 38	41	-6,221.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	0.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	0.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	0.
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	0.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	473.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC) PYEI 14,546.	66a	37.
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	510.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	510.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	510.
b	Routing number 3 1 4 0 7 4 2 6 9 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 1 9 6 4 2 9 5 5 2		

Amount You Owe

77	Amount of line 75 you want applied to your 2018 estimated tax	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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Sign Here

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

I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation Salesperson	Daytime phone number (323) 791-3221
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
Firm's name ▶ Self-Prepared	Firm's EIN ▶	Firm's address ▶	Phone no.

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

kathryn J harris

Itemized Deductions

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

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017

Attachment
Sequence No. **07**

Your social security number

410-19-5568

**Medical
and
Dental
Expenses**

Caution: Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see instructions)	1	17,628.	
2	Enter amount from Form 1040, line 38 2 13,027.			
3	Multiply line 2 by 7.5% (0.075).	3	977.	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	16,651.	

**Taxes You
Paid**

5	State and local (check only one box):			
a	<input checked="" type="checkbox"/> Income taxes, or	5	465.	
b	<input type="checkbox"/> General sales taxes			
6	Real estate taxes (see instructions)	6		
7	Personal property taxes	7	262.	
8	Other taxes. List type and amount ►	8		
9	Add lines 5 through 8	9	727.	

**Interest
You Paid**

Note:
Your mortgage
interest
deduction may
be limited (see
instructions).

10	Home mortgage interest and points reported to you on Form 1098	10		
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11		
12	Points not reported to you on Form 1098. See instructions for special rules	12		
13	Mortgage insurance premiums (see instructions)	13		
14	Investment interest. Attach Form 4952 if required. See instructions	14		
15	Add lines 10 through 14	15		

**Gifts to
Charity**

If you made a
gift and got a
benefit for it,
see instructions.

16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16		
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	608.	
18	Carryover from prior year	18		
19	Add lines 16 through 18	19	608.	

**Casualty and
Theft Losses**

20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	20		
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**Job Expenses
and Certain
Miscellaneous
Deductions**

21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ► <u>Employee business expenses</u>	21	1,118.	
22	Tax preparation fees	22	350.	
23	Other expenses—investment, safe deposit box, etc. List type and amount ► <u>Depreciation and amortization deductions</u>	23	55.	
24	Add lines 21 through 23	24	1,523.	
25	Enter amount from Form 1040, line 38 25 13,027.			
26	Multiply line 25 by 2% (0.02)	26	261.	
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	1,262.	

**Other
Miscellaneous
Deductions**

28	Other—from list in instructions. List type and amount ►	28		
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**Total
Itemized
Deductions**

29	Is Form 1040, line 38, over \$156,900?			
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.	29	19,248.	
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
30	If you elect to itemize deductions even though they are less than your standard deduction, check here			

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 for instructions and the latest information.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2017
Attachment
Sequence No. **09**

Name of proprietor kathryn J harris		Social security number (SSN) 410-19-5568
A Principal business or profession, including product or service (see instructions) driver	B Enter code from instructions ► 4 8 5 3 0 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ► 5110 GARRARD AVE, Apt. 914 City, town or post office, state, and ZIP code SAVANNAH, GA 31405		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2017, check here		<input checked="" type="checkbox"/>
I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 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"/>	1	1,265.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	1,265.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	1,265.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ►	7	1,265.

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions).	9	1,798.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	120.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	400.
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ►	28	2,318.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-1,053.			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: 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	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	-1,053.			
32 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 Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input checked="" type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

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

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.

43	When did you place your vehicle in service for business purposes? (month, day, year) ► 06/01/2017
44	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
a	Business 3,000 b Commuting (see instructions) c Other 4,000
45	Was your vehicle available for personal use during off-duty hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

48	Total other expenses. Enter here and on line 27a 48

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017Attachment
Sequence No. **179**

Name(s) shown on return

kathryn J harris

Business or activity to which this form relates

Form 2106 Sales Clerk

Identifying number

410-19-5568

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	510,000.
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	2,030,000.
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 smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 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 2018. 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	850.
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 2017	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 2017 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 2017 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. 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	850.
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, certain computers, 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.)**24a** Do you have evidence to support the business/investment use claimed? ☒ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

(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
25 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)						25		
26 Property used more than 50% in a qualified business use:		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
toyota rav 4	01/02/2017	50.00 %				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

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
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer 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
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 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
42 Amortization of costs that begins during your 2017 tax year (see instructions):					
43 Amortization of costs that began before your 2017 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

Health Coverage Exemptions

► Attach to Form 1040, Form 1040A, or Form 1040EZ.
► Go to www.irs.gov/Form8965 for instructions and the latest information.

Name as shown on return

kathryn J harris

Your social security number

410-19-5568

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	kathryn harris	410-19-5568	G	X												
9																
10																
11																
12																
13																

Unreimbursed Employee Business ExpensesDepartment of the Treasury
Internal Revenue Service (99)▶ **Attach to Form 1040 or Form 1040NR.**
▶ **Go to www.irs.gov/Form2106EZ for the latest information.****2017**
Attachment
Sequence No. **129A**

Your name kathryn J harris	Occupation in which you incurred expenses Sales Clerk	Social security number 410-19-5568
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You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense doesn't have to be required to be considered necessary.
- You **don't** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 aren't considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2017.

Caution: You can use the standard mileage rate for 2017 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1	Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here	1	268.
2	Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	
4	Business expenses not included on lines 1 through 3. Don't include meals and entertainment .	4	850.
5	Meals and entertainment expenses: \$ _____ × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5	
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	1,118.

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

- 7 When did you place your vehicle in service for business use? (month, day, year) ▶ 01/02/2017
- 8 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
- a Business 500 b Commuting (see instructions) _____ c Other 500
- 9 Was your vehicle available for personal use during off-duty hours? ☒ **Yes** ☐ **No**
- 10 Do you (or your spouse) have another vehicle available for personal use? ☒ **Yes** ☐ **No**
- 11a Do you have evidence to support your deduction? ☒ **Yes** ☐ **No**
- b If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

Noncash Charitable Contributions

▶ **Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.**

▶ **Information about Form 8283 and its separate instructions is at www.irs.gov/form8283.**

OMB No. 1545-0908

Attachment
Sequence No. **155**

Name(s) shown on your income tax return

kathryn J harris

Identifying number

410-19-5568

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities—List in this section **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part I Information on Donated Property—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	Pooch Heaven 17328 Ventura Blvd Los Angeles CA 91423	<input type="checkbox"/>	Clothing, Footwear, Accessories & Household items
B	Good Will 2449 cobb parkway smyrna GA 30080	<input type="checkbox"/>	Clothing, Footwear, Accessories & Household items
C	Good Will 2449 cobb parkway smyrna GA 30080	<input type="checkbox"/>	Clothing, Footwear, Accessories & Household items
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	04/13/2017				135.	Comparative sales
B	06/21/2017				191.	Comparative sales
C	03/05/2017				282.	Comparative sales
D						
E						

Part II Partial Interests and Restricted Use Property—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

- 2a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ _____
If Part II applies to more than one property, attach a separate statement.
- b** Total amount claimed as a deduction for the property listed in Part I: **(1)** For this tax year ▶ _____
(2) For any prior tax years ▶ _____
- c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):
Name of charitable organization (donee) _____
Address (number, street, and room or suite no.) _____
City or town, state, and ZIP code _____
- d** For tangible property, enter the place where the property is located or kept ▶ _____
- e** Name of any person, other than the donee organization, having actual possession of the property ▶ _____

- | | | | |
|-----------|---|-----|----|
| 3a | Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? | Yes | No |
| b | Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? | | |
| c | Is there a restriction limiting the donated property for a particular use? | | |

Name(s) Shown on Return
kathryn J harrisSocial Security Number
410-19-5568**Part I State and Local Income Tax Refunds from 2016 Tax Returns**

1	(a) State or Local Code	(b) Refund Amount	(c) Estimated Tax Paid After 12/31/2016	(d) Extension Payments	(e) Total Payments and Withholding	(f) Refund Allocated to Column (c)	(g) Refund Allocated to Column (d)
	CA	7.			7.		
	GA	540.			540.		
	Totals	547.			547.		

- 2 Total state and local refunds. Total line 1 column (b). 547.
- 3 Refund allocated to tax paid after 12/31/2016. Total line 1 columns (f) and (g).
(Include net tax paid after 12/31/2016 on Schedule A, line 5.)
- 4 Net refund. Line 2 less line 3. 547.

Part II Recovery AmountThe **recovery amount** is the state and local income tax deducted in 2016 refunded in 2017.

- 5 Total state and local income tax deduction from line 5 of your 2016 Schedule A. 547.
- 6 **Recovery amount.** Lesser of line 4 or line 5. 547.

Part III Recovery ExclusionThe **recovery exclusion** is the part of the recovery amount which did **not** reduce tax in 2016.

- 7 **Recovery exclusion from standard deduction and/or sales tax deduction:**
- a Allowable itemized deductions, from 2016 Schedule A, line 29 25,381.
- b Allowable itemized deductions, refigured by excluding recovery amount:
- (1) Refigured state and local tax deduction:
- (a) Refigured state income tax deduction 0.
- (b) Sales tax deduction
- (c) Refigured deduction. Larger of (a) or (b) 0.
- (2) Refigured total itemized deductions before limitation 24,834.
- (3) Refigured reduction for limitation on itemized deductions 0.
- (4) Refigured allowable itemized deductions. Line 7b(2) less line 7b(3). 24,834.
- c 2016 standard deduction based on 2016 filing stat, exemptns, and deductns. 6,300.
- d Larger of lines 7b(4) or 7c. 24,834.
- e Subtract line 7d from line 7a 547.
- f Subtract line 7e from line 6 0.
- 8 **Recovery exclusion from negative taxable income.** If 2016 taxable income was negative, enter here as a positive number, else enter zero. 19,573.
- 9 **Recovery exclusion from alternative minimum tax.** If no alternative minimum tax (AMT) in 2016 enter zero. If did pay AMT in 2016, enter amt from line 24 0.
- 10 **Recovery exclusion from unused tax credits.** If no unused credits in 2016, enter zero. If there were unused credits in 2016, enter amount from line 35. 0.
- 11 **Total recovery exclusion.** Add lines 7f, 8, 9, and 10. 19,573.

Part IV Taxable RefundThe **recovery amount** less the **recovery exclusion** is a **taxable refund**.

- 12 **Taxable refund from 2016.** Line 6 less line 11. 0.
- 13 Total taxable refunds from **2015** or prior tax returns. Total line 36 column (d).
- 14 **Total taxable refunds.** Add lines 12 and 13. Enter here and on Form 1040, line 10 0.

Tax History Report

► Keep for your records

2017

Name(s) Shown on Return

kathryn J harris

	Five Year Tax History:				
	2013	2014	2015	2016	2017
Filing status		Single	Single	Single	Single
Total income		19,107.	20,844.	14,993.	14,227.
Adjustments to income		2,150.	969.	5,135.	1,200.
Adjusted gross income		16,957.	19,875.	9,858.	13,027.
Tax expense		160.	623.	739.	727.
Interest expense . . .					
Contributions		743.	2,249.	1,202.	608.
Miscellaneous deductions		15,586.	710.	10,243.	1,262.
Other Itemized Deductions		2,358.	11,089.	13,197.	16,651.
Total itemized/standard deduction . .		18,847.	14,671.	25,381.	19,248.
Exemption amount . .		3,950.	4,000.	4,050.	4,050.
Taxable income		0.	1,204.	0.	0.
Tax			421.		
Alternative min tax . .					
Total credits					
Other taxes		1,900.	1,088.	0.	0.
Payments		1,241.	1,352.	703.	510.
Form 2210 penalty . .					
Amount owed		659.	157.		
Applied to next year's estimated tax .					
Refund				703.	510.
Effective tax rate % . .		0.00	2.12	-2.15	-0.28
**Tax bracket % . . .		10.0	10.0	10.0	10.0

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$34.99 (the "RPS fee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (irs.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov.

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ²	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ²	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ²	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ .	Usually within 21 days ²	\$39.99

¹You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

²You may experience delays with your tax refund if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

Questions? Call 1-877-908-7228

Name(s) Shown on Return kathryn J harris	Your SSN 410-19-5568
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Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2016 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0.
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0.

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 20.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	0.
7		7	
8	Total other modifications to investment income	8	0.

Line 9b - State income tax allocable to net investment income

1	State, local, and foreign income taxes	1	465.
2	Investment income.	2	0.
3	Total adjusted gross income	3	13,027.
4	Divide line 2 by line 3. Enter result as a decimal amount	4	0.0000
5	State, local and foreign income taxes allocable to investment income	5	0.

Line 10 - Tax preparations fees allocable to net investment income

1	Tax preparations fees	1	350.
2	Investment income.	2	0.
3	Total adjusted gross income	3	13,027.
4	Divide line 2 by line 3. Enter result as a decimal amount	4	0.0000
5	Tax preparations fees allocable to investment income	5	0.

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income**

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deductions limitations: <u>Depreciation and amortization deductions</u>	55.	
2	Enter the total of all items listed on line 1	2	55.
3	Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27)	3	1,262.
4	Enter the lesser of the total reported on line 2 or line 3	4	55.

Part II - Application of Section 67 Limitation to Specific Deductions

(A)	(B)	(C)
Reenter the amounts and descriptions from Part I, line 1	Fraction (see Help)	Column A times B
<u>Depreciation and amortization deductions</u>	55. x 1.000000 =	55.
_____	x _____ =	_____
_____	x _____ =	_____
_____	x _____ =	_____

Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from Column(C) of Part II: <u>Depreciation and amortization deductions</u>	55.	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	0.
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: _____ _____ _____	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3	4	55.
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 40	5	19,248.
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	16,651.
7	Subtract line 6 from line 5	7	2,597.
8	Enter the lesser of line 7 or line 4	8	55.

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)		(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3		Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:			
1 Depreciation and amortization deductions	55. x	1.000000 =	55.
	x	=	
	x	=	
	x	=	
Total miscellaneous investment expenses to Form 8960, line 9c			55.
2 State, local, and foreign income taxes		x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:			
3	x	=	
	x	=	
	x	=	
	x	=	
Penalty on early withdrawal of savings			
Other modifications:			
Total additional modifications to Form 8960, line 10			

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2016	(c) Suspended 12/31/2017	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2016	(c) Suspended 12/31/2017	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2016	(c) Suspended 12/31/2017	(d) Used against activity	(e) Used against other passive

Name(s) Shown on Return
kathryn J harrisYour SSN
410-19-5568Was the recovery taken into account in computing a section 1411 net operating loss? YES ☐ NO ☒

- 1 Enter total amount of recovery included in gross income 0.
- * Do not include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6)
- * Do not include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013
- * Do not include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you were not subject to the NIIT solely because your MAGI was below the applicable threshold.
- 2 Amount of the recovery that would have been included in gross income but for the application of the tax benefit rule under section 111 19,573.
- 3 Total amount of the recovery (add lines 1 and 2) 19,573.
- 4 Enter as a decimal the percentage of the deduction allocated to net investment income in the prior year. (If the deduction was not allocated between investment income and non-investment income, enter 1.0000) 0.0000
- 5 Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to item recovered (after any deduction limitations imposed by section 67 or 68) 0.

Calculation of recoveries when the deduction is not taken into account in computing your section 1411 NOL

- 6 Multiply line 5 by .038 0.
- 7 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) -446.
- 8 Add the amount of line 5 to line 7. -446.
- 9 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (do not use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here -17.
- 10 Enter the NIIT reported for the year of the deduction 0.
- 11 Subtract line 10 from line 9 0.
- 12 Enter the smaller of line 6 or line 11 0.
- 13 Divide line 12 by 3.8%. Enter the result here and include on Form 8960, line 7 0.

Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL

- 14 Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number)
- 15 Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero)
- 16 Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7

Name(s) Shown on Return
kathryn J harrisSocial Security Number
410-19-5568

	(a) Taxpayer	(b) Spouse
1 Child's investment income, from Form 8814.		
2 Gambling winnings:		
a From Form W-2G		
b Winnings (prizes, etc.) from Form 1099-MISC, box 3.		
c Not reported on Form W-2G or Form 1099-MISC.		
3 Taxable income from Form 1099-MISC:		
a Substitute payments in lieu of interest or dividends		
b Other income from box 3		
c Alaska Permanent Fund.		
d Tribal Gaming		
e Non-Employee Compensation from Form 1099-MISC box 7		
f Rent from personal property from Form 1099-MISC box 1.		
4 Taxable income from Form 1099-Q or 1099-QA:		
a Qualified tuition program distributions		
b Coverdell ESA distributions		
c ABLE account distributions		
5 Taxable income from Form 1099-G:		
a Grants		
b RTAA payments		
6 Foreign earned income and housing exclusion, from Form 2555 .		
7 Net operating loss carryover from a prior year		
8 Other income, from Schedule(s) K-1		
9 Taxable distribution from:		
a Form 8853:		
1 Taxable Archer MSA distributions MSA		
2 Taxable Medicare Advantage distributions Med MSA . . .		
3 Taxable long term care distributions LTC		
4 Total Form 8853		
b Form 8889, Health Savings Accounts		
10 Refunds or reimbursements of deductions claimed		
in a prior year:		
a Reimbursement for deducted medical expenses		
b Refunds of deducted taxes (not state or local income taxes)		
Type of Tax	State or	
	Local ID	
c Recapture of deducted moving expenses		
d Reimbursement for deducted casualty or theft loss		
e Reimbursement for deducted employee business expenses. . .		
f Other refunds or reimbursements		
11 Recoveries of bad debts deducted in a prior year.		
12 Jury duty pay.		
13 Bartering income not reported elsewhere		
14 Income from the rental of personal property.		
15 Income from the Cancellation of Debt:		
a From Form 1099-C:		
1 Amount of debt canceled from box 2		
2 Amount of canceled debt excluded from income		
3 Taxable amount of canceled debt.		
b From Schedule(s) K-1		
16 Taxable income from Form 1099-K:		
a Payment Card/Third Party Network Transactions.		
17 Income from "not for profit" activities (hobbies):		
18 Other taxable income:		
a Union unemployment benefits		
b Private fund unemployment benefits		
c State employee unemployment benefits		
d		
19 Income from Community Property:		
a Positive community property adjustment.		
b Negative community property adjustment (enter as positive) . . .		
20 Total. Add lines 1 through 14, 15a(3), 15b, 16 through 19.		
Enter here and on Form 1040 or Form 1040NR, line 21		

Charitable Organization Worksheet

2017

► Keep for your records

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
---	---------------------------------------

Charity Name . . . Pooch Heaven
 Address 17328 Ventura Blvd
 City Los Angeles State CA ZIP code . . 91423

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet.

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	04/13/2017	Summary	Items - ItsDeductible	135.00
			Total:	135.00
			Prior Year Total:	330.00

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value
1	04/13/2017	1	Dog Bed	7.00	1	5.00	0	7.00
1	04/13/2017	1	Dog Carrier or Crate: Medium	25.00	1	15.00	0	25.00
1	04/13/2017	1	Dog Carrier or Crate: Large	41.00	1	25.00	0	41.00
1	04/13/2017	1	Dog Harness: Small	6.00	1	5.00	0	6.00
			See Detail of Item Donations - Continued					56.00

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

kathryn J harris

410-19-5568

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring				2017 Amount
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip				Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring		Miles Driven		
Other Costs	Description of Other Costs		Value of Miles			
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			
			<input type="checkbox"/> Once <input type="checkbox"/> Recur			

kathryn J harris

410-19-5568

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? ☒ Yes ☐ No
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? ☐ Yes ☐ No
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? ☐ Yes ☐ No
- 4 What Type of charitable organization was it? Check one:
☒ (a) 50% charity ☐ (b) Other than 50% charity

Charitable Organization Worksheet

2017

► Keep for your records

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
---	---------------------------------------

Charity Name . . . Good Will
 Address 2449 cobb parkway
 City smyrna State GA ZIP code . . 30080

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet.

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	06/21/2017	Summary	Items - ItsDeductible	191.00
2	03/05/2017	Summary	Items - ItsDeductible	282.00
Total:				473.00
Prior Year Total:				797.00

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value
1	06/21/2017	1	Women's All Occasion Dress: Sundress	11.00	0	8.00	5	40.00
1	06/21/2017	1	Women's Formal Dress: Prom	20.00	2	14.00	0	40.00
1	06/21/2017	1	Women's Formal Dress: Wedding Gown	20.00	0	10.00	2	20.00
1	06/21/2017	1	Women's Pants: Capris	12.00	2	8.00	0	24.00
			See Detail of Item Donations - Continued					349.00

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

kathryn J harris

410-19-5568

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date Acquired Date	Donation Description Donation Type How Acquired	Donation Cost How Valued Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring				2017 Amount
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	
				<input type="checkbox"/>	Once	<input type="checkbox"/>	Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip				Total Donation Value
Miles Per Trip	Trips Per Yr	Once or Recurring		Miles Driven		
Other Costs	Description of Other Costs			Value of Miles		
		<input type="checkbox"/> Once	<input type="checkbox"/> Recur			
		<input type="checkbox"/> Once	<input type="checkbox"/> Recur			
		<input type="checkbox"/> Once	<input type="checkbox"/> Recur			

kathryn J harris

410-19-5568

Detail of Stock Donations Worksheet						
Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

- 1 Was the **entire interest** given for all property donated to this charity? ☐ Yes ☐ No
- 2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? ► ☐ Yes ☐ No
- 3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? ► ☐ Yes ☐ No
- 4 What Type of charitable organization was it? Check one:
☒ (a) 50% charity ☐ (b) Other than 50% charity

Federal Information Worksheet

► Keep for your records

2017

Part I – Personal Information

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

Taxpayer:

First name kathryn
Middle initial J Suffix
Last name harris
Social security no. 410-19-5568
Occupation Salesperson
Date of birth 01/02/1969 (mm/dd/yyyy)
Age as of 1-1-2018 48
Daytime phone (323) 791-3221 Ext
Legally blind ☐
Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No
If yes, **was** taxpayer claimed as dependent on that person's return? ☐ Yes ☒ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . . ☐ Yes ☐ No

Spouse:

First name
Middle initial Suffix
Last name
Social security no.
Occupation
Date of birth (mm/dd/yyyy)
Age as of 1-1-2018
Daytime phone Ext
Legally blind ☐
Date of death

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☐ No
If yes, **was** spouse claimed as dependent on that person's return? ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . . ☐ Yes ☐ No

Part II – Address and Federal Filing Status (enter information in this section)

US Address:

Address 5110 GARRARD AVE Apt no. . . 914
City SAVANNAH State . . . GA ZIP code . . 31405

Foreign Address: Check this box to use foreign address . . . ☐

Address Apt no. . .
City
Foreign code . . . Foreign country . . .
Foreign province/county . . . Foreign postal code . . .

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone . . .

Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Federal filing status:

☒ 1 Single
☐ 2 Married filing jointly
☐ 3 Married filing separately
Check this box if you **did not** live with your spouse at any time during the year. ☐
Check this box if you are eligible to claim your spouse's exemption (see Help) ☐
☐ 4 Head of household
If the 'qualifying person' is your child but **not** your dependent:
Child's First name . . . MI . . . Last Name . . . Suff . . .
Child's social security number . . .
☐ 5 Qualifying widow(er)
Check the appropriate box for the year your spouse died 2015 ☐ 2016 ☐
Are you a dependent with a qualifying child Yes ☐ No ☐
If the 'qualifying person' is your child but **not** your dependent:
Child's First name . . . MI . . . Last Name . . . Suff . . .
Child's social security number . . .

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is **completely calculated** from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)		E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2017					

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☒ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2017? ☒ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box (see Help) ☐

Check if you are filing head of household **and** your spouse is a nonresident alien **and** you lived with your spouse during the last six months of 2017 ☐

Check if you were notified by the IRS that EIC cannot be claimed in 2017 or if you are ineligible to claim the EIC in 2017 for any other reason ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☒ Yes ☐ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☐ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ▶ usaa federal savings bank

Check the appropriate box	▶	Checking	X	Savings
-------------------------------------	---	----------	---	---------

Routing number ▶ 314074269 Account number ▶ 196429552

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ►

Balance-due amount from this return ▶

Part VI – Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction. ☐

Check this box if you are married filing separately and your spouse itemized deductions ☐

Check this box to take the standard deduction even if less than itemized deductions ☐

Main Form Selection:

Check this box to calculate Form 1040 even if you qualify to use Form 1040A or 1040EZ. ☐

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ☐ Yes ☐ No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ☐ Yes ☐ No

Is the spouse a full-time student? ▶ ☐ Yes ☐ No

American Opportunity and Lifetime Learning Credit, and Tuition and Fees Deduction (Form 8863 and 8917)

For 2017, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ▶ ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐

Resident country ► USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the

Commonwealth of the Northern Mariana Islands

Dual Status Alien Return:

Check this box if you are a dual-status alien ☐

Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 ☐

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name ►

Third party designee phone number . . . ▶

Personal Identification number (enter any 5 numbers) . . . ▶

IRS Disaster Tax Relief:

Check if you were affected by a natural disaster in 2017 ☐

Part VI – Additional Information for Your Federal Return - Continued**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed
returns when Form 1310 is not filed or it is not the
surviving spouse ▶ _____

Part VII – State Filing Information**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2017 ▶ GA

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒

Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, 2017 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☐

Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN _____

Spouse's Prior year PIN _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 13099

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number 059978924

Issued by what state

GA

License or ID

license . ▶

☒

ID . ▶

☐

neither . ▶

☐

decline. ▶

☐

Spouse

Drivers license or state ID number _____

Issued by what state

License or ID

license . ▶

☐

ID . ▶

☐

neither . ▶

☐

decline. ▶

☐

2017

- Keep for your records

Part I – Taxpayer's Personal Information

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

5 Was at least one of your parents alive on December 31, 2017? ☐ Yes ☐ No

In which state (or foreign country) did this person reside before this change? ▶

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

12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type										Check Full Year or Months Exempt for Each Type											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec									
							Full Year . . . ▶														
							Full Year . . . ▶														
							Full Year . . . ▶														

Healthcare coverage information has been completed for this person.. . . . ☐

Student Information Worksheet

2017

► Keep for your records

Name of Student
kathryn J harris

Social Security Number
410-19-5568

Part I – Student Status

- 1 Was this person a student during 2017? ☒ Yes ☐ No
- 2 What kind of school did the student attend during 2017? (Check all that apply.)
- a ☐ Elementary c ☒ College (postsecondary) e ☐ Military academy
- b ☐ High school (secondary) d ☐ Vocational school f ☐ Not applicable
- 3 Did the student receive scholarships or other education assistance? ☐ Yes ☐ No

Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2017? ☒ Yes ☐ No ☐ NA
- 2 Was this student enrolled at an eligible education institution during 2017? ☒ Yes ☐ No ☐ NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? ☒ Yes ☐ No ☐ NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? ☒ Yes ☐ No ☐ NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? ☒ Yes ☐ No ☐ NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? ☐ Yes ☒ No ☐ NA
- 7 Is this student an eligible dependent of the taxpayer? ☐ Yes ☐ No ☒ NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? ►
- 9 In how many prior years has a Hope Credit been claimed for this student ►

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

- 1 Is this student qualified for the American Opportunity Credit? ☐ Yes ☒ No
Already completed 4 years of college
Education institution employer ID number (EIN) not entered
- 2 Is this student qualified for the Lifetime Learning Credit? ☒ Yes ☐ No
- 3 Is this student qualified for the Tuition and Fees Deduction? ☒ Yes ☐ No

Part IV – Educational Institution and Tuition Summary

Received 2016 1098T with Box 2 filled and box 7 checked?					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
Totals					

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

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

	Total	Taxable	Tax-free
1 Educational assistance that is always tax-free:			
a Veteran or employer assistance from Form 1098-T Worksheets . . .	_____		
b Other veteran assistance or certain Indian tribal payments	_____		
c Other tax-free employer-provided assistance	_____		
d Total	_____		_____
2 Scholarships, fellowships, and grants not reported on Form W-2:			
a Scholarships and grants from Part IV above	_____		
b Other scholarships, fellowships and grants	_____		
c Total	_____		
3 Scholarship reported in 2017 not allocable to 2017 expense	_____		
4 Amount required to be used for other than qualified education expenses	_____	_____	
5 Subtract line 3 and 4 from line 2c.	_____		
6 Total qualified education expenses from Part VI below.	<u>3,500.</u>		
7 If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-.			_____
8 Subtract line 7 from line 5.		_____	
9 Taxable part. Add lines 4 and 8.		_____	
10 Tax-free educational assistance. Add lines 1d and 7			_____

Part VI – Education Expenses

Description	Total	Amount eligible for						
		American Opportunity Credit Not Qualified	Lifetime Learning Credit	Tuition and Fees Deduct- ion	Qualified Higher Education Expense for 529 Plan Not Applicable	Qualified Higher Education Expense for ESA Not Applicable	Qualified Higher Education Expense for US Bonds Not Applicable	Qualified Elementary and Secondary Expense for ESA Not Applicable
Expenses:								
1 Tuition paid from Part IV . . . Paid to institution as a condition of enrollment:	_____	_____	_____	_____	_____	_____	_____	_____
2 Fees	_____	_____	_____	_____	_____	_____	_____	_____
3 Books, supplies, equipment Paid to other than institution or not a condition of enrollment:	_____	_____	_____	_____	_____	_____	_____	_____
4 Books, supplies, equipment	<u>3,500.</u>	<u>3,500</u>	_____	_____	<u>3,500</u>	<u>3,500</u>	_____	_____
5 Other course-related . . .	_____	_____	_____	_____	_____	_____	_____	_____
6 Room and board	_____	_____	_____	_____	_____	_____	_____	_____
7 Special needs expenses . .	_____	_____	_____	_____	_____	_____	_____	_____
8 Computer expenses	_____	_____	_____	_____	_____	_____	_____	_____
9 QTP or ESA contribution .	_____	_____	_____	_____	_____	_____	_____	_____
10 Academic tutoring	_____	_____	_____	_____	_____	_____	_____	_____
11 Uniforms	_____	_____	_____	_____	_____	_____	_____	_____
12 Transportation	_____	_____	_____	_____	_____	_____	_____	_____
13 Total qualified expenses . .	<u>3,500.</u>	<u>3,500.</u>	_____	_____	<u>3,500.</u>	<u>3,500.</u>	_____	_____
Adjustments:								
14 Refunds	_____	_____	_____	_____	_____	_____	_____	_____
15 Tax-free assistance	_____	_____	_____	_____	_____	_____	_____	_____
16 Deducted on Sched A . . .	_____	_____	_____	_____	_____	_____	_____	_____
17 Used for credit or deduction	_____	_____	_____	_____	_____	_____	_____	_____
18 Used for exclusion	_____	<u>0.</u>	<u>0.</u>	<u>0.</u>	_____	_____	_____	_____
See tax help								
19 Total adjustments.	_____	<u>0.</u>	<u>0.</u>	<u>0.</u>	_____	_____	_____	_____
20 Adjusted qualified expenses	<u>3,500.</u>	<u>3,500.</u>	<u>0.</u>	<u>0.</u>	<u>3,500.</u>	<u>3,500.</u>	<u>0.</u>	<u>0.</u>

Part VII – Education Credit or Deduction Election

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

Part VIII – Qualified Tuition Program (Section 529 Plan)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Qualified Tuition Plan (QTP) distributions from Form 1099-Q	
2	Adjusted Qualified Higher Education Expenses	
3	Qualified Higher Education Expenses applied to QTP distributions	
4	Excess distributions. Subtract line 3 from line 1. If line 4 is greater than zero, complete lines 5 through 8.	
5	Total distributed earnings from Form 1099-Q box 2	
6	Fraction. Divide line 3 by line 1.	
7	Multiply line 5 by line 6.	
8	Earnings taxable to recipient. Subtract line 7 from line 5.	

Part IX – Education Savings Account (ESA)

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

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

1	Total proceeds from U.S. Savings Bonds cashed during 2017 for this student.	_____
2	Adjusted Qualified Higher Education Expenses.	_____
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest	_____
4	Interest included in line 1	_____
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name
	Street address	Street address
	City	City
	State	State
	Zip Code	Zip Code

► Keep for your records

Name(s) Shown on Return
kathryn J harrisSocial Security Number
410-19-5568

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	15,280.		15,280.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	473.		473.
3 & 7	Total social security wages/tips	15,280.		15,280.
4	Total social security tax withheld	947.		947.
5	Total Medicare wages and tips	15,280.		15,280.
6	Total Medicare tax withheld	221.		221.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	15,280.		15,280.
17	Total state tax withheld	465.		465.
19	Total local tax withheld.			

Name
kathryn J harrisSocial Security Number
410-19-5568**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below**a** Employee's social security No . 410-19-5568**b** Employer's ID number 30-0362623**c** Employer's name, address, and ZIP code

CIRCLE OF LIFE LLC

Street 14 VINE ST

City HILTON HEAD ISLAND

State SC ZIP Code 29926-1163

Foreign Province

Foreign Postal Code

Foreign Country

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

First Kathryn M.I.

Last Harris Suff.

f Employee's address and ZIP code

Street 514 Johnston St

City Savannah

State GA ZIP Code 31405

Foreign Province

Foreign Postal Code

Foreign Country

1 Wages, tips, other
compensation

6,825.75

3 Social security wages

6,825.75

5 Medicare wages and tips

6,825.75

7 Social security tips

► Enter unreported tips in Part VII on Page 2 below.

Verification Code

11 Nonqualified plans**12** Enter box 12 below**13** ☐ Statutory employee☐ Retirement plan☐ Third-party sick pay**14** Enter box 14 below **after** entering boxes 18, 19, and 20.**NOTE:** Enter box 15 **before** entering box 14.**2** Federal income
tax withheld

275.85

4 Social security tax withheld

423.20

6 Medicare tax withheld

98.97

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

Box 12 Code	Box 12 Amount	If Box 12 code is:
		A: Enter amount attributable to RRTA Tier 2 tax
		M: Enter amount attributable to RRTA Tier 2 tax
		P: Double click to link to Form 3903, line 4. . .
		R: Enter MSA contribution for Taxpayer . . .
		Spouse
		W: Enter HSA contribution for Taxpayer . . .
		Spouse
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
SC	254426161	6,825.75	182.57

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Name
kathryn J harrisSocial Security Number
410-19-5568**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below

a Employee's social security No . 410-19-5568
b Employer's ID number 46-1211247
c Employer's name, address, and ZIP code
 TWINKLE
 Street 33 JEFFERSON ST
 City SAVANNAH
 State GA ZIP Code 31401
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

d Control number _____**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First KATHRYN M.I. _____
 Last HARRIS Suff. _____
f Employee's address and ZIP code
 Street 514 JOHNSTON ST
 City SAVANNAH
 State GA ZIP Code 31405
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation 1,808.35
3 Social security wages 1,808.35
5 Medicare wages and tips 1,808.35
7 Social security tips

► Enter unreported tips in Part VII on Page 2 below.

Verification Code _____

11 Nonqualified plans _____**12** Enter box 12 below

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

2 Federal income tax withheld 17.00
4 Social security tax withheld 112.12
6 Medicare tax withheld 26.22
8 Allocated tips

10 Dependent care benefits
 Distributions from sect. 457 and nonqualified plans
 (Important, see Help)

Box 12
Code**Box 12**
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax _____

M: Enter amount attributable to RRTA Tier 2 tax _____

P: Double click to link to Form 3903, line 4. . . _____

R: Enter MSA contribution for Taxpayer . . . _____
Spouse _____W: Enter HSA contribution for Taxpayer . . . _____
Spouse _____G: ☐ Employer is **not** a state or local government**Box 15**

State

Box 16

Employer's state I.D. no.

Box 16

State wages, tips, etc.

Box 17

State income tax

GA

3090222PQ

1,808.35

51.96

I confirm that the state withholding identification number(s) are accurate ☐**Box 20**

Locality name

Box 18

Local wages, tips, etc.

Box 19

Local income tax

Associated

State

Box 14Description or Code
on Actual Form W-2

Amount

TurboTax Identification of Description or Code
(Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

Name
kathryn J harrisSocial Security Number
410-19-5568
☐ **Spouse's W-2**
☐ **Do not transfer this W-2 to next year**
Military: Complete **Part VI** on Page 2 below

a Employee's social security No . 410-19-5568
b Employer's ID number 26-3496193
c Employer's name, address, and ZIP code
BERWICK ANIMAL HOSPITAL LLC
 Street 5733 OGEECHEE ROAD
 City SAVANNAH
 State GA ZIP Code 31405
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

d Control number _____
☒ **Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First kathryn M.I. J
 Last harris Suff. _____
f Employee's address and ZIP code
 Street 5110 GARRARD AVE, Apt. 914
 City SAVANNAH
 State GA ZIP Code 31405
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation
6,646.20
3 Social security wages
6,646.20
5 Medicare wages and tips
6,646.20
7 Social security tips

► Enter unreported tips in Part VII on Page 2 below.

Verification Code _____

11 Nonqualified plans _____**12** Enter box 12 below _____

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

2 Federal income tax withheld
180.00
4 Social security tax withheld
412.06
6 Medicare tax withheld
96.37
8 Allocated tips

10 Dependent care benefits
 Distributions from sect. 457 and nonqualified plans
(Important, see Help)

Box 12 Code	Box 12 Amount	If Box 12 code is:	
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax	_____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax	_____
_____	_____	P: Double click to link to Form 3903, line 4. . .	_____
_____	_____	R: Enter MSA contribution for Taxpayer . . .	_____
_____	_____	Spouse	_____
_____	_____	W: Enter HSA contribution for Taxpayer . . .	_____
_____	_____	Spouse	_____
_____	_____	G: <input type="checkbox"/> Employer is not a state or local government	_____

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>GA</u>	<u>2407889QS</u>	<u>6,646.20</u>	<u>229.57</u>
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Healthcare Entry Sheet

► Keep for your records

2017

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

☐ ☐ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C months can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

Short Gap
Eligible*
Yes No

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1 kathryn harris	410-19-5568	01/02/69	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ►

Completion checkbox:

☒

Check this box once you are finished with all the healthcare related entries.

1098-T

Worksheet

Tuition Statement

► Keep for your records

2017Taxpayer's name
kathryn J harrisSocial Security No.
410-19-5568**1098-T Information (Required):****A** A Form 1098-T was received from this institution for 2017. Yes ☐ No ☒**B** A Form 1098-T was received from this institution for **2016** with Box 2 filled in and
Box 7 checked Yes ☐ No ☐**Identify Student (Required):****A** If student is kathryn
**Double-click to link this 1098-T to the applicable Taxpayer or Spouse
Student Information Worksheet ►** kathryn**B** If student is _____
**Double-click to link this 1098-T to the applicable Dependent Student
Information Worksheet ►** _____

Filer's name <u>Georgia Tech Savannah</u>		1 Payments received for qualified tuition and related expenses \$ _____	
Street address _____			
City _____	State _____	2 Amounts billed for qualified tuition and related expenses \$ _____	
Zip Code _____			
Foreign province/county _____		3 If this box is checked, your educational institution has changed its reporting method for 2017 <input type="checkbox"/>	
Foreign postal code _____		Foreign country _____	
Filer's Federal identification number _____	Student's Taxpayer Identification Number. <u>410-19-5568</u>	4 Adjustments made for a prior year \$ _____	5 Scholarships or grants \$ _____
Student's name <u>kathryn</u>		6 Adjustments to scholarships or grants for a prior year \$ _____	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2018 ► <input type="checkbox"/>
Street address <u>5110 GARRARD AVE</u>			
Apt. No. <u>914</u>			
City <u>SAVANNAH</u>	State <u>GA</u>	Zip Code <u>31405</u>	
Service Provider/ Acct No _____	8 Check if at least half-time student ► <input type="checkbox"/>	9 Checked if a graduate student . . ► <input type="checkbox"/>	10 Ins. contract reimb./refund \$ _____

Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses**A** Enter box 1 amount **not** paid during 2017 _____
B Enter box 1 amount actually paid during 2017 _____**Reconciliation of Box 2, Amounts Billed for Qualified Tuition and Related Expenses****A** Enter box 2 amount **not** paid during 2017 _____
B Enter box 2 amount actually paid during 2017 _____**Reconciliation of Box 5, Scholarships or Grants****A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . . _____
B Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . . _____
C Portion of box 5 amount from scholarships or grants _____
D Box 5 amount includes veteran- or employer-provided educational assistance ☐

Form 1099-Q Summary**2017**

► Keep for your records

Name(s) Shown on Return
kathryn J harrisSocial Security No.
410-19-5568

Coverdell Educational Savings Account (ESA) Distributions		Recipient Taxpayer	Recipient Spouse
1	Total gross distributions from box 1 of Form 1099-Q		
a	Less: Rollover to another ESA of beneficiary		
b	Less: Transfer to another family member		
c	Less: Transfer to a non-family member		
d	Less: Return of 2017 contributions		
e	Less: Return of pre 2017 contributions. These are reported on the tax return in the year the contribution was made, not on the 2017 tax return		
2	Balance of gross Coverdell ESA distributions		
3	Education expenses not used as basis for credits		
4	Amount of ESA distributions after return of basis		
5	Earnings on return of 2017 contributions		
6	Earnings on non-family member transfer		
7	Taxable amount of ESA distributions on line 2		
8	Taxable amount included on Form 1040, line 21		
9	Non-taxable ESA distributions		
Gross State Qualified Tuition Plan (QTP) Distributions			
10	Total gross distributions from box 1 of Form 1099-Q		
a	Less: Rollover to another QTP of beneficiary		
b	Less: Transfer to another family member		
c	Less: Transfer to a non-family member		
d	Less: Expenses refunded and recontributed		
11	Balance of gross state QTP distributions		
12	Earnings on state QTP distributions on line 11		
Gross Private Qualified Tuition Plan (QTP) Distributions			
13	Total gross distributions from box 1 of Form 1099-Q		
a	Less: Rollover to another QTP of beneficiary		
b	Less: Transfer to another family member		
c	Less: Transfer to a non-family member		
d	Less: Expenses refunded and recontributed		
14	Balance of gross private QTP distributions		
15	Earnings on private QTP distributions on line 14		
Taxable Qualified Tuition Plan (QTP) Distributions			
16	Balance of gross QTP distributions.		
17	Earnings on QTP distributions on line 16		
18	Education expenses not used as basis for credits		
19	Non-taxable QTP distributions		
20	Taxable amount of earnings on line 17		
21	Earnings on non-family member transfer (state)		
22	Earnings on non-family member transfer (private)		
23	Taxable amount included on Form 1040, line 21		

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

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

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

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

► Keep for your records

Name kathryn J harris	Social Security Number 410-19-5568
--------------------------	---------------------------------------

Payer's Name lyft
Payer's Identification No. EIN : 20-8809830 or SSN :
Account number (for your records only)

☐ Spouse's 1099-MISC ☐ Do not transfer this 1099-MISC to next year

For each type of 1099-MISC income, select the appropriate form or schedule in your return on which to report this income. Double-click in the field next to the form's name and when the window appears, either "select or create" the copy on which you want to report the 1099-MISC income. See Help.

Box 1	Rents. Required: double-click to select the form on which to report this income: Schedule C _____ Form 4835 Schedule E _____ <input type="checkbox"/> Other Income
Box 2	Royalties. Required: double-click to select the form on which to report this income: Schedule C _____ Schedule E _____
Box 3	Other income Required: double-click to select the form on which to report this income: Schedule C _____ Form 4835 Schedule F _____ <input type="checkbox"/> Winnings (Prizes, etc.) <input type="checkbox"/> Tribal Member Gaming Payments <input type="checkbox"/> From Alaska Permanent Fund <input type="checkbox"/> Other Income <input type="checkbox"/> Back Wages from Lawsuit. Amount: _____ <input type="checkbox"/> Olympic or Paralympic Prize Money
Box 4	Federal income tax withheld
Box 5	Fishing boat proceeds Required: double-click to select the Schedule C on which to report this income: Schedule C _____
Box 6	Medical and health care payments Required: double-click to select the Schedule C on which to report this income: Schedule C _____
Box 7	Nonemployee compensation Required: double-click to select the form on which to report this income: driver Schedule C _____ Schedule F _____ <input type="checkbox"/> Wages subject to Social Security & Medicare tax If checked, enter Reason Code for Form 8919 (see Help) <input type="checkbox"/> If Reason Code A or C, enter determination date <input type="checkbox"/> Other Income <input type="checkbox"/> Back Wages from Lawsuit. Amount: _____
Box 8	Substitute payments in lieu of dividends or interest
Box 10	Crop insurance proceeds Required: double-click to select the form on which to report this income: Schedule F _____ Form 4835 _____
Box 13	Excess golden parachute payments Report 20% excise tax on Form 1040
Box 14	Gross proceeds paid to an attorney Taxable amount from box 14 to Schedule C Required: double-click to select the Schedule C on which to report this income: Schedule C _____
Boxes 15a & b	Section 409A deferrals Section 409A income
Boxes 16-18	State tax withheld - 1st state State name (two letters) - 1st state State ID number - 1st state State income - 1st state State tax withheld - 2nd state State name (two letters) - 2nd state State ID number - 2nd state State income - 2nd state I confirm that the state withholding identification number(s) are accurate <input type="checkbox"/>

FATCA filing requirement ☐

Additional Payer and Recipient Information

Payer's address and ZIP code

Street _____
City _____
State _____ ZIP Code _____
Foreign Country _____

Recipient's address and ZIP code

Transfer address from Federal Information Wks . ☐
Street _____
City _____
State _____ ZIP Code _____
Foreign Country _____

► Keep for your records

Name kathryn J harris	Social Security Number 410-19-5568
--------------------------	---------------------------------------

Source Form : 1099-R . ☒ CSA-1099-R . ☐ CSF-1099-R . ☐ RRB-1099-R . ☐If Spouse's 1099-R, check this box . ☐
Do not transfer this 1099-R to next year ☐Corrected ☐

This section is for RRB-1099-R use only

Payer's name, street address, city, state, and ZIP code.
national financial services LLC as agnet for
Fidelity Investments
PO Box 673000
Dallas TX 75267-3000
Payer's foreign province Payer's foreign postal code

Payer's country

Payer's Federal
identification number
04-3523567Recipient's
identification number
410-19-5568Check to transfer Recipient's information
from Federal Information Worksheet ☐
Recipient's nameStreet address (including apartment number)
514 johnston st
City State ZIP code
savannah GA 31405
Foreign Province Foreign Postal Code

Foreign Country

10 Amount allocable to IRR
within 5 years \$FATCA filing requirement ☐
Special use code for first state (See Help) ☐
Special use code for second state (See Help) ☐

Account number

1 Gross distribution \$

2a Taxable amount (See Help) \$

2b Taxable amount not determined ☐ Total distribution ☐

3 Capital gain (included in box 2a) \$ 4 Federal income tax withheld \$

5 Employee contributions /Designated Roth contributns or insurance premiums \$ 6 Net unrealized appreciation in employer securities \$

7 Distribn code(s) IRA/SEP/SIMPLE 8 Other %
1st code 1 2nd code X

9a Your percentage of total distribution % 9b Total employee contributions \$

11 1st year of desig. Roth contrib.

12 State tax withheld \$ 13 Payer's State / state no. CA / 804-91680 1 14 State distribution \$
GA / 2140225-OWI confirm that the state withholding identification number(s) are accurate ☐

15 Local tax withheld \$ 16 Name of locality 17 Local distribution \$

- Check if NOT from a qualified retirement plan or IRA (see Help) ☐
► If box 7 code is J or T, check if a **qualified** distribution (see Help) ☐
► If box 7 code is J, enter amount used for first time home purchase ☐
► If box 7 code is 2 or 5, check if this distribution is from a Roth IRA (See Help) ☐

- **Inherited IRA** If this distribution is from an inherited IRA, indicate the distribution is from the IRA of
- | | |
|--|--------------------------|
| ► Treat as recipient's own (this is treated as a rollover) | <input type="checkbox"/> |
| ► Recipient, but was originally inherited from a spouse (treated as recipient's IRA) | <input type="checkbox"/> |
| ► Spouse and not treat as recipient's own (taxable amount must be in box 2a) | <input type="checkbox"/> |
| ► Someone other than a spouse (taxable amount must be in box 2a) | <input type="checkbox"/> |
| ► From a traditional IRA | <input type="checkbox"/> |
| ► From a Roth IRA | <input type="checkbox"/> |
| ► From a SIMPLE plan (first two years of participation only) | <input type="checkbox"/> |
| ► From a SIMPLE plan (more than two years of participation) | <input type="checkbox"/> |
| ► From a SEP IRA | <input type="checkbox"/> |
| ► None | <input type="checkbox"/> |
| ► Subject to the penalty of early withdrawal. | <input type="checkbox"/> |
| ► Not subject to the penalty of early withdrawal | <input type="checkbox"/> |

- **Insurance** ► Amount of insurance premiums deductible on Schedule A
► Amount of health savings account (HSA) funding distributions
► Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution

- **Qualified Charitable Distribution** Enter IRA distributions made directly by the trustee to a qualified charitable organization

- **RMD** If this is a distribution from a **traditional IRA** or **qualified retirement plan**, and if this is a **Required Minimum Distribution (RMD)** (See Help), Entire gross is RMD . ☐ or the amount of gross distbn that is the RMD

Wages, Salaries, & Tips Worksheet

2017

► Keep for your records

Name(s) Shown on Return
kathryn J harris

Social Security Number
410-19-5568

The following amounts are included in the total entered on line 7 of Form 1040 (or Form 1040A), on line 1 of Form 1040EZ, on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	15,280.		15,280.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,000 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ► <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2017			
b _____			

10 Subtotal.			
Add lines 1 through 9	15,280.		15,280.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2			
14 Other non-earned income:			

15 Total of lines 10 through 14	15,280.		15,280.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2017

► Keep for your records

Name(s) Shown on Return
kathryn J harris

Social Security Number
410-19-5568

		Regular Tax	Alternative Minimum Tax																								
<p>If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.</p>																											
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1																									
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2																									
3	Subtract line 2 from line 1	3																									
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4																									
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5																									
6	Add lines 3 through 5	6																									
7	Enter the smaller of line 6 or the gain from Form 4797, line 7	7																									
8	Enter the amount, if any, from Form 4797, line 8	8																									
9	Subtract line 8 from line 7. If zero or less, enter -0-	9																									
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10																									
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund																										
	<table border="0"> <tr> <td></td> <td>Regular</td> <td>AMT</td> </tr> <tr> <td>a</td> <td>On Form 1099-DIV</td> <td></td> </tr> <tr> <td>b</td> <td>On Form 2439</td> <td></td> </tr> <tr> <td>c</td> <td>On Schedule(s) K-1</td> <td></td> </tr> <tr> <td>d</td> <td>On Form 1099-R</td> <td></td> </tr> <tr> <td>e</td> <td>From Form 8814</td> <td></td> </tr> <tr> <td>f</td> <td>Other.</td> <td></td> </tr> <tr> <td></td> <td>Total</td> <td></td> </tr> </table>		Regular	AMT	a	On Form 1099-DIV		b	On Form 2439		c	On Schedule(s) K-1		d	On Form 1099-R		e	From Form 8814		f	Other.			Total		11	
	Regular	AMT																									
a	On Form 1099-DIV																										
b	On Form 2439																										
c	On Schedule(s) K-1																										
d	On Form 1099-R																										
e	From Form 8814																										
f	Other.																										
	Total																										
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12																									
13	Add lines 9 through 12.	13																									
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0.																								
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	0.																								
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	16																									
a	Enter your capital gain excess, if you are filing Form 2555	a	0.																								
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	0.																								
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18																									

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

2017

Name(s) Shown on Return
kathryn J harris

Social Security Number
410-19-5568

				Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II	1			
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
	<div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div>				
a	Schedule D . . .				
b	Form 8814 . . .				
c	Schedule B . . .				
d	Form 6252 . . .				
e	Form 2439 . . .				
f	Other				
	Total	2			
3	Enter the total of all collectibles gain or (loss) from:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 4684, line 4 (but only if line 15 is more than zero)				
b	Form 6252				
c	Form 6781, Part II				
d	Form 8824				
	Total	3			
4	Enter the total of any collectibles gain reported to you on:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 1099-DIV, box 2d . . .				
b	Form 2439, box 1d				
c	Schedule K-1 from a partnership, S corporation, estate, or trust				
d	Disposition of interest in partnership or S corporation				
e	Other				
	Total	4			
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	5			
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-	6			
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18	7			
8	Enter the amount of any capital gain excess	8			0.
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a	9	0.		0.

Name(s) Shown on Return
kathryn J harrisSocial Security Number
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1 a	Enter your taxable income from Form 1040, line 43	1 a	0.
b	Enter the amount from your (and your spouse's) Form 2555, line 45	b	
c	Add lines 1a and 1b	1 c	0.
2 a	Enter your qualified dividends from Form 1040, line 9b	2 a	
b	Enter any capital gain excess attributable to qualified dividends	b	
c	Subtract line 2b from line 2a	2 c	
3	Amount from Form 4952, line 4g	3	
4 a	Amount from Form 4952, line 4e	4 a	
b	Amount from the dotted line next to Form 4952, line 4e	b	
c	Line 4b, if applicable, 4a, if not	c	
5	Subtract line 4c from line 3	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0-	6	0.
7 a	Enter line 15 of Schedule D	7 a	
b	Enter line 16 of Schedule D	b	
c	Enter the smaller of line 7a or line 7b	7 c	0.
8	Enter the smaller of line 3 or line 4c	8	
9 a	Subtract line 8 from line 7	9 a	0.
b	Enter any capital gain excess attributable to capital gains	b	
c	Subtract line 9b from line 9a	9 c	0.
10	Add lines 6 and 9c	10	0.
11 a	Enter the amount from Schedule D, line 18	11 a	0.
b	Enter the amount from Schedule D, line 19	b	
c	Add lines 11a and 11b	11 c	0.
12	Enter the smaller of line 9c or line 11c	12	0.
13	Subtract line 12 from line 10	13	0.
14	Subtract line 13 from line 1c. If zero or less, enter -0-	14	0.
15	Enter: • \$37,950 if single or married filing separately; • \$75,900 if married filing jointly or qualifying widow(er); or • \$50,800 if head of household.	15	37,950.
16	Enter the smaller of line 1c or line 15	16	0.
17	Enter the smaller of line 14 or line 16	17	0.
18	Subtr in 10 from in 1c. If zero or less, enter -0-	18	0.
19	Enter the larger of line 17 or line 18	19	0.
20	Subtract line 17 from line 16. This amount is taxed at 0% If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.	20	0.
21	Enter the smaller of line 1c or line 13	21	
22	Enter the amount from line 20 (if line 20 is blank, enter -0-)	22	
23	Subtract line 22 from line 21. If zero or less, enter -0-	23	
24	Enter: • \$418,400 if single, • \$235,350 if married filing separately, • \$470,700 if married filing jointly or qualifying widow(er), • \$444,550 if head of household.	24	
25	Enter the smaller of line 1c or line 24	25	
26	Add lines 19 and 20	26	
27	Subtract line 26 from line 25. If zero or less, enter -0-	27	
28	Enter the smaller of line 23 or line 27	28	
29	Multiply line 28 by 15% (.15)	29	
30	Add lines 22 and 28	30	
31	Subtract line 30 from line 21	31	
32	Multiply line 31 by 20% (.20)	32	
If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.			
33	Enter the smaller of line 9c above or Schedule D, line 19	33	
34	Add lines 10 and 19	34	
35	Enter the amount from line 1c above	35	
36	Subtract line 35 from line 34. If zero or less, enter -0-	36	
37	Subtract line 36 from line 33. If zero or less, enter -0-	37	
38	Multiply line 37 by 25% (.25)	38	

If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.

39	Add lines 19, 20, 28, 31, and 37	39	_____
40	Subtract line 39 from line 1c	40	_____
41	Multiply line 40 by 28% (.28)	41	_____
42	Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet	42	_____
43	Add lines 29, 32, 38, 41, and 42	43	_____ 0.
44	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	44	_____
45	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 44.	45	_____

Form 1040 **Qualified Dividends and Capital Gain Tax Worksheet**
Line 44 ► Keep for your records

2017

Name(s) Shown on Return
kathryn J harris

Social Security Number
410-19-5568

1	Enter the amount from Form 1040, line 43	1	_____
2	Enter the amount from Form 1040, line 9b	2	_____
3	Are you filing Schedule D?		
<input type="checkbox"/>	Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	_____
<input type="checkbox"/>	No. Enter the amount from Form 1040, line 13.		
4	Add lines 2 and 3	4	_____
5	If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-		
6	Subtract line 5 from line 4. If zero or less, enter -0-	6	_____
7	Subtract line 6 from line 1. If zero or less, enter -0-	7	_____
8	Enter: \$37,950 if single or married filing separately, \$75,900 if married filing jointly or qualifying widow(er), \$50,800 if head of household.		
9	Enter the smaller of line 1 or line 8	9	_____
10	Enter the smaller of line 7 or line 9	10	_____
11	Subtract line 10 from line 9 (this amount taxed at 0%)	11	_____
12	Enter the smaller of line 1 or line 6	12	_____
13	Enter the amount from line 11	13	_____
14	Subtract line 13 from line 12.	14	_____
15	Enter: \$418,400 if single, \$235,350 if married filing separately, \$470,700 if married filing jointly or qualifying widow(er), \$444,550 if head of household.		
16	Enter the smaller of line 1 or line 15	16	_____
17	Add lines 7 and 11	17	_____
18	Subtract line 17 from line 16. If zero or less, enter -0-	18	_____
19	Enter the smaller of line 14 or line 18	19	_____
20	Multiply line 19 by 15% (.15)	20	_____
21	Add lines 11 and 19	21	_____
22	Subtract line 21 from line 12	22	_____
23	Multiply line 22 by 20% (.20)	23	_____
24	Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet.		
25	Add lines 20, 23, and 24	25	_____
26	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.		
27	Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040, line 44.		

IRA Contributions Worksheet

2017

► Keep for your records

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
---	---------------------------------------

Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter traditional IRA contributions made for 2017, including any made between 1/1/2018 and 4/17/2018, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan	1,200.	
2	Contributions recharacterized from a Roth IRA (from line 24) . . .		
3	Traditional IRA contributions, from Schedule(s) K-1		
4	Contributions recharacterized (not converted) to a Roth IRA . . .		
►	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	Traditional IRA contributions. Combine lines 1 through 4	1,200.	
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i>		
7	Excess traditional IRA contribution credit.		
8	Repayments of qualified reservist distributions		
9	Total traditional IRA contributions.	1,200.	
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2018 to 4/17/2018 (<i>See Help</i>).	0.	
12	Age 70-1/2 or older in tax year		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
13	Deductible traditional IRA contributions from worksheet.	1,200.	
14	Nondeductible traditional IRA contributions from worksheet. . . .	0.	
	QuickZoom to worksheet indicated by the check: <input checked="" type="checkbox"/> IRA deduction worksheet ► <input type="checkbox"/> Worksheet for social security recipients ►		
15	Amount on line 13 you elect to make nondeductible		
16	Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 16 before due date of return, including extensions.	0.	
17	Deductible traditional IRA contributions, to Form 1040, line 32 . .	1,200.	
18	Qualified reservist repayments		
19	Nondeductible traditional IRA contributions, to Form 8606, ln 1. .	0.	

IRA Contributions Worksheet

2017

► Keep for your records

kathryn J harris

410-19-5568

Page 2

Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
20	Enter regular Roth IRA contributions made for 2017, including any made between 1/1/2018 and 4/17/2018, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan.		
21	Contributions recharacterized from a traditional IRA, (from In 4). . .		
22	Roth IRA contributions, from Schedule(s) K-1		
23	Enter contributions recharacterized to a traditional IRA.		
►	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
24	Disallowed Roth IRA conversions		
25	Roth IRA contributions. Combine lines 20 through 24		
26	Enter any contribution included on line 25 withdrawn before the due date of the tax return. <i>See Help</i>		
27	Excess Roth IRA contribution credit		
28	Total Roth IRA contributions		
29	Repayments of qualified Roth reservist distributions		

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

Coverdell Education Savings Account (Education IRA) Contributions

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

IRA Deduction Worksheet

2017

► Keep for your records

Name(s) Shown on Return kathryn J harris		Social Security Number 410-19-5568	
If filing a joint return, complete lines 1, 2, 3, and 5 for both spouses even if only one spouse has an IRA contribution.		(a) Your IRA	(b) Spouse's IRA
1	Check if covered by a retirement plan at work.	<input type="checkbox"/>	<input type="checkbox"/>
2	Enter your wages and other earned income.	15,280.	
3	Maximum contribution allowed.	5,500.	
4	Enter traditional IRA contributions made, or will be made by April 17, 2018, for 2017 (do not enter more than line 3)	1,200.	
5	Enter Roth IRA contributions made, or will be made by April 17, 2018, for 2017 (do not enter more than line 3)		
Complete the rest of this worksheet for each column only if an amount has been entered on line 4 for that column.			
If (1) you are not filing a joint return, or (2) line 2, column a equals line 2, column b, then skip lines 6 through 9 and enter the smaller of line 2 or line 4 on line 10.			
6	Enter the sum of line 2, columns a and b (enter in both columns if there is an entry on line 4 in both columns)		
7	Enter the sum of line 3, columns a and b (enter in both columns if there is an entry on line 4 in both columns) If line 7 is less than line 6, skip lines 8 and 9 and enter the amount from line 4 on line 10.		
8	In the column with the lower amount on line 2, enter the smaller of line 2 or the sum of line 4 and line 5 from the column with the higher amount on line 2		
9	In the column with the lower amount on line 2, subtract line 8 from line 6. In the column with the higher amount on line 2, enter the smaller of line 2 or line 4		
10	Enter the smaller of line 4 or line 9	1,200.	
If line 1, column a is not checked and, if filing a joint return, line 1, column b is also not checked, skip lines 11 through 15 and enter the amount from line 10 on line 16.			
11	If filing a joint return, enter \$119,000 in the column with the box on line 1 checked, and enter \$196,000 in the column with the box on line 1 not checked. If single or head of household, enter \$72,000 in column a. If qualifying widow(er), enter \$119,000 in column a. If married filing separately, enter \$72,000 (\$10,000 if you lived with your spouse at any time during 2017) in column a		
12	Enter your modified adjusted gross income. If equal to or more than line 11, enter zero on line 15 and go to line 16 . .		
13	Subtract line 12 from line 11. If the result is \$10,000 or more (\$20,000 or more if filing joint and the box on line 1 is checked, or if a qualifying widow(er)), enter the amount from line 3 on line 15 and go to line 16.		
14	Fraction of line 13 that is deductible		
15	Multiply line 13 by line 14. Round up to the next multiple of \$10. If less than \$200, enter \$200		
16	IRA deduction. Enter the smaller of line 10 or line 15.	1,200.	

Schedule A
Line 1

Medical Expenses Worksheet

► Keep for your records

2017

Name(s) Shown on Return
kathryn J harris

Social Security Number
410-19-5568

1	Prescription medications	1	1,450.
2	Health insurance premiums:		
a	Premiums other than self-employed health insurance or reported on a 1095-A . . .	2 a	450.
b	From Form(s) 1095-A - net of adjustments	b	
	Taxpayer's portion of 1095-A premiums (total less spouse)		
	Spouse's portion of 1095-A premiums, enter the amount for the spouse, the remaining goes to the taxpayer		
c	Medicare premiums	c	
d	From Form(s) 1099-R	d	
	NOTE: If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, not on lines 2e - 2j below.		
e	Taxpayer's gross long-term care premiums	2 e	
f	Taxpayer's allowable long-term care premiums	f	
g	Spouse's gross long-term care premiums	g	
h	Spouse's allowable long-term care premiums	h	
i	Dep or child under 27 gross long-term care premiums	i	
j	Dep or child under 27 allowable long-term care prem.	j	
k	Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j	k	
l	Taxpayer's long-term care premiums not deducted as an adjustment to income. . .	l	
m	Spouse's long-term care premiums not deducted as an adjustment to income. . .	m	
n	Dependent's long-term care premiums not deducted as an adj to income	n	
o	Other self-employed health insurance not deducted as an adj to income	o	
3	Fees for doctors, dentists, etc	3	5,400.
4	Fees for hospitals, clinics, etc.	4	1,300.
5	Lab and x-ray fees	5	3,750.
6	Expenses for qualified long-term care	6	
7	Eyeglasses and contact lenses	7	5,200.
8	Medical equipment and supplies	8	
9	Medical transportation expenses:		
a	Medical miles driven	9 a	120
b	Multiply the number of miles on line 9a by 17 cents per mile	b	20.
c	Other medical transportation costs not included above for example: ambulance fees	c	58.
d	Total medical transportation expenses (add lines 9b and 9c)	9 d	78.
10	Lodging for medical purposes (up to \$50 per night per person)	10	
11	Other medical and dental expenses:		
a		11 a	
b		b	
c		c	
d		d	
e		e	
f		f	
g		g	
h		h	
i		i	
j		j	
12	Total of medical and dental expenses (add lines 1 through 11j)	12	17,628.
13 a	Less: insurance reimbursement for any expenses listed	13 a	
b	Less: medical savings account (MSA) or health savings account (HSA) distributions	b	
14	Total deductible medical and dental expenses. Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1).	14	17,628.

- Keep for your records

2017

Name(s) Shown on Return <u>kathryn J harris</u>	Social Security Number <u>410-19-5568</u>
--	--

Estimated Tax Payments for 2017 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/18/17		04/18/17			04/18/17		
2	06/15/17		06/15/17			06/15/17		
3	09/15/17		09/15/17			09/15/17		
4	01/16/18		01/16/18			01/16/18		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2017					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2017 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				473 .	465 .	
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC, 1099-K and 1099-G						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment	St		Loc			
e	Negative Adjustment	St		Loc			
f	Additional Medicare Tax						
19	Total Withholding Lines 10 through 18f				473 .	465 .	
20	Total Tax Payments for 2017				473 .	465 .	

Prior Year Taxes Paid In 2017 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2016 extensions				
22	2016 estimated tax paid after 12/31/2016				
23	Balance due paid with 2016 return				
24	Other (amended returns, installment payments, etc) . .				

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2017

► Keep for your records

Name(s) Shown on Return
kathryn J harris

Social Security Number
410-19-5568

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 38. 13,027.
(2) Nontaxable income entered elsewhere on return
(3) Available income: 2016 refundable credits in excess of tax 27.
(4) Enter any additional nontaxable income
(5) Total available income 13,054.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 465.00

i State and Local Tax Deduction to Schedule A, line 5:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) 465.00

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . ☐ Greater amount . ☒

2 Real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

b	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
c	Real estate taxes paid on additional homes or land	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	_____
e	Vacation home	_____
f	Less real estate taxes deducted on Form 8829	_____
g	Add lines 2a through 2f (to Schedule A, line 6)	_____
3	Personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2016 Amount Enter 2017 description:	
	192.00 Toyota Rav 4	205.00
	_____	_____
	_____	_____
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	57.00
c	Other personal property taxes	_____
d	Add lines 3a through 3c (to Schedule A, line 7)	262.00
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	_____
b	Foreign taxes from interest and dividends	_____
c	Foreign taxes from Schedule(s) K-1	_____
d	Other foreign taxes (not used to claim a foreign tax credit)	_____
e	Other taxes.	
	2016 Amount Enter 2017 description:	
	_____	_____
	_____	_____
	_____	_____
f	Add lines 4a through 4e (to Schedule A, line 8)	_____

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet	_____
b	Qualified mortgage interest from Schedule E Worksheet	_____
c	Less home mortgage interest/points deducted on Form 8829	_____
d	Less home mortgage interest from Form 8396, line 3	_____
e	Add lines 5a through 5d (to Sch A, line 10) or line A2 from above	_____
6	Home mortgage interest not reported on Form 1098:	
a	Mortgage interest from the Home Mortgage Interest Worksheet	_____
b	Less home mortgage interest deducted on Form 8829	_____
c	Add lines 6a and 6b (to Sch A, line 11) or line B2 from above	_____
7	Points not reported on Form 1098:	
a	Amortizable points from the Home Mortgage Interest Worksheet	_____
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet	_____
c	Less points deducted on Form 8829	_____
d	Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above	_____

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2017

► Keep for your records

Name(s) Shown on Return
kathryn J harris

Social Security Number
410-19-5568

State and Local Income Taxes

State income taxes:		
1 State income tax withheld	1	465.
2 2017 state estimated taxes paid in 2017	2	
3 2016 state estimated taxes paid in 2017	3	
4 Amount paid with 2016 state application for extension	4	
5 Amount paid with 2016 state income tax return	5	
6 Overpayment on 2016 state income tax return applied to 2017 tax	6	
7 Other amounts paid in 2017 (amended returns, installment payments, etc.)	7	
8 State estimated tax from Schedule(s) K-1 (Form 1041)	8	
Local income taxes:		
9 Local income tax withheld	9	
10 2017 local estimated taxes paid in 2017	10	
11 2016 local estimated taxes paid in 2017	11	
12 Amount paid with 2016 local application for extension	12	
13 Amount paid with 2016 local income tax return	13	
14 Overpayment on 2016 local income tax return applied to 2017 tax	14	
15 Other amounts paid in 2017 (amended returns, installment payments, etc.)	15	
16 Local estimated tax from Schedule(s) K-1 (Form 1041)	16	
Other:		
17	17	
18 Total Add lines 1 through 17	18	465.
19 State and local refund allocated to 2017	19	
20 Nondeductible state income tax from line 28	20	
21 Total reductions Add lines 19 and 20.	21	
22 Total state and local income tax deduction Line 18 less line 21	22	465.

Nondeductible State Income Tax (Hawaii Only)

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

2017

[illegible]

Schedule A
Line 17

Noncash Contributions Worksheet

2017

► Keep for your records

Name(s) Shown on Return
kathryn J harris

Social Security Number
410-19-5568

Part I Name of Charity and Donation Value

1 Name of charity Pooch Heaven
2 a Value of contribution 135.00

Part II Type of Donated Property

3 Check one:

Tangible personal property

- a ☒ Household items & clothing
b ☐ Motor vehicle, boat, or airplane
c ☐ Art, Other than self-created
d ☐ Art, Self-created
e ☐ Collectibles
f ☐ Business equipment
g ☐ Business inventory
h ☐ Other

Intangible property

- i ☐ Stock, Publicly traded
j ☐ Stock, Other than publicly traded
k ☐ Securities, Other than stock
l ☐ Intellectual property
m ☐ Other

Real property

- n ☐ Real property, Conservation property
o ☐ Real property, Other than conservation

Part III Additional Information

If **total** noncash contributions are more than \$500, complete Part III

4 a Street address of charity 17328 Ventura Blvd
b Charity City or Town . . Los Angeles State . . CA ZIP . . 91423
5 Unique description of donated property Clothing, Footwear, Accessories &
Household items
6 Date of donation (mm/dd/yyyy or Various) 04/13/2017
7 Method used to determine the fair market value . . Comparative sales

Part IV Acquisition Information

If the value of this contribution is more than \$500, complete Part IV

Only enter 'various' for date acquired, if the property was held more than one year.

8 Date the donated property was acquired (mm/dd/yyyy)
9 How the donated property was acquired
10 Cost or adjusted basis in the donated property
11 If business equipment, enter accumulated depreciation

Part V Deduction

12 Amount claimed as a deduction 135.

Part VI Type of Charitable Organization

13 Check one: ☒ (a) 50% charity ☐ (b) Other than 50% charity

Part VII Charity's Use of Certain Appreciated Property

Complete when value is greater than cost.

14 Is the charity's use of property related to its exempt purpose? ☐ Yes ☐ No
Check 'No' if the charity sold the donated property.

Part VIII Motor vehicle, boat, airplanes

15 a Was a Form 1098-C received? ☐ Yes ☐ No
b If **no**, did you receive other written acknowledgment? ☐ Yes ☐ No
c Vehicle Identification Number _____

Part IX Additional Information for Contributions of Property More than \$5,000

Complete Part IX for a contribution of property that has a value of more than \$5,000.
Generally, you must have a written appraisal for these contributions.

16 Was an appraisal required for this property? ☐ Yes ☐ No

17 Appraiser Information:

a Date of Appraisal _____
b Appraiser Title _____
c Appraiser Identifying Number _____
d Appraiser Business Address (including room or suite number) _____
e Appraiser City or Town _____ State _____ ZIP Code _____

18 Charity Information:

a Charity Date of Receipt of Gift _____
b Charity Representative Title _____
c Charity Identifying Number _____
d Charity Street Address (including room or suite number) _____
e Charity City or Town _____ State _____ ZIP Code _____

19 Other Information:

a If a group of items were donated, describe any items
which were appraised at \$500 or less _____
b For **tangible property**, give a brief summary of its overall physical
condition on the date it was donated _____
c For **stock and securities** (checkboxes 3i-3j), enter average trading price _____
d For **bargain sales**, enter the amount received _____

Part X Partial Interest Donations

If entire interest in the property was **not** donated, complete Part X.
Complete Part X for a contribution of property that has a value of \$5,000 or less and for
publicly traded stock donations.

20 Was the **entire interest** donated for this property? ☒ Yes ☐ No
If **no**, complete line 21

21 Partial interest donation information:

a Amount claimed as a deduction on 2017 tax return _____
b Deduction claimed for this property on prior years' tax returns. _____
c Location of tangible property donated _____
d Name of the person, other than the charity on line 1, who has
possession of the donated property _____
Complete lines 21e through 21g only if different from the charity on line 1:
e If a partial interest in this property was donated to a different charity
in a prior year, enter the name of the charity _____
f Street address of prior charity _____
g City of prior charity _____ State _____ ZIP Code _____

Schedule A
Line 17

Noncash Contributions Worksheet

2017

► Keep for your records

Name(s) Shown on Return
kathryn J harris

Social Security Number
410-19-5568

Part I Name of Charity and Donation Value

1 Name of charity Good Will
2 a Value of contribution 191.00

Part II Type of Donated Property

3 Check one:

Tangible personal property

a ☒ Household items & clothing
b ☐ Motor vehicle, boat, or airplane
c ☐ Art, Other than self-created
d ☐ Art, Self-created
e ☐ Collectibles
f ☐ Business equipment
g ☐ Business inventory
h ☐ Other

Intangible property

i ☐ Stock, Publicly traded
j ☐ Stock, Other than publicly traded
k ☐ Securities, Other than stock
l ☐ Intellectual property
m ☐ Other

Real property

n ☐ Real property, Conservation property
o ☐ Real property, Other than conservation

Part III Additional Information

If **total** noncash contributions are more than \$500, complete Part III

4 a Street address of charity 2449 cobb parkway
b Charity City or Town . . smyrna State . . GA ZIP . . 30080
5 Unique description of donated property Clothing, Footwear, Accessories & Household items
6 Date of donation (mm/dd/yyyy or Various) 06/21/2017
7 Method used to determine the fair market value . . Comparative sales

Part IV Acquisition Information

If the value of this contribution is more than \$500, complete Part IV

Only enter 'various' for date acquired, if the property was held more than one year.

8 Date the donated property was acquired (mm/dd/yyyy)
9 How the donated property was acquired
10 Cost or adjusted basis in the donated property
11 If business equipment, enter accumulated depreciation

Part V Deduction

12 Amount claimed as a deduction 191.

Part VI Type of Charitable Organization

13 Check one: ☒ (a) 50% charity ☐ (b) Other than 50% charity

Part VII Charity's Use of Certain Appreciated Property

Complete when value is greater than cost.

14 Is the charity's use of property related to its exempt purpose? ☐ Yes ☐ No
Check 'No' if the charity sold the donated property.

Part VIII Motor vehicle, boat, airplanes

15 a Was a Form 1098-C received? ☐ Yes ☐ No
b If **no**, did you receive other written acknowledgment? ☐ Yes ☐ No
c Vehicle Identification Number _____

Part IX Additional Information for Contributions of Property More than \$5,000

Complete Part IX for a contribution of property that has a value of more than \$5,000.

Generally, you must have a written appraisal for these contributions.

16 Was an appraisal required for this property? ☐ Yes ☐ No

17 Appraiser Information:

a Date of Appraisal _____
b Appraiser Title _____
c Appraiser Identifying Number _____
d Appraiser Business Address (including room or suite number) _____
e Appraiser City or Town _____ State _____ ZIP Code _____

18 Charity Information:

a Charity Date of Receipt of Gift _____
b Charity Representative Title _____
c Charity Identifying Number _____
d Charity Street Address (including room or suite number) _____
e Charity City or Town _____ State _____ ZIP Code _____

19 Other Information:

a If a group of items were donated, describe any items
which were appraised at \$500 or less _____
b For **tangible property**, give a brief summary of its overall physical
condition on the date it was donated _____
c For **stock and securities** (checkboxes 3i-3j), enter average trading price _____
d For **bargain sales**, enter the amount received _____

Part X Partial Interest Donations

If entire interest in the property was **not** donated, complete Part X.

Complete Part X for a contribution of property that has a value of \$5,000 or less and for publicly traded stock donations.

20 Was the **entire interest** donated for this property? ☒ Yes ☐ No
If **no**, complete line 21

21 Partial interest donation information:

a Amount claimed as a deduction on 2017 tax return _____
b Deduction claimed for this property on prior years' tax returns. _____
c Location of tangible property donated _____
d Name of the person, other than the charity on line 1, who has
possession of the donated property _____
Complete lines 21e through 21g only if different from the charity on line 1:
e If a partial interest in this property was donated to a different charity
in a prior year, enter the name of the charity _____
f Street address of prior charity _____
g City of prior charity _____ State _____ ZIP Code _____

Schedule A
Line 17

Noncash Contributions Worksheet

2017

► Keep for your records

Name(s) Shown on Return
kathryn J harris

Social Security Number
410-19-5568

Part I Name of Charity and Donation Value

1 Name of charity Good Will

2 a Value of contribution 282.00

Part II Type of Donated Property

3 Check one:

Tangible personal property

- a** ☒ Household items & clothing
b ☐ Motor vehicle, boat, or airplane
c ☐ Art, Other than self-created
d ☐ Art, Self-created
e ☐ Collectibles
f ☐ Business equipment
g ☐ Business inventory
h ☐ Other

Intangible property

- i** ☐ Stock, Publicly traded
j ☐ Stock, Other than publicly traded
k ☐ Securities, Other than stock
l ☐ Intellectual property
m ☐ Other

Real property

- n** ☐ Real property, Conservation property
o ☐ Real property, Other than conservation

Part III Additional Information

If **total** noncash contributions are more than \$500, complete Part III

4 a Street address of charity 2449 cobb parkway

b Charity City or Town . . smyrna State . . GA ZIP . . 30080

5 Unique description of donated property Clothing, Footwear, Accessories & Household items

6 Date of donation (mm/dd/yyyy or Various) 03/05/2017

7 Method used to determine the fair market value . . Comparative sales

Part IV Acquisition Information

If the value of this contribution is more than \$500, complete Part IV

Only enter 'various' for date acquired, if the property was held more than one year.

8 Date the donated property was acquired (mm/dd/yyyy)

9 How the donated property was acquired

10 Cost or adjusted basis in the donated property

11 If business equipment, enter accumulated depreciation

Part V Deduction

12 Amount claimed as a deduction 282.

Part VI Type of Charitable Organization

13 Check one: ☒ (a) 50% charity ☐ (b) Other than 50% charity

Part VII Charity's Use of Certain Appreciated Property

Complete when value is greater than cost.

14 Is the charity's use of property related to its exempt purpose? ☐ Yes ☐ No
Check 'No' if the charity sold the donated property.

Part VIII Motor vehicle, boat, airplanes

15 a Was a Form 1098-C received? ☐ Yes ☐ No
b If **no**, did you receive other written acknowledgment? ☐ Yes ☐ No
c Vehicle Identification Number _____

Part IX Additional Information for Contributions of Property More than \$5,000

Complete Part IX for a contribution of property that has a value of more than \$5,000.
Generally, you must have a written appraisal for these contributions.

16 Was an appraisal required for this property? ☐ Yes ☐ No

17 Appraiser Information:

a Date of Appraisal _____
b Appraiser Title _____
c Appraiser Identifying Number _____
d Appraiser Business Address (including room or suite number) _____
e Appraiser City or Town _____ State _____ ZIP Code _____

18 Charity Information:

a Charity Date of Receipt of Gift _____
b Charity Representative Title _____
c Charity Identifying Number _____
d Charity Street Address (including room or suite number) _____
e Charity City or Town _____ State _____ ZIP Code _____

19 Other Information:

a If a group of items were donated, describe any items
which were appraised at \$500 or less _____
b For **tangible property**, give a brief summary of its overall physical
condition on the date it was donated _____
c For **stock and securities** (checkboxes 3i-3j), enter average trading price _____
d For **bargain sales**, enter the amount received _____

Part X Partial Interest Donations

If entire interest in the property was **not** donated, complete Part X.
Complete Part X for a contribution of property that has a value of \$5,000 or less and for
publicly traded stock donations.

20 Was the **entire interest** donated for this property? ☒ Yes ☐ No
If **no**, complete line 21

21 Partial interest donation information:

a Amount claimed as a deduction on 2017 tax return _____
b Deduction claimed for this property on prior years' tax returns. _____
c Location of tangible property donated _____
d Name of the person, other than the charity on line 1, who has
possession of the donated property _____
Complete lines 21e through 21g only if different from the charity on line 1:
e If a partial interest in this property was donated to a different charity
in a prior year, enter the name of the charity _____
f Street address of prior charity _____
g City of prior charity _____ State _____ ZIP Code _____

Charitable Deduction Limits Worksheet For Current Year Contributions

2017

► Keep for your records

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
---	---------------------------------------

Step 1. List your qualified charitable contributions made during the year.

- 1 Enter contributions for relief efforts in the Hurricanes Harvey, Irma & Maria disaster areas that you elect to treat as qualified contributions. Do not include this amount on line 2 below

Step 2. List your other charitable contributions made during the year.

- 2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1 608.
- 3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value
- 4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations
- 5 Enter your contributions "for the use" of any qualified organization
- 6 Add lines 4 and 5
- 7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2)

Step 3. Figure your deduction for the year and your carryover to the next year.

- 8 Enter your adjusted gross income 13,027.
- 9 Multiply line 8 by 0.5. This is your 50% limit. 6,514.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
Contributions to 50% limit organizations						
10 Enter the smaller of line 2 or line 9					608.	
11 Subtract line 10 from line 2						0.
12 Subtract line 10 from line 9			5,906.			
Contributions not to 50% limit organizations						
13 Add lines 2 and 3		608.				
14 Multiply line 8 by 0.3. This is your 30% limit.		3,908.	3,908.			
15 Subtract line 13 from line 9		5,906.				
16 Enter the smallest of line 6, 14, or 15					0.	
17 Subtract line 16 from line 6						0.
18 Subtract line 16 from line 14				3,908.		
Capital gain property to 50% limit organizations						
19 Enter the smallest of line 3, 12, or 14					0.	
20 Subtract line 19 from line 3						0.
21 Subtract line 16 from line 15				5,906.		
22 Subtract line 19 from line 14				3,908.		
Capital gain property not to 50% limit organizations						
23 Multiply line 8 by 0.2. This is your 20% limit.				2,605.		
24 Enter the smaller of line 7, 18, 21, 22, or 23					0.	
25 Subtract line 24 from line 7						0.
26 Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19					608.	
27 Subtract line 26 from line 8	12,419.					
28 Enter the smaller of line 1 or line 27 here on Schedule A, line 19.					0.	
29 Subtract line 28 from line 1						0.
30 Add lines 11, 17, 20, 25 and 29. Carry to next year.						0.

Charitable Deduction Limits Worksheet For Carryover Contributions

2017

► Keep for your records

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
---	---------------------------------------

Step 1. List your qualified charitable contributions made during the year.

- 1 Enter contributions for relief efforts in the Hurricanes Harvey, Irma & Maria disaster areas that you elect to treat as qualified contributions. Do not include this amount on line 2 below

Step 2. List your other charitable contributions made during the year.

- 2 Enter your contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1
- 3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value
- 4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations
- 5 Enter your contributions "for the use" of any qualified organization
- 6 Add lines 4 and 5
- 7 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1 or 2)

Step 3. Figure your deduction for the year and your carryover to the next year.

- 8 Enter your adjusted gross income 13,027.
- 9 Multiply line 8 by 0.5. This is your 50% limit. 6,514. less. 608.

		Limits				Deduct this year	Carryover to next year
		Cash and Other		Capital gain			
		50% Org	Other	50% Org	Other		
Contributions to 50% limit organizations							
10	Enter the smaller of line 2 or line 9					0.	
11	Subtract line 10 from line 2						0.
12	Subtract line 10 from line 9			5,906.			
Contributions not to 50% limit organizations							
13	Add lines 2 and 3		608.				
14	Multiply line 8 by 0.3. This is your 30% limit.		3,908.	3,908.			
15	Subtract line 13 from line 9		5,906.				
16	Enter the smallest of line 6, 14, or 15					0.	
17	Subtract line 16 from line 6						0.
18	Subtract line 16 from line 14				3,908.		
Capital gain property to 50% limit organizations							
19	Enter the smallest of line 3, 12, or 14					0.	
20	Subtract line 19 from line 3						0.
21	Subtract line 16 from line 15			5,906.			
22	Subtract line 19 from line 14			3,908.			
Capital gain property not to 50% limit organizations							
23	Multiply line 8 by 0.2. This is your 20% limit.				2,605.		
24	Enter the smaller of line 7, 18, 21, 22, or 23					0.	
25	Subtract line 24 from line 7						0.
26	Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19					0.	
27	Subtract line 26 from line 8	13,027.					
28	Enter the smaller of line 1 or line 27 here on Schedule A, line 19.					0.	
29	Subtract line 28 from line 1						0.
30	Add lines 11, 17, 20, 25 and 29. Carry to next year.						0.

- Keep for your records

Social Security Number
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Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 100% Limit
Totals: _____				

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Pooch Heaven	135.	135.			
Good Will	191.	191.			
Good Will	282.	282.			
Totals:	608.	608.			

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) 100% Limit	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2017 contributions	608 .		608 .			
2 2017 contributions allowed	608 .	0 .	608 .	0 .	0 .	0 .
3 Carryovers from:						
a 2016 tax year						
b 2015 tax year						
c 2014 tax year						
d 2013 tax year						
e 2012 tax year						
4 Carryovers allowed in 2017	0 .		0 .	0 .	0 .	0 .
5 Carryovers disallowed in 2017	0 .		0 .	0 .	0 .	0 .
6 Carryovers to 2018:						
a From 2017	0 .		0 .	0 .	0 .	0 .
b From 2016						
c From 2015						
d From 2014						
e From 2013						
f From 2012						

1	Was the entire interest given for all property donated to all charities?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Were restrictions attached to any charities's right to use or dispose of any property donated to any charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3	Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4	Was any charity other than a 50% charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Schedule A
Lines 21, 23, 28

Miscellaneous Itemized Deductions Worksheet

2017

► Keep for your records

Name(s) Shown on Return
kathryn J harris

Social Security Number
410-19-5568

Employee Business Expenses – Subject to 2% Limitation

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere	1	1,118.
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet)	2a	
b	Educator Expense Deduction (from 1040, line 23)	2b	
c	Excess Educator Expenses (line 2a less line 2b).	2c	
3	Union and professional dues	3	
4	Professional subscriptions	4	
5	Uniforms and protective clothing	5	
6	Job search costs	6	
7	Other: _____ _____ _____	7	
8	Combine lines 1 through 7 (to Schedule A, line 21)	8	1,118.

Miscellaneous Expenses – Subject to 2% Limitation

Check the box in investment column if an investment expense

Investment
expense ↓

9	Depreciation and amortization deductions	<input checked="" type="checkbox"/>	9	55.
10	Casualty/theft losses of property used in services as an employee	<input type="checkbox"/>	10	
11	REMIC expenses, from Schedule E	<input checked="" type="checkbox"/>	11	
12	Investment expenses related to interest and dividend income	<input checked="" type="checkbox"/>	12	
13	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	13	
14	Miscellaneous deductions, from Schedule(s) K-1	<input type="checkbox"/>	14	
15	Excess deductions on termination, from Schedule(s) K-1	<input type="checkbox"/>	15	
16	Investment counsel and advisory fees	<input checked="" type="checkbox"/>	16	
17	Certain attorney and accounting fees	<input checked="" type="checkbox"/>	17	
18	Safe deposit box rental fees	<input checked="" type="checkbox"/>	18	
19	IRA custodial fees	<input checked="" type="checkbox"/>	19	
20	Loss incurred from total distribution of all traditional IRAs	<input type="checkbox"/>	20	
21	Loss incurred from total distribution of all Roth IRAs	<input type="checkbox"/>	21	
22	Loss incurred from final distribution of a QTP investment	<input type="checkbox"/>	22	
23	Hobby expense (limited to hobby income)	<input type="checkbox"/>	23	
24	Other: a Prior year government unemployment benefits repaid in 2017 b _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24	
25	Combine lines 9 through 24 (to Schedule A, line 23)		25	55.

Other Miscellaneous Deductions – Not Subject to 2% Limitation

26	Expenses related to portfolio income, from Schedule(s) K-1	<input checked="" type="checkbox"/>	26	
27	Federal estate tax paid on decedent's income reported on this return		27	
28	Impairment-related expenses of a handicapped employee, from Form 2106		28	
29	Amortizable bond premiums on bonds acquired before 10/23/86		29	
30	Gambling losses		30	
31	Deduction for repayment of amounts under claim of right if over \$3,000		31	
32	Casualty/theft losses of income-producing property		32	
33	Unrecovered investment in annuity		33	
34	Ordinary loss attributable to certain debt instruments		34	
35	Net Qualified Disaster Loss		35	
36	Combine lines 26 through 35 (to Schedule A, line 28)		36	

Tax Year 2017

- Keep for your records

kathryn J harris

Sch A - Misc Deductions

410-19-5568

[illegible]

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

- Keep for your records

410-19-5568

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset H = Home Office

Asset Entry Worksheet

2017

QuickZoom to another copy of Asset Entry Worksheet . .

Name(s) Shown on Return
kathryn J harris

Social Security Number
410-19-5568

Activity: Sch A Misc Deductions

Asset Information

- 1 Description of asset computer Example: Laser printer
- 2 Date placed in service 02/14/2014 Example: 06/15/2017
- 3 Enter the total cost when asset was acquired 960. Include land for asset type I, J or M
- 4 Type of asset. A - Computer
- 5 Percentage of business use 100.00 % Range: 1.00 to 100.00
If blank, 100.00% is used.
- 6 Enter the amount of Sec 179 expense elected Applicable for asset type A-G, P, Q.
Subject to limitation. See Tax Help.
- 7 Total amount of land included in the cost Applicable for asset type I, J or M
- 8 a **Economic Stimulus - Qualified Property** ☒ Yes ☐ No
 - 1 If yes, and if placed in service after 9/27/17, was this property
acquired after 9/27/17? ☐ Yes ☐ No ☒ N/A
 - 2 For post 9/27/17, elect 50% in place of 100% Special Depreciation
Allowance ☐ Yes ☐ No ☒ N/A
- b **Qualified Second Generation/Cellulosic Biofuel/Biomass Plant Property** ☐ Yes ☒ No
- c **Qualified Disaster Area - Qualified Property** ☐ Yes ☒ No
- d **Kansas Disaster Zone - Qualified Property** ☐ Yes ☒ No
- e **Gulf Opportunity Zone - Qualified Property** ☐ Reg ☐ Ext ☒ No
- f In service in GO Zone Ext bldg within 90 days of bldg in-service date ☐ Yes ☐ No ☒ N/A
- g Percentage for Special Depreciation Allowance. ☒ 100% & 50% ☐ 30% ☐ N/A
- h Elect OUT of Special Depreciation Allowance ☐ Yes ☒ No
- i Elect 30% in place of 50% Special Depreciation Allowance ☐ Yes ☒ No
- j **QuickZoom** to view the Election statements ►
- k Special Depreciation Allowance Deduction 480.
- l AMT Special Depreciation Allowance Ded. 480.
- 9 Prior depreciation 342.
- 10 **Depreciation deduction** ► 55.
- 11 AMT prior depreciation 342.
- 12 AMT depreciation deduction 55.
- 13 AMT adjustment/preference 0. See Tax Help for computation
- 14 **QuickZoom** to Asset Life History ►
- 15 If a computer or peripheral equipment (asset type A), was asset
used exclusively at your regular business establishment? ☒ Yes ☐ No
- 16 If video, photo, or phono equipment (asset type B),
was asset used exclusively at your regular business establishment,
or in connection with your principal trade or business? ☐ Yes ☐ No
- 17 If rental appliances, carpeting, or furniture (asset type F), have you
amended a prior year tax return or filed Form 3115 to change
the recovery period to 5 years? ☐ Yes ☐ No
- 18 Enter the IRC section under which you amortize
the cost of intangibles (asset type L)

Dispositions — Complete only if you sold, abandoned, or otherwise disposed of the asset in 2017

19	Date sold, given away, or abandoned in 2017	_____	Example: 12/01/2017
20	Date acquired	02/14/2014	If converted from personal use
21	Asset sales price	_____	Enter business portion only
22	Asset expense of sale	_____	Enter business portion only
23	Property type	_____	
24	Land sales price	_____	Enter business portion only
25	Land expense of sale	_____	Enter business portion only
26	Section 179 deduction allowed	_____	
27	If Section 1250:		
a	Additional depreciation after 1975	_____	
b	Applicable percentage	_____ %	
c	Additional depreciation after 1969 and before 1976	_____	
28 a	Double click to link sale to Form 6252	► _____	
b	Double click to link sale to Home Sale Wks	► _____	
29	Basis for gain or loss, if different from ln 3	_____	Enter 100% of basis
30	Basis for AMT gain or loss, if diff from ln 53	_____	Enter 100% of basis
31	Gain or loss	_____	
32	AMT gain or loss	_____	
33	Part of Form 4797 that gain or loss carries to	_____	
34	Land gain or loss (if separate)	_____	Only applies if line 24 is entered
35	Part of Form 4797 that land gain or loss carries to (if separate)	_____	
36	Check to compute personal residence depreciation after May 6, 1997	<input type="checkbox"/>	
	Regular tax after 5/6/97		AMT after 5/6/97

Detail Asset Information — This section is calculated for most assets from the data above.
Use Find Next Error feature to check for any required entries.

37	Listed property?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	See Tax Help
38	Subject to automobile limitations?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
39	Truck or van?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
40	Electric Passenger Vehicle?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
41	Heavy SUV?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
42	Eligible Section 179 property?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Applies to current year assets only
43	Use IRS tables for MACRS property?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	
44	Qualified Indian reservation property?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	

Regular Depreciation

45	Depreciation Type	MACRS	
46	Asset class	5	
47	Depreciation Method	200DB	
48	MACRS convention	HY	
49	QuickZoom to set 2017 convention	► <input type="checkbox"/>	
50	Recovery period	5.0	
51	Year of depreciation	4	
52	Depreciable basis	480.	See Tax Help for computation

Alternative Minimum Tax Depreciation

53	AMT basis, if different from line 3.	_____	
54	If placed in service before 1987, is asset	_____	
55	AMT depreciation method	200DB	
56	AMT recovery period	5.0	
57	AMT depreciable basis	480.	

MACRS Property Involved in a Like-kind Exchange or Involuntary Conversion

- 58 Elect OUT of regs under Sec 1.168(i)-6(i) ☐ Yes ☐ No ☒ N/A
- 59 Asset ID (Enter same ID on all related assets) _____
- 60 If this asset represents entire basis of replacement property, enter excess basis _____
- 61 If this asset represents exchanged basis of replacement property, enter:
- a Date placed in service of relinquished property _____
- b Date of disposition of relinquished property _____
- c MACRS convention for relinquished property _____
- d Depreciation claimed on relinquished property in year of disposition _____
- e AMT depreciation claimed on relinquished property in year of disposition _____

State Depreciation

- 62 **QuickZoom** to select or delete states ► _____
- 63 a State (CA info must be entered in CA state return, do not enter here). GA
- b Asset status . Non-conformity - computed using state amounts
- c State cost or basis 960.
- d State Section 179 deduction _____
- e State Section 179 deduction allowed (enter for dispositions only) _____
- f State Special Depreciation Allowance _____
- g State asset class 5
- h State depreciation method 200DB
- i State MACRS convention HY
- j State recovery period 5.0
- k State depreciable basis 960.
- l State prior depreciation _____
- m **State depreciation deduction** ► 111.
- n If this asset represents entire basis of replacement property, enter excess basis _____
- o If exchanged basis, enter depr on relinquished property in year of disposition _____
- p State gain/loss basis, if different from state cost. _____
- q Include asset in state return ☒ Yes ☐ No

Asset Life History

Yearly Allowable Depreciation

2017

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
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Description: computer Depreciation type: MACRS Asset class: 5
 Cost/
 Basis: 960. Depreciable Basis: 480. Method: 200DB Life: 5.00
 AMT Cost/ AMT Depreciable AMT AMT
 Basis: 960. Basis: 480. Method: 200DB Life: 5.00

Tax Year	Prior Depreciation	Deduction for the Year	AMT Prior Depreciation	AMT Deduction for the Year
1 2014	0.	96.	0.	96.
2 2015	96.	154.	96.	154.
3 2016	250.	92.	250.	92.
4 2017	342.	55.	342.	55.
5 2018	397.	55.	397.	55.
6 2019	452.	28.	452.	28.
7				
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Schedule A
Line 29

Itemized Deductions Worksheet

2017

► Keep for your records

Name(s) Shown on Return
kathryn J harris

Social Security Number
410-19-5568

1	Add the amounts on Schedule A, lines 4, 9, 15, 19, 20, 27 and 28	1	19,248.
2	Add the amounts on Schedule A, lines 4, 14 and 20, plus any gambling and casualty or theft losses included on line 28. Also include in the total any amount included on Schedule A, line 16, that you elected to treat as qualified contributions for the relief efforts in a Hurricane disaster area. CAUTION: Be sure your total gambling and casualty or theft losses are clearly identified on the Miscellaneous Itemized Deductions Statement.	2	16,651.
3	Is the amount on line 2 less than the amount on line 1? <input type="checkbox"/> No. STOP. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input checked="" type="checkbox"/> Yes. Subtract line 2 from line 1	3	2,597.
4	Multiply line 3 by 80% (.80)	4	2,078.
5	Enter the amount from Form 1040, line 38	5	13,027.
6	Enter \$261,500 if single; \$313,800 if married filing jointly or qualifying widow(er); \$287,650 if head of household, \$156,900 if married filing separately	6	261,500.
7	Is the amount on line 6 less than the amount on line 5? <input checked="" type="checkbox"/> No. STOP. Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input type="checkbox"/> Yes. Subtract line 6 from line 5	7	
8	Multiply line 7 by 3% (.03)	8	
9	Enter the smaller of line 4 or line 8	9	
10	Total itemized deductions. Subtract line 9 from line 1. (to Schedule A, line 29, or line 15 if filing form 1040NR)	10	

Form 1040
Line 40

Standard Deduction Worksheet for Dependents

2017

► Keep for your records

Name(s) Shown on Return
kathryn J harris

Social Security Number
410-19-5568

Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

<p>1 Is your earned income* more than \$700?</p> <p><input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total</p> <p><input type="checkbox"/> No. Enter \$1,050</p>	<p>_____ ► . . .</p> <p>_____ ► . . .</p>	<p>1</p> <p>2</p>	<p>_____</p> <p>6,350.</p>
<p>2 Enter the amount shown below for your filing status.</p> <ul style="list-style-type: none"> • Single or married filing separately — \$6,350 • Married filing jointly or Qualifying widow(er) — \$12,700 • Head of household — \$9,350 			
<p>3 Standard deduction.</p>			
<p>3 a Enter the smaller of line 1 or line 2. If born after January 1, 1953, and not blind, stop here and enter this amount on Form 1040, line 40. Otherwise go to line 3b</p>		<p>3 a</p>	_____
<p>3 b If born before January 2, 1953, or blind, multiply the number on Form 1040, line 39a, by \$1,250 (\$1,550 if single or head of household)</p>		<p>3 b</p>	_____
<p>3 c Add lines 3a and 3b. Enter the total here and on Form 1040, line 40</p>		<p>3 c</p>	_____

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040, lines 7, 12, and 18, minus the amount, if any, on line 27; or on Form 1040A, line 7.

Form 1040
Line 42

Deduction for Exemptions Worksheet

2017

► Keep for your records

Name(s) Shown on Return
kathryn J harris

Social Security Number
410-19-5568

1	Multiply \$4,050 by the total number of exemptions claimed on Form 1040, line 6d	1	4,050.
2	Enter the amount from Form 1040, line 38	2	13,027.
3	Enter the amount shown below for your filing status: <ul style="list-style-type: none"> • Single, enter \$261,500 • Married filing jointly or qualifying widow(er), enter \$313,800 • Married filing separately, enter \$156,900 • Head of household, enter \$287,650 	3	261,500.
4	Subtract line 3 from line 2. If zero or less, stop ; enter the amount from line 1 above on Form 1040, line 42.	4	-248,473.
5	Is line 4 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> Yes. You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. Do not complete the rest of this worksheet. <input type="checkbox"/> No. Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next whole number (for example, increase .0004 to 1)	5	
6	Multiply line 5 by 2% (.02) and enter the result as a decimal.	6	
7	Multiply line 1 by line 6	7	
8	Deduction for exemptions. Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42	8	

Earned Income Worksheet

2017

► Keep for your records

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
---	---------------------------------------

Part I – Earned Income Credit Wks Computation	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)	-1,053.		-1,053.
c Add lines 2a and 2b	-1,053.		-1,053.
3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5	-1,053.		-1,053.

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)	-1,053.		-1,053.
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	15,280.		15,280.
7 a Taxable employer-provided adoption benefits.			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 19 and 20	14,227.		14,227.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	14,227.		14,227.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	14,227.		14,227.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)	-1,053.		-1,053.
16 Wages, salaries, tips, etc	15,280.		15,280.
17 Net self-employment loss	1,053.		1,053.
18 Alimony received.			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	15,280.		15,280.

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

23 Self-employed, church and statutory employees	-1,053.		-1,053.
24 Wages, salaries, tips, etc	15,280.		15,280.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2.	14,227.		14,227.

► Keep for your records

Name(s) Shown on Return
kathryn J harrisSocial Security Number
410-19-5568**Investment Interest Expense** (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1	1	
2	Investment interest expense from royalties	2	
3	Other investment interest expense:	3 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----	4	
4	Total investment interest expense. Add lines 1 through 3.		

Gross Income from Property Held for Investment (Form 4952, line 4a)

5	Taxable investment income:	5 a	
a	From Schedule B, Interest and Dividend Income	b	
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	c	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends	d	
d	Total	6	
6	Royalty income, from Schedule E	7	
7	Net passive income from publicly traded partnerships	8	
8	Income from nonpassive trade or business without material participation	9 a	
9	Other investment income:	b	
a	-----	c	
b	-----	d	
c	-----	10	
d	-----		
10	Total investment income. Add lines 5d through 9.		

Net Capital Gain Income (Form 4952, lines 4d and 4e)

		Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16	11 a	
b	Less net gains from property not held for investment	b	
c	Net gains from property held for investment.	c	
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16.	12 a	
b	Less net capital gains from property not held for investment.	b	
c	Net capital gains from property held for investment.	c	

Investment Expenses (Form 4952, line 5)

13	Royalty expenses	13	
14	Investment expenses included as itemized deductions (after the 2% limitation)	14	55.
15	Investment expenses included as itemized deductions (no 2% limitation)	15	
16	Expenses from nonpassive trade or business without material participation	16	
17	Other investment expenses:	17 a	
a	-----	b	
b	-----	c	
c	-----	d	
d	-----	18	55.
18	Total investment expenses. Add lines 13 through 17.		

Allocation of Investment Interest Expense (Schedule A, line 14)

		Regular Tax	Alt Min Tax
19	Allowed investment interest expense, Form 4952, line 8	19	
20	Less amount deducted on other forms and schedules:	20	
a	Deducted on Schedule E, page 2 for passthru entities	a	
b	Deducted on Schedule E, page 1 for royalties	b	
c	Other amounts deducted on other forms and schedules	c	
d	Total amount deducted on other forms and schedules	d	
21	Investment interest expense.	21	

Form 1040
Line 66

Earned Income Credit Worksheet

2017

► Keep for your records

Name(s) Shown on Return
kathryn J harris

Social Security Number
410-19-5568

QuickZoom to Schedule EIC ►

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

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

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

<p>1 Enter the amount from Form 1040 or 1040A, line 7, or Form 1040EZ, line 1, less amounts considered not earned for EIC purposes</p> <p>2 Adjustments to line 1 amount:</p> <p style="padding-left: 20px;">a Income reported as wages and as self-employment income.</p> <p style="padding-left: 20px;">b Other income entered as wages that is not considered earned income</p> <p style="padding-left: 20px;">c Distributions from section 457 and other nonqualified plans reported on W-2</p> <p>3 Subtract lines 2a, 2b and 2c from line 1</p> <p>4 a Taxpayer's nontaxable combat pay election for EIC 4 a</p> <p style="padding-left: 20px;">b Spouse's nontaxable combat pay election for EIC b</p> <p style="padding-left: 20px;">c Total nontaxable combat pay election 4 c</p> <p>5 If you were self-employed or used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4</p> <p>6 Earned income. Add lines 3, 4, and 5.</p> <p>7 Enter the credit, from the EIC Table, for the amount on line 6. Be sure to use the correct column for filing status and number of children.</p> <p style="padding-left: 40px;">If line 7 is zero, stop. You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 66a.</p> <p>8 Enter your AGI from Form 1040, line 38</p> <p>9 If you have:</p> <ul style="list-style-type: none"> • No qualifying children, is the amount on line 8 less than \$8,350 (\$13,950 if married filing jointly)? • 1 or more qualifying children, is the amount on line 8 less than \$18,350 (\$23,950 if married filing jointly)? <p><input type="checkbox"/> Yes. Go to line 10 now.</p> <p><input checked="" type="checkbox"/> No. Enter the credit, from the EIC Table, for the amount on line 8. Be sure to use the correct column for filing status and number of children</p> <p>10 Earned income credit.</p> <ul style="list-style-type: none"> • If 'Yes' on line 9, enter the amount from line 7 • If 'No' on line 9, enter the smaller of line 7 or line 9 	<p>1</p> <p>2 a</p> <p>b</p> <p>c</p> <p>3</p> <p>4 a</p> <p>b</p> <p>4 c</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p>	<p>15,280.</p> <p></p> <p></p> <p></p> <p>15,280.</p> <p></p> <p></p> <p></p> <p>-1,053.</p> <p>14,546.</p> <p>37.</p> <p></p> <p>13,027.</p> <p></p> <p></p> <p>152.</p> <p>37.</p>
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Enter line 10 amount on Form 1040, line 66a, Form 1040A, line 42a, or Form 1040EZ, line 8a.

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2017?

- ☐ Yes, all of the above is correct.
- ☐ No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2017?

- 2 ☐ Yes, my dependents lived with me at this address.
- ☐ No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2017.

Compliance and Due Diligence Indicator☒

Disqualified from Earned Income Credit.☐ Yes ☒ No

Potential qualifying child count▶ 0

Non dependent potential qualifying child count▶ 0

Qualifying child count (max 3)▶ 0

Schedule SE Adjustments Worksheet

2017

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Name(s) Shown on Return
kathryn J harris

Social Security Number
410-19-5568

	(a) Taxpayer	(b) Spouse
QuickZoom to the Short Schedule SE (Schedule SE, page 1) ►	<input checked="checked" type="checkbox"/>	<input type="checkbox"/>
QuickZoom to the Long Schedule SE (Schedule SE, page 2) ►	<input type="checkbox"/>	<input type="checkbox"/>
A Use Long Schedule SE, even if qualified to use Short Schedule SE .	<input type="checkbox"/>	<input type="checkbox"/>
B Approved Form 4029. Exempt from SE tax on all income	<input type="checkbox"/>	<input type="checkbox"/>
C Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . .		
D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help).		
Part I Farm Profit or (Loss) Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 Total for Schedule SE, line 1		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code Z		
c Total CRP payments not subject to SE tax		
Part II Nonfarm Profit or (Loss) Schedule SE, line 2		
1 a Total Schedules C	-1,053.	
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 7		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d QuickZoom to the Explanation statement for entry on line 5c.		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 Total for Schedule SE, line 2	-1,053.	
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
Part III Farm Optional Method Schedule SE, page 2, Part II		
1 Use Farm Optional Method	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1 . .		
4 Other gross farming or fishing self-employment income		
5 Total gross income for Farm Optional Method		
Part IV Nonfarm Optional Method Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 Total gross income for Nonfarm Optional Method		

Name(s) Shown on Return
kathryn J harrisSocial Security Number
410-19-5568**Part I Information from Form(s) 1098-E, Student Loan Interest Statement**

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
Total student loan interest.				

Part II Computation of Student Loan Interest Deduction

1	Enter the total interest you paid in 2017 on qualified student loans (see Form 1040 instructions).	1	
2	Enter the smaller of line 1 or \$2,500.	2	
3	Modified AGI Note: If line 3 is \$80,000 or more if single, head of household, or qualifying widow(er) or \$165,000 or more if married filing jointly, stop here . You cannot take the deduction.	3	13,027.
4	Enter: \$65,000 if single, head of household, or qualifying widow(er); \$135,000 if married filing jointly.	4	65,000.
5	Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8	5	0.
6	Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places)	6	0.0000
7	Multiply line 2 by line 6	7	
8	Student loan interest deduction. Subtract line 7 from line 2. Enter the result here and on Form 1040, line 33. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	8	

* **Modified AGI** is the amount from Form 1040, line 22, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Form 1040, lines 23 through 32 and any write-in amount next to line 36, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2017

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Name(s) Shown on Return kathryn J harris		Social Security Number 410-19-5568	
	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 30.	0.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37.			0.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

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Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
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Taxable Income – Line 1

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.)	1	-6,221.
2	Additions to income	2	
3	Add lines 1 and 2	3	-6,221.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	-6,221.

Taxes – Line 3

1	Generation skipping transfer taxes included on Schedule A, line 8	1	
---	---	---	--

Home Mortgage Interest Adjustment – Line 4

	(a) Deductible for AMT Purposes	(b) NOT Deductible for AMT Purposes	(c) Total Home Mortgage Interest
1 Attributable to mortgage used to purchase, build, or improve:			
a Main home or second home that is house, apartment, condominium or non-transient mobile home			
b Second home that is transient mobile home or boat			
c Total			
2 Attributable to mortgage used to refinance:			
a To pay off mortgage			
b For other purposes			
c Total			
3 Attributable to other mortgage deductible for AMT:			
a Pre-July 1, 1982 mortgage			
4 Total column (a)			
5 Total column (b). Enter result on Form 6251, line 4.			
6 Total mortgage interest from Schedule A			

Refund of Taxes – Line 7

1	Taxable refund of state and local income tax	1	0.
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986	2	
3	Total tax refund adjustment. Enter on Form 6251, line 7	3	0.

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 11

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	-3,906.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	-3,906.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	0.
6	Enter ATNOL carried to 2016 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 11, as neg.	11	

Incentive Stock Options – Line 14

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 14	5	

Alternative Minimum Taxable Income – Line 28

If married filing separately and Form 6251, line 28, is more than \$249,450:		
1	Alternative minimum taxable income, Form 6251	1 _____
2	Threshold amount	2 _____
3	Subtract line 2 from line 1	3 _____
4	Multiply line 3 by 25% (.25)	4 _____
5	Smaller of line 4 or \$41,900	5 _____
6	Add line 1 and line 5. Enter on Form 6251, line 28.	6 _____

Exemption – Line 29

1	Enter \$54,300 if single or head of household, \$84,500 if married filing jointly or qualifying widow(er), \$42,250 if married filing separately	1	54,300.
2	Enter your alternative minimum taxable income from Form 6251, line 28.	2	-4,232.
3	Enter \$120,700 if single or head of household, \$160,900 if married filing jointly or qualifying widow(er), \$80,450 if married filing separately	3	120,700.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-	6	54,300.
	If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.		
7	Minimum exemption amount for certain children under age 24	7	_____
8 a	Enter the child's earned income , if any	8 a	_____
b	Enter any adjustments.	b	_____
9	Add lines 7, 8a and 8b. If zero or less, enter -0-.	9	_____
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 29.	10	_____

Form 6251
Line 31

Foreign Earned Income
Alternative Minimum Tax Worksheet

2017

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Name(s) Shown on Return kathryn J harris		Social Security Number 410-19-5568
1	Enter amount from Form 6251, line 30.	1
2 a	Enter amount from Form(s) 2555, lines 45 and 50	2a
b	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income	2b
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c
3	Add line 1 and line 2c. Enter the result here and on Form 6251 line 36	3
4	Tax on amount on line 3. <ul style="list-style-type: none"> • If you reported capital gain distributions directly on Form 1040, line 13; or you reported qualified dividends on Form 1040, line 9b; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 36. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 64 here. • All Others: If line 3 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result. 	4
5	Tax on amount on line 2c. If line 2c is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result	5
6	Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0	6

Federal Carryover Worksheet

2017

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Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
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2016 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
CA			7.		7.	
GA			540.		540.	
Totals . .			547.		547.	

2016 State Extension Information

(a) State	(b) Paid With Extension

2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

2016 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2016 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2016 State Taxes Due Information

(a) State	(e) Paid With Return

2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2016 State Refund Applied Information

(a) State	(g) Applied Amount

2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2016 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
CA	7.	7.
GA	540.	540.

2016 Locality Tax Refund Information

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

kathryn J harris

410-19-5568

Other Tax and Income Information			2016	2017
1	Filing status	1	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3	25,381.	19,248.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	9,858.	13,027.
6	Tax liability for Form 2210 or Form 2210-F	6	0.	0.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions			2016	2017
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

Loss and Expense Carryovers			2016	2017
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2017	a		
	b 2016	b		
	c 2015	c		
	d 2014	d		
	e 2013	e		
	f 2012	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2017	a		
	b 2016	b		
	c 2015	c		
	d 2014	d		
	e 2013	e		
	f 2012	f		

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Credit Carryovers				2016	2017
18	General business credit			18	
19	Adoption credit from:			19 a	
	a	2017		b	
	b	2016		c	
	c	2015		d	
	d	2014		e	
	e	2013		f	
	f	2012			
20	Mortgage interest credit from:			20 a	
	a	2017		b	
	b	2016		c	
	c	2015		d	
	d	2014			
21	Credit for prior year minimum tax			21	
22	District of Columbia first-time homebuyer credit			22	
23	Residential energy efficient property credit			23	
Other Carryovers				2016	2017
24	Section 179 expense deduction disallowed			24	
25	Excess			25 a	
	a	Taxpayer (Form 2555, line 46)		b	
	b	Taxpayer (Form 2555, line 48)		c	
	c	Spouse (Form 2555, line 46)		d	
	d	Spouse (Form 2555, line 48)			

Charitable Contribution Carryovers

26 2016 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2016				
b	2015				
c	2014				
d	2013				
e	2012				
27 2017 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2017				
b	2016				
c	2015				
d	2014				
e	2013				

28 Amount overpaid less earned income credit 676.

2016 State Capital Loss Carryovers (For users not transferring from the prior year)

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

IRA Information Worksheet

2017

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Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
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Part I Traditional IRA		Taxpayer	Spouse
Basis and Value			
1	Total basis in traditional IRAs		
2	Year-end value on 12/31/2017		
3	Basis carryover as of 12/31/2017		
Excess Contributions			
4	Excess contributions as of 12/31/2016		
5	Carryover of excess contributions to 2018		
Part II Roth IRA		Taxpayer	Spouse
Basis (Contribution and Conversion History)			
6	Basis in Roth IRA contributions		
7	Basis in Roth IRA conversions		
8	Contribution basis carryover as of 12/31/2017		
9	Conversion basis carryover as of 12/31/2017		
Excess Contributions			
10	Excess contributions as of 12/31/2016		
11	Carryover of excess contributions to 2018		
Part III Traditional IRA Basis Detail		Taxpayer	Spouse
12	Basis for 2016 and earlier years		
13	Adjustment due to return of excess contributions		
14	Rollover of nontaxable portion of a qualified retirement plan		
15	Basis received from former spouse due to divorce or inherited		
16	Basis transferred to former spouse due to divorce		
17	Adjusted total basis in Traditional IRAs		
Part IV Traditional IRA Year-end Value Detail		Taxpayer	Spouse
18	Enter the combined value of all traditional IRAs (including SIMPLE IRAs) on 12/31/2017 (<i>See Help</i>)		
19	If any amounts were recharacterized either to or from any traditional IRA, enter the net amounts recharacterized after 12/31/2017. qualified charitable distributions (QCD) made in Jan. 2018 to be treated as made in December 2017 (<i>See Help</i>).		
20	Enter the total amount of any traditional IRA distributions that you rolled over, or intend to roll over, to another traditional IRA, but the rollover was (or will be) made after 12/31/2017		
21	Check this box if you converted all of the traditional IRAs you had in 2017 to Roth IRAs in 2017	<input type="checkbox"/>	<input type="checkbox"/>

IRA Information Worksheet

► Keep for your records

2017

Page 2

Name(s) Shown on Return
kathryn J harris

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Part V Roth IRA Contribution and Conversion Balances		Taxpayer	Spouse
22	Opened a Roth IRA before 2013	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2016 Balances (Basis - Before 2017 Transactions)			
23	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
24	Cumulative pre 2013 conversions - taxable and nontaxable		
25	2013 conversion contributions taxable at conversion		
26	2013 conversion contributions not taxable at conversion		
27	2014 conversion contributions taxable at conversion		
28	2014 conversion contributions not taxable at conversion		
29	2015 conversion contributions taxable at conversion		
30	2015 conversion contributions not taxable at conversion		
31	2016 conversion contributions taxable at conversion		
32	2016 conversion contributions not taxable at conversion		
2017 Transactions - Contributions		Taxpayer	Spouse
33	Regular Roth IRA contributions		
34	Rollover from Roth 401(k) and Roth 403(b)		
35	Conversion contributions taxable at conversion		
36	Conversion contributions not taxable at conversion		
37	Repayments of qualified Roth reservist distributions		
2017 Transactions - Distributions			
38	Distributions from regular Roth IRA contributions and from rollovers from Roth 401(k) and Roth 403(b)		
39	Distributions from cumulative pre 2013 conversions		
40	Distributions from 2013 conversions taxable at conversion		
41	Distribs. from 2013 conversions not taxable at conversion		
42	Distributions from 2014 conversions taxable at conversion		
43	Distribs. from 2014 conversions not taxable at conversion		
44	Distributions from 2015 conversions taxable at conversion		
45	Distribs. from 2015 conversions not taxable at conversion		
46	Distributions from 2016 conversions taxable at conversion		
47	Distribs. from 2016 conversions not taxable at conversion		
48	Distributions from 2017 conversions taxable at conversion		
49	Distribs. from 2017 conversions not taxable at conversion		
50	Did you have any open Roth IRA accounts on 12/31/2017?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Balance c/over to 2018 (Basis - After 2017 Transactions)			
51	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
52	Cumulative pre 2014 conversions - taxable and nontaxable		
53	2014 conversion contributions taxable at conversion		
54	2014 conversion contributions not taxable at conversion		
55	2015 conversion contributions taxable at conversion		
56	2015 conversion contributions not taxable at conversion		
57	2016 conversion contributions taxable at conversion		
58	2016 conversion contributions not taxable at conversion		
59	2017 conversion contributions taxable at conversion		
60	2017 conversion contributions not taxable at conversion		

IRA Information Worksheet

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2017

Page 3

Name(s) Shown on Return
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Social Security Number
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Part VI Roth IRA Basis Adjustments		Taxpayer	Spouse
Received From Former Spouse due to Divorce or Inheritance			
	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
61			
62	Cumulative pre 2013 conversions - taxable and nontaxable		
63	2013 conversion contributions taxable at conversion		
64	2013 conversion contributions not taxable at conversion		
65	2014 conversion contributions taxable at conversion		
66	2014 conversion contributions not taxable at conversion		
67	2015 conversion contributions taxable at conversion		
68	2015 conversion contributions not taxable at conversion		
69	2016 conversion contributions taxable at conversion		
70	2016 conversion contributions not taxable at conversion		
71	2017 conversion contributions taxable at conversion		
72	2017 conversion contributions not taxable at conversion		
Transferred To Former Spouse due to Divorce			
	Cumulative regular Roth IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
73			
74	Cumulative pre 2013 conversions - taxable and nontaxable		
75	2013 conversion contributions taxable at conversion		
76	2013 conversion contributions not taxable at conversion		
77	2014 conversion contributions taxable at conversion		
78	2014 conversion contributions not taxable at conversion		
79	2015 conversion contributions taxable at conversion		
80	2015 conversion contributions not taxable at conversion		
81	2016 conversion contributions taxable at conversion		
82	2016 conversion contributions not taxable at conversion		
83	2017 conversion contributions taxable at conversion		
84	2017 conversion contributions not taxable at conversion		

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2017

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Name(s) Shown on Return
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Description	Amount
Income	
Wages	15,280.
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	0.
Alimony received	
Nonpassive business income or loss	-1,053.
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	
Total income	14,227.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	14,227.

Depreciation Options

2017

Name(s) Shown on Return
kathryn J harris

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410-19-5568

MACRS Convention and Computation

☒ Compute convention (result shown below).

When 'Compute convention' is checked, the program automatically determines which convention applies to MACRS personal property assets placed in service in 2017, and checks the appropriate box below. If 'Compute Convention' is unchecked, the program uses the 'Half-year convention' unless you check 'Mid-quarter convention.'

1 ☐ Half-year convention

2 ☒ Mid-quarter convention

3 Use IRS tables for all MACRS property placed in service this year? ☐ Yes ☒ No

Federal Section 179 Information

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of Form 4562, per the IRS instructions. This is the copy that appears on the menu as Form 4562:Section 179 Limitation. Please review Tax Help for instructions on allocating the allowable Section 179 back to the individual activities when the deduction is limited.

If only one business activity is claiming a Section 179 expense deduction, the limitation will be computed on the Form 4562 for that activity.

1 a Elect to treat Qualified Real Property as "Section 179 Property"	1 a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Calculated "Total cost of Section 179 property placed in service"	b	850.
c Additions or subtractions to calculated total on line 1a	c	
2 If Married Filing Separately, enter:		
a Total cost of eligible property placed in service this year by spouse.	2 a	
b Allocation percentage elected for your return, if other than 50%.	b	%
c Section 179 elected on Qualified Real Property this year by spouse	c	
3 a Taxable income computed for the Section 179 limitation	3 a	14,227.
b Additions or subtractions to taxable income	b	

State Depreciation

Enter the State ID of all states for which you want depreciation computed. A corresponding state record will be created on all assets and vehicles in the Federal return.

Note: Only supported states may be selected. Not applicable to California. California depreciation data must be entered in the state return.

To delete or change a state:

- Check the "Yes" box for "Delete this state's depreciation data from the Federal file now"
- Delete the entry in the "State" field, or change it to the desired state
- Check the "No" box for "Delete this state's depreciation data from the Federal file now"

States currently entered: GA

State	GA	
Delete this state's depreciation data from Federal file when transferring to 2018	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Delete this state's depreciation data from the Federal file now	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
State		
Delete this state's depreciation data from Federal file when transferring to 2018	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Delete this state's depreciation data from the Federal file now	<input type="checkbox"/> Yes	<input type="checkbox"/> No

State Section 179 Dollar Limitation

1	State	1	GA
2 a	Married Filing Separately for state? If Yes, enter:	2 a	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Total cost of state eligible property placed in service this year by spouse . . .	b	
c	Allocation percentage elected for state return	c	%
d	State Section 179 elected on Qualified Real Property this year by spouse . .	d	
3 a	Elect to treat state Qualified Real Property as "Section 179 Property"	3 a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	Calculated "Total cost of state Section 179 property placed in service"	b	850.
c	Additions or subtractions to state calculated value	c	
4	State maximum amount	4	510,000.
5	State threshold cost of Section 179 property	5	2,030,000.
6	Reduction in state limitation (Line 3b less line 5, not less than 0)	6	0.
7	State dollar limitation (Ln 4 less Ln 6, not less than 0. MFS, times Ln 2d) . . .	7	510,000.
8	Total state Section 179 elected (Cannot exceed line 7)	8	
9	Total state Section 179 elected on Qualified Real Property	9	

State Defaults for Economic Stimulus Depreciation Allowance and 2017 Section 179

Note: Only supported states are shown

Check box to reset all state Economic Stimulus defaults shown below ☐

STATE CALC		STIMULUS BONUS DEPRECIATION			2017 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
AL	State	Full	12/31/2008	12/31/2020	Full	510,000.	2,030,000.
AZ	State	Full	12/31/2012	12/31/2020	Part	510,000.	2,030,000.
AR	State	N/A	N/A	N/A	Full	25,000.	200,000.
						See State 2009 Economic Stimulus Default Statement	

State Defaults for Qualified Disaster Area Depreciation Allowance and Section 179Check box to reset all state Qualified Disaster Area defaults shown below ☐

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
AL	None	N/A	N/A	N/A	N/A	0.	0.
AZ	State	N/A	12/31/2007	12/31/2013	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
						See State Qualified Disaster Area Default Statement	

State Defaults for Kansas Disaster Zone Depreciation Allowance and Section 179Check box to reset all state Kansas Disaster Zone defaults shown below ☐

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
AL	None	N/A	N/A	N/A	N/A	0.	0.
AZ	State	N/A	05/04/2007	12/31/2009	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
						See State Kansas Disaster Zone Default Statement	

State Defaults for Cellulosic Biomass Ethanol Plant Property (CBEPP)Check box to reset all state CBEPP defaults shown below ☐

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
AL	Federal	Full	12/20/2006	12/31/2017
AZ	Federal	Full	12/20/2006	12/31/2017
AR	None	N/A	N/A	N/A
			See State CBEPP Default Statement	

State Defaults for GO Zone Depreciation Allowance and GO Zone Section 179Check box to reset all state GO Zone defaults shown below ☐

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
AL	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
AZ	State	Full	08/28/2005	03/30/2012	Part	100,000.	600,000.
AR	None	N/A	N/A	N/A	N/A	0.	0.
						See State GO Zone Default Statement	

State Defaults for Pre-2006 Special Depreciation Allowance (SDA), and Trucks/VansCheck box to reset all state SDA & Truck/Van defaults shown below ☐

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck /Van
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	
AL	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
AZ	State	None	N/A	N/A	N/A	N/A	N/A	Y
AR	State	None	N/A	N/A	N/A	N/A	N/A	N
				See State Pre-2006 SDA Default Statement				

State Defaults for Sec 179 on Computer Software & Qualified Real PropertyCheck box to reset all state Sec 179 defaults shown below ☐

STATE CALC		COMPUTER SOFTWARE		STATE CALC	QUALIFIED REAL PROPERTY	
State	F/S conformity	Start	End	F/S conformity	Start	End
AL	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
AZ	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
AR	Federal	TY2003	PERMANENT	None	N/A	N/A
		See State Software/Real Property Sec 179 Default Statement				

State Defaults for Asset Class on Qualified Real Property & Farm Machinery/EquipmentCheck box to reset all state Asset Class defaults shown below ☐

STATE CALC		FARM & RETAIL		STATE CALC	RESTAURANT & LEASEHOLD	
State	F/S conformity	Start	End	F/S conformity	Start	End
AL	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
AZ	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
AR	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
		See State Asset Class Default Statement				

State Defaults for Taking Economic Stimulus Depreciation Allowance on Fruit/Nut Tree/Vine in Year Planted/GraftedCheck box to reset defaults shown below ☐

STATE CALC		Fruit/Nut Tree/Vine SDA		
State	F/S conformity	1st yr	Start	End
AL	Federal	Full	12/31/15	12/31/20
AZ	State	Full	12/31/12	12/31/20
AR	State	N/A	N/A	N/A
			See Fruit/Nut Tree/Vine SDA in Year Planted/Grafted	

Two-Year Comparison

2017

Name(s) Shown on Return
kathryn J harris

Social Security Number

Income	2016	2017	Difference	%
Wages, salaries, tips, etc	15,065.	15,280.	215.	1.43
Interest and dividend income				
State tax refund	447.	0.	-447.	-100.00
Business income (loss)	-519.	-1,053.	-534.	-102.89
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	14,993.	14,227.	-766.	-5.11
Adjustments to Income	5,135.	1,200.	-3,935.	-76.63
Adjusted Gross Income	9,858.	13,027.	3,169.	32.15
Itemized Deductions				
Medical and dental	13,197.	16,651.	3,454.	26.17
Income or sales tax	547.	465.	-82.	-14.99
Real estate taxes				
Personal property and other taxes	192.	262.	70.	36.46
Interest paid				
Gifts to charity	1,202.	608.	-594.	-49.42
Casualty and theft losses				
Miscellaneous	10,243.	1,262.	-8,981.	-87.68
Phaseout of itemized deductions				
Total Itemized Deductions	25,381.	19,248.	-6,133.	-24.16
Standard or Itemized Deduction	25,381.	19,248.	-6,133.	-24.16
Exemption Amount	4,050.	4,050.	0.	0.00
Taxable Income	0.	0.	0.	
Income tax	0.	0.	0.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	0.	0.	0.	
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes	0.	0.	0.	
Total Tax After Credits	0.	0.	0.	
Withholding	491.	473.	-18.	-3.67
Estimated and extension payments				
Earned income credit	27.	37.	10.	37.04
Additional child tax credit				
Other payments	185.		-185.	-100.00
Total Payments	703.	510.	-193.	-27.45
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	703.	510.	-193.	-27.45
Balance Due				

Current year effective tax rate -0.28 %

Tax Summary
► Keep for your records

2017

Name (s)
kathryn J harris

Total income	14,227.
Adjustments to income	1,200.
Adjusted gross income	13,027.
Itemized/standard deduction	19,248.
Exemption amount	4,050.
Taxable income	0.
Tentative tax	0.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	0.
Total tax	0.
Total payments	510.
Estimated tax penalty	
Amount Overpaid	510.
Refund	510.
Amount Applied to Estimate	
Balance due	0.

Which Form 1040 to file?

You must use Form 1040 because
you are itemizing deductions.

Compare to U. S. Averages

► Keep for your records

2017

Name(s) Shown on Return kathryn J harris	Social Security No 410-19-5568
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Your 2017 adjusted gross income (AGI) 13,027.
National adjusted gross income range used below from 0. to 14,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	15,280.	8,675.
Taxable interest		975.
Tax-exempt interest		5,906.
Dividends		2,301.
Business net income		7,887.
Business net loss	-1,053.	22,101.
Net capital gain		8,280.
Net capital loss		2,368.
Taxable IRA		5,755.
Taxable pensions and annuities		7,055.
Rent and royalty net income		6,514.
Rent and royalty net loss		14,724.
Partnership and S corporation net income		21,447.
Partnership and S corporation net loss		87,174.
Taxable social security benefits		2,670.
Medical and dental expenses deduction	16,651.	9,447.
Taxes paid deduction	727.	3,761.
Interest paid deduction		6,561.
Charitable contributions deduction	608.	1,572.
Total itemized deductions	19,248.	16,026.
Child care credit		126.
Education tax credits		235.
Child tax credit		231.
Retirement savings contributions credit		165.
Earned income credit	37.	1,934.
Other Information	Actual Per Return	National Average
Adjusted gross income	13,027.	2,548.
Taxable income	0.	2,634.
Income tax	0.	301.
Alternative minimum tax		15,783.
Total tax liability	0.	510.

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: kathryn J harris

Primary SSN: 410-19-5568

Federal Return Submitted: April 12, 2018 02:27 PM PDT

Federal Return Acceptance Date: 04/12/2018

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 17, 2018. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 17, 2018, your Intuit electronic postmark will indicate April 17, 2018, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 17, 2018, and a corrected return is submitted and accepted before April 22, 2018. If your return is submitted after April 22, 2018, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2018. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2018, and the corrected return is submitted and accepted by October 20, 2018.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

--

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the MAX bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

kathryn

harris

Please type the date below:

04/12/2018

Date



IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (irs.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov.

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ³	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ³	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ³	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ .	Usually within 21 days ³	Free option with your purchase of TurboTax Premium Services or TurboTax MAX ²

¹You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

²The cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Agreement on the next page for the cost of the service you have chosen.

³You may experience delays with your tax refund if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

Questions? Call 1-877-908-7228

We need your consent - IRA Eligibility

This is an IRS requirement

TurboTax will use information from your tax return (your age, income, filing status and whether you're already covered by a retirement plan) so you can find IRA contribution options that help you get a tax break.

If you would like Intuit TurboTax to use your tax return information to determine whether these services are relevant to you while we are preparing your tax return, provide the information requested above, and sign and date this consent to the use of your tax return information.

If you are requesting use of personal information from a joint return, we need consent from both you and your spouse on the return.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below.

kathryn
First Name

harris
Last Name

Please type the date below:

04/12/2018

Date

First Name - Spouse

Last Name - Spouse

Please type the date below:

Date

Pro Delegation Worksheet

2017

Check this box if you are preparing this return as a PRO preparer ☐

Preparer / Electronic Return Originator (ERO) Information

Preparer Name _____ Print name in signature area? ☐
Preparer Tax ID # (PTIN) _____
NY Tax Preparer Registration # _____ or NY Exclusion Code _____
For NM, OR Preparers Only: State ID# _____
Preparer E-mail _____ Print date on return? ☐
Preparer Phone _____ CAF # _____
Electronic Filing Only: ERO Practitioner PIN _____

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

- ☐ File **federal** return electronically
☐ File **state** returns electronically

Select state returns to file electronically:

State(s)

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the state Department of Revenue, as applicable by law.

Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal return printed and mailed to IRS
☐ State return printed and mailed to state agency

Select state returns to file by mail:

State(s)

Practitioner PIN Program:

- ☐ Sign return electronically using Practitioner PIN

Choose one:

- ☐ Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)
☐ Taxpayer(s) entered own PIN(s)
☐ Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). _____

Spouse's PIN filing a joint return (enter any 5 numbers) _____

Date PIN entered. _____

Identity Verification Information

Driver's License and/or State Id:

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

Documents Used to Verify Primary Taxpayer Identity:

- ☐ Driver's license
 - ☐ State issued identification card
 - ☐ Passport
 - ☐ Account statement from financial institution
 - ☐ Utility billing statement
 - ☐ Credit card billing statement
-

Finish and File Info:

- ☐ To indicate a client return download in FnF

Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Manual Selection of Lines Calculated Smart Worksheet	
After checking 2017 above and then making changes in your return TurboTax will determine the lines on the 1040X that should be calculated. If needed for your situation you can check the boxes below to manually determine which lines on the 1040X will calculate.	
A	<input type="checkbox"/> Lines 1-23 - Filing status/income/adjustments/itemized deduction/standard deduction
B	<input checked="" type="checkbox"/> Lines 1-30 - Calculate all lines
C	<input type="checkbox"/> Lines 5-23 - Tax before credits
D	<input type="checkbox"/> Lines 6-23 - Nonrefundable credits/other taxes
E	<input type="checkbox"/> Lines 10-23 - Payments and refundable credits

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2017 Return Information Smart Worksheet	
Original return filing status	
<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separate return
<input type="checkbox"/> Qualifying widow(er)	<input type="checkbox"/> Head of household
Full-year coverage	
All household members have full-year minimal essential health care coverage <input type="checkbox"/> Yes	
1040 X line number	
6	Tax. Enter method used to figure tax: <u>Table</u>
16	Amount for U.S. tax paid to the Virgin Islands (Form 8689) included on Line 16 _____

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2017 Return Payments Smart Worksheet	
A	Total amount paid with request for extension of time to file. <u>0.</u>
B	Tax Paid with original return (not including penalties). <u>0.</u>
C	Additional tax paid after return was filed _____

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2017 Return Overpayment Smart Worksheet	
A	Overpayment, if any, as shown on original return or as previously adjusted by the IRS (not including penalties). <u>803.</u>

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2017 Return Exemptions Smart Worksheet	
A	Number of exemptions claimed on line 6d of original return <u>1</u>

SMART WORKSHEET FOR: Schedule C (driver): Profit or Loss from Business

Domestic Production Activities Smart Worksheet

- Amounts have been gathered from the Schedule C as a starting point for the Domestic Production Activities deduction calculation. Make adjustments as necessary, taking care not to duplicate amounts on lines B, C and D. Be sure the amount on line E is also included on line(s) B, C and D, as appropriate.
- If you qualify for the deduction, complete the Domestic Production column and the Oil-Related Production column (if applicable). For the small business simplified overall method, enter gross receipts. For the simplified deduction method, enter gross receipts and cost of goods sold. For the Section 861 method, enter all amounts.

	Total	Domestic Production	Oil-Related Production
A Gross receipts	1,265.		
B Cost of goods sold			
C Directly allocable deductions, expenses, or losses			
D Indirectly allocable deductions, expenses, or losses	2,318.		
E W-2 wages (adjust for wages from COGS, if necessary)			

QuickZoom to Form 8903, Domestic Production Activities Deduction . . . ►

SMART WORKSHEET FOR: Schedule C (driver): Profit or Loss from Business

Activity Summary Smart Worksheet

Supporting information provided by program. NO ENTRIES ARE NEEDED.

	Regular Tax	Alternative Minimum Tax
A Ownership	Taxpayer	
B At risk status	All	
C Passive status	Nonpassive	
Schedule C		
D Tentative profit (loss)	-1,053.	-1,053.
E Other preferences and adjustments		
F At risk disallowed loss		
G Passive carryover loss		
H Passive disallowed loss		
I Net profit (loss) allowed	-1,053.	-1,053.
Related Dispositions		
J Tentative profit (loss)		
K At risk disallowed loss		
L Passive carryover loss		
M Passive disallowed loss		
N Net profit (loss) allowed		

SMART WORKSHEET FOR: State and Local Income Tax Refund Worksheet

2016 Federal Form 1040 Information Smart Worksheet

Use this worksheet to compute taxable refund amount? ☒ Yes ☐ No
 If no, skip this Smart Worksheet. Total refunds from Line 1 column (b) will be reported as income.

A Did you itemize deductions in 2016? ☒ Yes ☐ No

If no, none of your refund from 2016 is reportable as income. Do not complete the remainder of this worksheet.

B Enter the amount from your 2016 Schedule A, line 5, State and local tax 547.

If none, enter zero, and do not complete the remainder of this worksheet.

C Which type of taxes were deducted on your 2016 Schedule A, line 5?

- 1** Income taxes (2016 Schedule A, box 5a, was checked) ☒
2 General sales taxes (2016 Schedule A, box 5b, was checked) ☐
3 Not applicable ☐

If general sales taxes were deducted, none of the refund from 2016 is reportable as income. Do not complete the remainder of this worksheet.

D Enter the deduction for general sales taxes that could have been taken in 2016

if you know that amount. _____

E What was your filing status for 2016?

- ☒ Single
☐ Married filing jointly
☐ Married filing separately
☐ Married filing separately and your spouse itemized deductions
☐ Head of household
☐ Qualifying widow(er)

F Could be claimed as a dependent by someone else in 2016? . . . ☐ Yes ☒ No

G If yes, enter your earned income for 2016. _____

Enter the following amounts from your 2016 Form 1040:

H Line 38, Adjusted gross income 9,858.

I Line 39a, Total number of boxes checked. _____

J Line 40, Itemized deductions or standard deduction 25,381.

K Line 41, Adjusted gross income less itemized or standard deduction -15,523.

L Line 42, Deduction for exemptions 4,050.

M Line 43, Taxable income. Line K less line L (if less than zero, enter as negative). -19,573.

N Line 44, Tax 0.

O Line 45, Alternative minimum tax. _____

P Line 46, Excess advance premium tax credit repayment. _____

Q Line 47, Total tax before credits 0.

R Line 56, Total tax after credits 0.

If your adjusted gross income was greater than \$313,800 if filing status was married filing joint or qualifying widow(er), \$287,650 if filing status was head of household, \$261,500 if filing status was single, or \$156,900 if filing status was married filing separately, then also complete the below.

Enter the following amounts from your 2016 Schedule A, Itemized Deductions:

S Line 4, Medical and dental expenses 13,197.

T Line 9, Taxes 739.

U Line 14, Investment interest expense _____

V Line 15, Interest _____

W Line 19, Charity 1,202.

X Line 20, Casualty and theft losses _____

Y Line 27, Job expenses and other deductions 10,243.

Z Line 28, Other miscellaneous deductions _____

1 Any gambling losses included in line 28 _____

2 Any casualty or theft losses included in line 28 _____

SMART WORKSHEET FOR: Form 8960 Deduction Recoveries Worksheet

Line 5 Smart Worksheet	
A	Line 3 times line 4 0.
B	Amount deducted in prior year attributable to item recovered
C	Lesser of line A or line B. 0.

SMART WORKSHEET FOR: Form 8960 Deduction Recoveries Worksheet

Line 9 - Recalculated Prior Year Net Investment Income Tax Smart Worksheet	
A	Prior year Form 8960, line 13, modified adjusted gross income 9,858.
B	Prior year Form 8960, line 14, threshold based on filing status 200,000.
C	Prior year Form 8960, line 15, Subtract line B from A, not less than zero 0.
D	Smaller of line 8 or line C -446.
E	Recomputed net investment income tax. Multiply line D by 3.8% (.038) -17.

SMART WORKSHEET FOR: Federal Information Worksheet

TurboTax for the Web Filing Status Smart Worksheet	
Check this box to override the filing status selected thru Interview . .	<input type="checkbox"/>
Marital Status	
Filing Status Selected	

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Substitute Form W-2 Smart Worksheet	
A	Treat as substitute W-2 and generate a form 4852 <input type="checkbox"/>
B	Linked substitute W-2 Form 4852 ►
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
E	QuickZoom to completed Form 4852 for reference ►

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 2)

Substitute Form W-2 Smart Worksheet	
A	Treat as substitute W-2 and generate a form 4852 <input type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?" _____ _____ _____
D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" _____ _____ _____
E	QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 3)

Substitute Form W-2 Smart Worksheet	
A	Treat as substitute W-2 and generate a form 4852 <input type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?" _____ _____ _____
D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" _____ _____ _____
E	QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Form 1099-R : Pension/IRA Distributions (Copy 1)

Qualified Disaster Distribution Smart Worksheet	
A	If this is a Qualified Disaster distribution, indicate which year the distribution qualifies under 2016 Disaster Distribution . . . ▶ <input type="checkbox"/> 2017 Disaster Distribution . . . ▶ <input type="checkbox"/>
B	Amount of Qualified Disaster distribution Entire distribution is qualified . . . ▶ <input type="checkbox"/> or amount that is qualified _____
C	Indicate amount, if any, of this Qualified Disaster distribution that was repaid before filing the 2017 tax return Entire distribution repaid ▶ <input type="checkbox"/> or amount of partial repayment _____
D	2017 qualified disaster only: If this distribution was received for the purchase or construction of a new home, and the new home was not purchased or constructed due to a qualified disaster enter any amount repaid Entire distribution repaid ▶ <input type="checkbox"/> or amount of partial repayment _____

SMART WORKSHEET FOR: Form 1099-R : Pension/IRA Distributions (Copy 1)

Nonstandard or Substitute Form 1099-R Smart Worksheet	
A	If substitute Form 1099-R needed, double-click to link to Form 4852 ▶ _____
B	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?" <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>
C	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>
D	QuickZoom to complete Form 4852 ▶
E	Check box if this 1099-R is 'non-standard' (handwritten, typewritten, or altered in any way) . . . <input type="checkbox"/>

SMART WORKSHEET FOR: Form 1099-R : Pension/IRA Distributions (Copy 1)

Explanation Statement Smart Worksheet		
<p>If a box is checked on a line below, an explanation statement is required for the situation described on that line. Highlight the checkbox and select the help to see the required information. Then QuickZoom to the appropriate explanation statement.</p>	Taxpayer	Spouse
<input type="checkbox"/> Recharacterization of a Roth IRA conversion ▶ <input type="checkbox"/> Return of IRA contribution before due date of tax return ▶ <input type="checkbox"/> Return of prior year excess traditional IRA contributions ▶	<input type="checkbox"/> 	<input type="checkbox"/>

SMART WORKSHEET FOR: Form 1099-R : Pension/IRA Distributions (Copy 1)

Simplified Method Smart Worksheet	
A	If the annuity starting date is after December 31, 1997, is the annuity payable based on the life of more than one individual? Yes <input type="checkbox"/> No <input type="checkbox"/>
B	If line A is 'No', enter the age of the annuitant at the annuity starting date. If line A is 'Yes', enter the age of the primary annuitant at the annuity starting date. (If there is no primary annuitant, enter the age of the oldest survivor annuitant) _____
C	If line A is "Yes", enter the age of the youngest survivor annuitant at the annuity starting date _____
<p>Note: If the annuity starting date is before January 1, 1998, enter the age of the recipient at the annuity starting date on line B above.</p>	

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

When mortgage interest is limited because the principal amount of the mortgage is over one million dollars or the home equity debt amount is over one-hundred-thousand dollars, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below.

QuickZoom to Deductible Home Mortgage Interest Worksheet ▶

Does your mortgage interest need to be limited: Yes . . . ☐ No . . . ☐

A Home mortgage interest and points reported on Form 1098:

- 1 Sum of lines 5a through 5d below _____
- 2 Limited amount to report on Sch A, line 10 _____

B Home mortgage interest not reported on Form 1098:

- 1 Sum of lines 6a and 6b below _____
- 2 Limited amount to report on Sch A, line 11 _____

C Points not reported on Form 1098:

- 1 Sum of lines 7a through 7c below _____
- 2 Limited amount to report on Sch A, line 12 _____

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet

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

SMART WORKSHEET FOR: Misc Itemized Deductions Wks -- Asset Entry Worksheet (computer)

Trees or Vines Bearing Fruit or Nuts Planted/Grafted After 2015 Smart Worksheet

The PATH act of 2015 added an election allowing the taxpayer to deduct special depreciation allowance for trees or vines bearing fruit or nuts in the year the tree or vine was planted, rather than the date placed in service, for years after 12/31/15.

Enter the date the tree or vine was planted or grafted, if the special depreciation was taken in that year planted or grafted, whether in the year 2017 or earlier _____

If this tree or vine was planted/grafted prior to 2017, was it placed in service in 2017? ☐ Yes ☐ No

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet

QuickZoom to enter nontaxable combat pay on Form W-2 ►

A Taxpayer:

1 Taxpayer, nontaxable combat pay _____

1a Taxpayer, prior year nontaxable combat pay from 2016 _____

2 Election for earned income credit (EIC):

Elect taxpayer's nontaxable combat pay as earned income for EIC? ► ☐ Yes ☐ No

3 Election for dependent care benefits (DCB):

Elect taxpayer's nontaxable combat pay as earned income for DCB? ► ☐ Yes ☐ No

4 Election for child and dependent care credit:

Elect taxpayer's nontaxable combat pay as earned income
for child and dependent care credit? ► ☐ Yes ☐ No

B Spouse:

1 Spouse, nontaxable combat pay _____

1a Spouse, prior year nontaxable combat pay from 2016 _____

2 Election for earned income credit (EIC):

Elect spouse's nontaxable combat pay as earned income for EIC? ► ☐ Yes ☐ No

3 Election for dependent care benefits (DCB):

Elect spouse's nontaxable combat pay as earned income for DCB? ► ☐ Yes ☐ No

4 Election for child and dependent care credit:

Elect spouse's nontaxable combat pay as earned income
for child and dependent care credit? ► ☐ Yes ☐ No

C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:

Overpayment _____ 510. Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Eligible Hurricane and Wildfire Victims Smart Worksheet

Election to use 2016 earned income for EIC and Additional Child Tax Credit

The "Yes" box must be marked on Line A and Line B for 2016 earned income to be used for EIC and Additional Child Tax Credit calculations.

A Elect to use 2016 earned income for EIC

and Additional Child Tax Credit. ► ☒ Yes ☐ No

B Taxpayer is eligible to elect to use 2016 earned income

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

C Earned income for EIC from your 2016 return 14,546.

D Current year earned income for EIC 14,227.

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

E You may compare the tax benefit of electing to use 2016 Earned Income by checking the boxes on line A and B

Overpayment _____ 510. Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet

A	Taxable and tax exempt interest	_____
B	Dividend income	_____
C	Capital gain net income	_____
D	Royalty and rental of personal property net income	_____
E	Passive activity net income :	
1	Rental real estate net income or loss	_____
2	Farm rental net income or loss	_____
3	Partnerships and S corporations net income or loss	_____
4	Estates and trusts net income or loss	_____
5	Total of lines 1 through 4	_____
6	Total passive activity net income , line 5 if greater than zero	_____
F	Interest and dividends from Forms 8814	_____
G	Adjustments	_____
H	Total investment income , add lines A through G	_____ 0 .

Is line H, **total investment income** over \$3,450?

- ☒ **No.** You may take the credit.
- ☐ **Yes. Stop.** You **cannot** take the credit.

Additional information from your 2017 Federal Tax Return

Charitable Organization (Pooch Heaven)

Detail of Item Donations - Continued

Continuation Statement

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value
1	04/13/2017	1	Dog Carrier or Crate: Medium	25.00	2	15.00	0	50.00
1	04/13/2017	1	Dog Leash: Single Lead	3.00	2	2.50	0	6.00
Total								56.00

Charitable Organization (Good Will)

Detail of Item Donations - Continued

Continuation Statement

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value
1	06/21/2017	1	Women's Pants: Carpenter	15.00	1	10.00	0	15.00
1	06/21/2017	1	Women's Suit: Skirt Suit	29.00	1	17.00	1	46.00
1	06/21/2017	1	Women's Undergarments: Thermal Pants	3.00	2	1.00	0	6.00
2	03/05/2017	1	Laptop Battery: Li-Ion: Other	14.00	0	10.00	2	20.00
2	03/05/2017	1	Laptop Case	29.00	2	20.00	0	58.00
2	03/05/2017	1	Bed Frame	30.00	1	15.00	0	30.00
2	03/05/2017	1	Box Spring	16.00	1	11.00	0	16.00
2	03/05/2017	1	Headboard	60.00	1	42.00	0	60.00
2	03/05/2017	1	Mattress	36.00	1	20.00	0	36.00
2	03/05/2017	1	Coffee Table	38.00	1	24.00	0	38.00
2	03/05/2017	1	Backpack: Adult	12.00	2	8.00	0	24.00
Total								349.00

Form 4562 Depreciation Options

State 2009 Economic Stimulus Default Statement

Continuation Statement

STATE CALC		STIMULUS BONUS DEPRECIATION			2017 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
CO	Federal	Full	12/31/2007	12/31/2020	Full	510,000.	2,030,000.
CT	Federal	Full	12/31/2007	12/31/2020	Full	510,000.	2,030,000.
DE	Federal	Full	12/31/2007	12/31/2020	Full	510,000.	2,030,000.
DC	State	N/A	N/A	N/A	Full	25,000.	200,000.
GA	State	N/A	N/A	N/A	Full	510,000.	2,030,000.
HI	State	N/A	N/A	N/A	Full	25,000.	200,000.
ID	State	Full	12/31/2007	12/31/2009	Full	510,000.	2,030,000.
IL	Federal	Part	12/31/2007	12/31/2020	Full	510,000.	2,030,000.
IN	State	N/A	N/A	N/A	Full	25,000.	2,030,000.
IA	State	N/A	N/A	N/A	Full	25,000.	200,000.
KS	Federal	Full	12/31/2007	12/31/2020	Full	510,000.	2,030,000.
KY	State	N/A	N/A	N/A	Full	25,000.	200,000.
LA	Federal	Full	12/31/2007	12/31/2020	Full	510,000.	2,030,000.
ME	State	N/A	N/A	N/A	Full	510,000.	2,030,000.
MD	State	N/A	N/A	N/A	Full	25,000.	200,000.
MA	State	N/A	N/A	N/A	Full	510,000.	2,030,000.
MI	Federal	Full	12/31/2007	12/31/2020	Full	510,000.	2,030,000.
MN	Federal	Part	12/31/2007	12/31/2020	Part	510,000.	2,030,000.

Form 4562 Depreciation Options**State 2009 Economic Stimulus Default Statement****Continuation Statement**

STATE CALC		STIMULUS BONUS DEPRECIATION			2017 SECTION 179		
State	F/S conformity	1st yr	Stimulus start	Stimulus end	1st yr	Maximum	Threshold
MS	State	N/A	N/A	N/A	Full	510,000.	2,030,000.
MO	Federal	Full	12/31/2007	12/31/2020	Full	510,000.	2,030,000.
MT	Federal	Full	12/31/2007	12/31/2020	Full	510,000.	2,030,000.
NE	Federal	Full	12/31/2007	12/31/2020	Full	510,000.	2,030,000.
NH	State	N/A	N/A	N/A	Full	100,000.	2,000,000.
NJ	State	N/A	N/A	N/A	Full	25,000.	200,000.
NM	Federal	Full	12/31/2007	12/31/2020	Full	510,000.	2,030,000.
NY	State	N/A	N/A	N/A	Full	510,000.	2,030,000.
NC	Federal	Part	12/31/2007	12/31/2020	Part	510,000.	2,030,000.
ND	Federal	Full	12/31/2007	12/31/2020	Full	510,000.	2,030,000.
OH	Federal	Part	12/31/2007	12/31/2020	Part	510,000.	2,030,000.
OK	Federal	Full	12/31/2007	12/31/2020	Full	510,000.	2,030,000.
OR	State	Full	12/31/2007	12/31/2020	Full	510,000.	2,030,000.
PA	State	N/A	N/A	N/A	Full	25,000.	200,000.
RI	State	N/A	N/A	N/A	Full	510,000.	2,030,000.
SC	State	N/A	N/A	N/A	Full	510,000.	2,030,000.
UT	Federal	Full	12/31/2007	12/31/2020	Full	510,000.	2,030,000.
VT	State	N/A	N/A	N/A	Full	510,000.	2,030,000.
VA	State	N/A	N/A	N/A	Full	510,000.	2,030,000.
WV	State	Full	12/31/2007	12/31/2020	Full	510,000.	2,030,000.
WI	State	Full	12/31/2007	12/31/2013	Full	510,000.	2,030,000.

Form 4562 Depreciation Options**State Qualified Disaster Area Default Statement****Continuation Statement**

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
CT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
DE	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
DC	None	N/A	N/A	N/A	N/A	0.	0.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	State	Full	12/31/2008	12/31/2013	Full	100,000.	600,000.
IL	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	None	N/A	N/A	N/A	N/A	0.	0.
KS	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
ME	State	N/A	12/31/2010	12/31/2013	Full	100,000.	600,000.
MD	State	Full	12/31/2007	12/31/2013	N/A	0.	0.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
MN	Federal	Part	12/31/2007	12/31/2013	Part	100,000.	600,000.
MS	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
MO	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
MT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NE	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.

Form 4562 Depreciation Options**State Qualified Disaster Area Default Statement****Continuation Statement**

STATE CALC		DISASTER AREA BONUS DEPRECIATION			DISASTER AREA SECTION 179		
State	F/S conformity	1st yr	Disaster Area start	Disaster Area end	1st yr	Maximum Increase	Threshold Increase
NY	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
NC	Federal	Part	12/31/2007	12/31/2013	Full	100,000.	600,000.
ND	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OH	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OK	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
OR	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	State	N/A	12/31/2007	12/31/2013	Full	100,000.	600,000.
UT	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
VT	None	N/A	N/A	N/A	N/A	0.	0.
VA	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
WV	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.
WI	Federal	Full	12/31/2007	12/31/2013	Full	100,000.	600,000.

Form 4562 Depreciation Options**State Kansas Disaster Zone Default Statement****Continuation Statement**

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
CT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
DE	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
DC	None	N/A	N/A	N/A	N/A	0.	0.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	State	Full	12/31/2008	12/31/2009	Full	100,000.	600,000.
IL	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	None	N/A	N/A	N/A	N/A	0.	0.
KS	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
ME	None	N/A	N/A	N/A	N/A	0.	0.
MD	State	Full	05/04/2007	12/31/2009	N/A	0.	0.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
MN	Federal	Part	05/04/2007	12/31/2009	Part	100,000.	600,000.
MS	State	N/A	05/04/2007	12/31/2009	Full	100,000.	600,000.
MO	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
MT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NE	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
NY	State	N/A	05/04/2007	12/31/2009	Full	100,000.	600,000.
NC	Federal	Part	05/04/2007	12/31/2009	Full	100,000.	600,000.
ND	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
OH	Federal	Full	05/04/2007	12/31/2009	Part	100,000.	600,000.
OK	State	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
OR	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.

Form 4562 Depreciation Options**State Kansas Disaster Zone Default Statement****Continuation Statement**

STATE CALC		KANSAS ZONE BONUS DEPRECIATION			KANSAS ZONE SECTION 179		
State	F/S conformity	1st yr	Kansas Zone start	Kansas Zone end	1st yr	Maximum Increase	Threshold Increase
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	None	N/A	N/A	N/A	N/A	0.	0.
UT	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
VT	None	N/A	N/A	N/A	N/A	0.	0.
VA	None	N/A	N/A	N/A	N/A	0.	0.
WV	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.
WI	Federal	Full	05/04/2007	12/31/2009	Full	100,000.	600,000.

Form 4562 Depreciation Options**State CBEPP Default Statement****Continuation Statement**

STATE CALC		CBEPP BONUS DEPRECIATION		
State	F/S conformity	1st yr	CBEPP start	CBEPP end
CO	Federal	Full	12/20/2006	12/31/2017
CT	Federal	Full	12/20/2006	12/31/2017
DE	Federal	Full	12/20/2006	12/31/2017
DC	None	N/A	N/A	N/A
GA	Federal	Full	12/20/2006	12/31/2017
HI	Federal	Full	12/20/2006	12/31/2017
ID	Federal	Full	12/20/2006	12/31/2017
IL	Federal	Full	12/20/2006	12/31/2017
IN	Federal	Full	12/20/2006	12/31/2017
IA	Federal	Full	12/20/2006	12/31/2017
KS	Federal	Full	12/20/2006	12/31/2017
KY	None	N/A	N/A	N/A
LA	Federal	Full	12/20/2006	12/31/2017
ME	State	Full	12/20/2006	12/31/2007
MD	Federal	Full	12/20/2006	12/31/2017
MA	Federal	Full	12/20/2006	12/31/2017
MI	Federal	Full	12/20/2006	12/31/2017
MN	Federal	Full	12/20/2006	12/31/2017
MS	None	N/A	N/A	N/A
MO	Federal	Full	12/20/2006	12/31/2017
MT	Federal	Full	12/20/2006	12/31/2017
NE	None	N/A	N/A	N/A
NH	None	N/A	N/A	N/A
NJ	None	N/A	N/A	N/A
NM	Federal	Full	12/20/2006	12/31/2017
NY	None	N/A	N/A	N/A
NC	Federal	Full	12/20/2006	12/31/2017
ND	Federal	Full	12/20/2006	12/31/2017
OH	Federal	Full	12/20/2006	12/31/2017
OK	Federal	Full	12/20/2006	12/31/2017
OR	Federal	Full	12/20/2006	12/31/2017
PA	None	N/A	N/A	N/A
RI	None	N/A	N/A	N/A
SC	None	N/A	N/A	N/A
UT	Federal	Full	12/20/2006	12/31/2017
VT	Federal	Full	12/20/2006	12/31/2017
VA	None	N/A	N/A	N/A
WV	None	N/A	N/A	N/A
WI	State	Full	12/20/2006	12/31/2013

Form 4562 Depreciation Options
State GO Zone Default Statement
Continuation Statement

STATE CALC		GO ZONE BONUS DEPRECIATION			GO ZONE SECTION 179		
State	F/S conformity	1st yr	GO Zone start	GO Zone end	1st yr	Maximum Increase	Threshold Increase
CO	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
CT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
DE	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
DC	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
GA	None	N/A	N/A	N/A	N/A	0.	0.
HI	None	N/A	N/A	N/A	N/A	0.	0.
ID	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
IL	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
IN	None	N/A	N/A	N/A	N/A	0.	0.
IA	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
KS	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
KY	None	N/A	N/A	N/A	N/A	0.	0.
LA	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
ME	State	Full	08/28/2005	12/31/2007	N/A	0.	0.
MD	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MA	None	N/A	N/A	N/A	N/A	0.	0.
MI	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MN	Federal	Part	08/28/2005	03/30/2012	Part	100,000.	600,000.
MS	State	N/A	08/28/2005	03/30/2012	Full	100,000.	600,000.
MO	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
MT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NE	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NH	None	N/A	N/A	N/A	N/A	0.	0.
NJ	None	N/A	N/A	N/A	N/A	0.	0.
NM	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NY	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
NC	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
ND	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
OH	Federal	Full	08/28/2005	03/30/2012	Part	100,000.	600,000.
OK	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
OR	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
PA	None	N/A	N/A	N/A	N/A	0.	0.
RI	None	N/A	N/A	N/A	N/A	0.	0.
SC	State	Full	08/28/2005	05/06/2009	Full	100,000.	600,000.
UT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
VT	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
VA	None	N/A	N/A	N/A	N/A	0.	0.
WV	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.
WI	Federal	Full	08/28/2005	03/30/2012	Full	100,000.	600,000.

Form 4562 Depreciation Options
State Pre-2005 SDA Default Statement
Continuation Statement

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
CO	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
CT	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
DE	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
DC	State	None	N/A	N/A	N/A	N/A	N/A	Y
GA	State	None	N/A	N/A	N/A	N/A	N/A	Y
HI	State	None	N/A	N/A	N/A	N/A	N/A	Y
ID	State	None	N/A	N/A	N/A	N/A	N/A	Y

Form 4562 Depreciation Options
State Pre-2005 SDA Default Statement
Continuation Statement

STATE CALC		PRE-2006 SPECIAL DEPRECIATION ALLOWANCE						Truck
State	F/S calc	SDA %	1st yr	30% start	30% end	50% start	50% end	/Van
IL	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
IN	State	None	N/A	N/A	N/A	N/A	N/A	Y
IA	Both	50	Full	N/A	N/A	05/06/2003	12/31/2004	Y
KS	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
KY	State	None	N/A	N/A	N/A	N/A	N/A	Y
LA	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
ME	Both	50, 30	Full	09/11/2001	12/31/2001	01/01/2006	12/31/2006	Y
MD	State	None	N/A	N/A	N/A	N/A	N/A	Y
MA	State	None	N/A	N/A	N/A	N/A	N/A	Y
MI	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
MN	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
MS	State	None	N/A	N/A	N/A	N/A	N/A	Y
MO	Both	50, 30	Full	09/11/2001	06/30/2002	05/06/2003	12/31/2006	Y
MT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NE	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NH	State	None	N/A	N/A	N/A	N/A	N/A	N
NJ	Both	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2003	Y
NM	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
NY	Both	50, 30	Full	09/11/2001	05/31/2003	05/06/2003	05/31/2003	Y
NC	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
ND	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OH	Fed	50, 30	Part	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OK	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
OR	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
PA	State	None	N/A	N/A	N/A	N/A	N/A	Y
RI	State	None	N/A	N/A	N/A	N/A	N/A	Y
SC	State	None	N/A	N/A	N/A	N/A	N/A	Y
UT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
VT	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
VA	State	None	N/A	N/A	N/A	N/A	N/A	Y
WV	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y
WI	Fed	50, 30	Full	09/11/2001	12/31/2005	05/06/2003	12/31/2005	Y

Form 4562 Depreciation Options
State Software/Real Property Sec 179 Default Statement
Continuation Statement

STATE CALC		COMPUTER SOFTWARE		STATE CALC	QUALIFIED REAL PROPERTY	
State	F/S conformity	Start	End	F/S conformity	Start	End
CO	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
CT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
DE	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
DC	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
GA	Federal	TY2003	PERMANENT	None	N/A	N/A
HI	None	N/A	N/A	None	N/A	N/A
ID	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
IL	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
IN	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT
IA	None	N/A	N/A	None	N/A	N/A
KS	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
KY	None	N/A	N/A	None	N/A	N/A
LA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT
ME	State	TY2011	PERMANENT	State	TY2011	PERMANENT

Form 4562 Depreciation Options**State Software/Real Property Sec 179 Default Statement****Continuation Statement**

STATE CALC		COMPUTER SOFTWARE		STATE CALC		QUALIFIED REAL PROPERTY	
State	F/S conformity	Start	End	F/S conformity	Start	End	
MD	None	N/A	N/A	None	N/A	N/A	
MA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
MI	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
MN	None	N/A	N/A	None	N/A	N/A	
MS	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
MO	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
MT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
NE	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
NH	None	N/A	N/A	None	N/A	N/A	
NJ	None	N/A	N/A	None	N/A	N/A	
NM	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
NY	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
NC	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
ND	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
OH	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
OK	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
OR	Federal	TY2003	PERMANENT	State	TY2011	PERMANENT	
PA	None	N/A	N/A	None	N/A	N/A	
RI	State	TY2014	PERMANENT	State	TY2014	PERMANENT	
SC	Federal	TY2003	PERMANENT	State	TY2010	PERMANENT	
UT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
VT	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
VA	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	
WV	Federal	TY2003	PERMANENT	State	TY2010	TY2011	
WI	Federal	TY2003	PERMANENT	Federal	TY2010	PERMANENT	

Form 4562 Depreciation Options**State Asset Class Default Statement****Continuation Statement**

STATE CALC		FARM & RETAIL		STATE CALC		RESTAURANT & LEASEHOLD	
State	F/S conformity	Start	End	F/S conformity	Start	End	
CO	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	
CT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	
DE	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	
DC	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	
GA	None	N/A	N/A	Federal	10/22/2004	12/31/2017	
HI	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	
ID	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	
IL	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	
IN	Federal	12/31/2008	12/31/2017	State	12/31/2011	12/31/2017	
IA	None	N/A	N/A	None	N/A	N/A	
KS	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	
KY	None	N/A	N/A	None	N/A	N/A	
LA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	
ME	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	
MD	None	N/A	N/A	None	N/A	N/A	
MA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	
MI	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	
MN	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	
MS	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	
MO	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	
MT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017	

Form 4562 Depreciation Options
State Asset Class Default Statement
Continuation Statement

STATE CALC		FARM & RETAIL		STATE CALC	RESTAURANT & LEASEHOLD	
State	F/S conformity	Start	End	F/S conformity	Start	End
NE	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
NH	None	N/A	N/A	None	N/A	N/A
NJ	None	N/A	N/A	None	N/A	N/A
NM	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
NY	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
NC	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
ND	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
OH	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
OK	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
OR	State	12/31/2008	12/31/2017	State	10/22/2004	12/31/2017
PA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
RI	State	12/31/2013	12/31/2017	State	12/31/2013	12/31/2017
SC	State	12/31/2008	12/31/2009	State	12/31/2014	12/31/2017
UT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
VT	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
VA	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
WV	Federal	12/31/2008	12/31/2017	Federal	10/22/2004	12/31/2017
WI	State	12/31/2008	12/31/2013	State	10/22/2004	12/31/2013

Form 4562 Depreciation Options
Fruit/Nut Tree/Vine SDA in Year Planted/Grafted
Continuation Statement

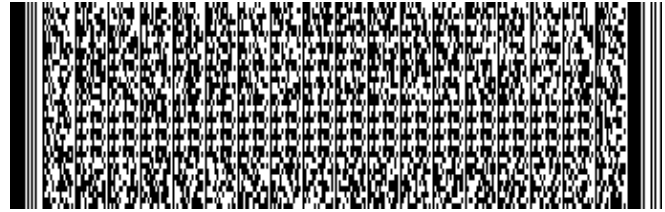
STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
CO	Federal	Full	12/31/15	12/31/20
CT	Federal	Full	12/31/15	12/31/20
DE	Federal	Full	12/31/15	12/31/20
DC	State	N/A	N/A	N/A
GA	State	N/A	N/A	N/A
HI	State	N/A	N/A	N/A
ID	State	N/A	N/A	N/A
IL	Federal	Part	12/31/15	12/31/20
IN	State	N/A	N/A	N/A
IA	State	N/A	N/A	N/A
KS	Federal	Full	12/31/15	12/31/20
KY	State	N/A	N/A	N/A
LA	Federal	Full	12/31/15	12/31/20
ME	State	N/A	N/A	N/A
MD	State	N/A	N/A	N/A
MA	State	N/A	N/A	N/A
MI	Federal	N/A	12/31/15	12/31/20
MN	Federal	Part	12/31/15	12/31/20
MS	State	N/A	N/A	N/A
MO	Federal	Full	12/31/15	12/31/20
MT	Federal	Full	12/31/15	12/31/20
NE	Federal	Full	12/31/15	12/31/20
NH	State	N/A	N/A	N/A
NJ	State	N/A	N/A	N/A
NM	Federal	Full	12/31/15	12/31/20
NY	State	N/A	N/A	N/A
NC	Federal	Part	12/31/15	12/31/20
ND	Federal	Full	12/31/15	12/31/20

Form 4562 Depreciation Options**Fruit/Nut Tree/Vine SDA in Year Planted/Grafted****Continuation Statement**

STATE CALC			Fruit/Nut Tree/Vine SDA	
State	F/S conformity	1st yr	Start	End
OH	Federal	Part	12/31/15	12/31/20
OK	Federal	Full	12/31/15	12/31/20
OR	Federal	Full	12/31/15	12/31/20
PA	State	N/A	N/A	N/A
RI	State	N/A	N/A	N/A
SC	State	N/A	N/A	N/A
UT	Federal	Full	12/31/15	12/31/20
VT	State	N/A	N/A	N/A
VA	State	N/A	N/A	N/A
WV	Federal	Full	12/31/15	12/31/20
WI	State	Full	12/31/15	12/31/13



1800511515

**Georgia Form 500X** (Rev. 06/22/17) **Page 1**

Amended Individual Income Tax Return

Georgia Department of Revenue

This return is for calendar year

(Approved software version)

2017☐ Amended due to IRS AuditFiscal Year
BeginningFiscal Year
Ending

YOUR DRIVER'S LICENSE/STATE ID 059978924

STATE ISSUED GA

YOUR FIRST NAME

1. KATHRYN

MI

J

YOUR SOCIAL SECURITY NUMBER

410-19-5568

LAST NAME

HARRIS

SUFFIX

SPOUSE'S FIRST NAME

MI

SPOUSE'S SOCIAL SECURITY NUMBER

LAST NAME

SUFFIX

DEPARTMENT USE ONLY

ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) ☐ CHECK IF ADDRESS HAS CHANGED

2. 5110 GARRARD AVE

APT NO 914

CITY (Please insert a space if the city has multiple names)

3. SAVANNAH

STATE

GA

ZIP CODE

31405

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number..... **Residency Status** **4. 1**

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT

TO

3. NONRESIDENT

Part-Year Residents and Nonresidents must omit Lines 9 thru 14 and use Form 500 Schedule 3.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... **Filing Status** **5. A**

A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself ☒ 6b. Spouse ☐ 6c. 1

REV 11/13/17 INTUIT.CG.CFP.SP

Pages (1-5) are Required for Processing



YOUR SOCIAL SECURITY NUMBER
410-19-5568

7a. Number of Dependents (Enter details on Line 7c., and DO NOT include yourself or your spouse).....▶ 7a.

7b. Enter the total number of exemptions and dependents. (Add Lines 6c and 7a).....▶ 7b. 1

7c. Dependents (If you have more than 5 dependents, attach a list of additional dependents)

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

First Name, MI.

Last Name

Social Security Number

Relationship to You

INCOME COMPUTATIONS

If amount on Lines 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

8. Federal adjusted gross income (From Federal Form 1040, 1040A or 1040 EZ).....▶ 8. 13027

(Do not use **FEDERAL TAXABLE INCOME**) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1 and 2.

9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet).....▶ 9. 751

10. Georgia adjusted gross income (Net total of Line 8 and Line 9).....▶ 10. 13778

Pages (1-5) are Required for Processing



YOUR SOCIAL SECURITY NUMBER
410-19-5568

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION).....	▶ 11a.	
(See IT-511 Tax Booklet)		
b. Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>		
Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/>	Total x 1,300=.....	▶ 11b.
c. Total Standard Deduction (Line 11a + Line 11b).....	▶ 11c.	
Use EITHER Line 11c OR Line 12c (Do not write on both lines)		
12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A		
a. Federal Itemized Deductions (Schedule A-Form 1040)	▶ 12a.	19248
b. Less adjustments: (See IT-511 Tax Booklet)	▶ 12b.	183
c. Georgia Total Itemized Deductions.....	▶ 12c.	19065
13. Subtract either Line 11c or Line 12c from Line 10; enter balance.....	▶ 13.	-5287
14a. Enter the number from Line 6c. <u>1</u> Multiply by \$2,700 for filing status A or D OR multiply by \$3,700 for filing status B or C	▶ 14a.	2700
14b. Enter the number from Line 7a. Multiply by \$3,000.....	▶ 14b.	
14c. Add Lines 14a. and 14b. Enter total.....	▶ 14c.	2700
15. Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14)	▶ 15.	-7987
16. Tax (Use Tax Table in the IT-511 Tax Booklet).....	▶ 16.	
17. Low Income Credit 17a. <u>1</u> 17b. <u>8</u>	▶ 17c.	0
18. Other State(s) Tax Credit (Include a copy of the other state(s) return).....	▶ 18.	
19. Credits used from IND-CR Summary Worksheet	▶ 19.	
20. Total Credits Used from Schedule 2 Georgia Tax Credits	▶ 20.	
21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16	▶ 21.	0
22. Balance (Line 16 less Line 21) if zero or less than zero, enter zero	▶ 22.	0
23. Georgia Income Tax Withheld on Wages and 1099s	▶ 23.	282
(Enter Tax Withheld Only and include W-2s and/or 1099s)		
24. Other Georgia Income Tax Withheld	▶ 24.	
(Must include G2-A, G2-FL, G2-LP and/or G2-RP)		

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

REV 11/13/17 INTUIT.CG.CFP.SP

Pages (1-5) are Required for Processing



YOUR SOCIAL SECURITY NUMBER
410-19-5568

For the Form 500X, the Income Statement Details section should only be completed if new or corrected information is being provided.

INCOME STATEMENT DETAILS Only enter income on which Georgia Tax was withheld. Enter W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.**

(INCOME STATEMENT A)

1. WITHHOLDING TYPE:
☒ W-2s ☐ G2-A ☐ G2-LP
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) ☒ SSN ☐
263496193

3. EMPLOYER/PAYER STATE WITHHOLDING ID
2407889QS

4. GA WAGES / INCOME
6646

5. GA TAX WITHHELD
230

(INCOME STATEMENT B)

1. WITHHOLDING TYPE:
☐ W-2s ☐ G2-A ☐ G2-LP
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) ☐ SSN ☐

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

(INCOME STATEMENT C)

1. WITHHOLDING TYPE:
☐ W-2s ☐ G2-A ☐ G2-LP
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) ☐ SSN ☐

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

(INCOME STATEMENT D)

1. WITHHOLDING TYPE:
☐ W-2s ☐ G2-A ☐ G2-LP
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) ☐ SSN ☐

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

(INCOME STATEMENT E)

1. WITHHOLDING TYPE:
☐ W-2s ☐ G2-A ☐ G2-LP
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) ☐ SSN ☐

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

(INCOME STATEMENT F)

1. WITHHOLDING TYPE:
☐ W-2s ☐ G2-A ☐ G2-LP
☐ 1099s ☐ G2-FL ☐ G2-RP
2. EMPLOYER/PAYER FEDERAL
ID NUMBER (FEIN) ☐ SSN ☐

3. EMPLOYER/PAYER STATE WITHHOLDING ID

4. GA WAGES / INCOME

5. GA TAX WITHHELD

Please complete the Supplemental W-2 Income Statement if additional space is needed.

25. Estimated Tax paid for 2017 and Form IT-560 ► 25.
26. Amount paid with original return, plus any additional payments
made after it was filed..... ► 26.
27. Total Prepayment Credits (Add lines 23, 24, 25, 26) ► 27. 282
28. Previous Refund(s)/Overpayments, if any, shown on previous return(s). ► 28. 25



1800511555

2017

YOUR SOCIAL SECURITY NUMBER
410-19-5568

29. Net (Line 27 minus Line 28) 29. 257
30. **Balance Due** if Line 22 exceeds Line 29 30.
31. **Overpayment** if Line 29 exceeds Line 22 31. 257
32. Amount to be credited to **ESTIMATED TAX YEAR** 2018 32.
33. Form 500 UET (Estimated Tax Penalty) ☐ 500 UET exception attached 33.
34. **Late Payment Penalty** (1/2 of 1% per month from due date) 34.
35. **Interest** (See IT-511 Booklet) 35.
36. **Amount Owed** Pay in full with this Return (Add Line 30, Lines 33 through 35) 36.
37. **Refund To Be Received** (Subtract Lines 32 and 33 from Line 31) 37. 257

37a. Direct Deposit (U.S. Accounts Only) ▶ Type: Checking ☒ Savings ☐

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

Routing Number 314074269

Account Number 196429552

Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740318
ATLANTA, GA 30374-0318

EXPLANATION OF CHANGES

▶ Include any supporting documents and new or changed forms and schedules. In the space provided below, tell us why you are filing Form 500X.

I DIDN'T GET MY W-2 FROM BERWICK ANIMAL HOSPITAL UNTIL 4/17/18

PLEASE DO NOT STAPLE YOUR CHECK, W-2s OR ANY OTHER DOCUMENTS TO YOUR RETURN

I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature ☐ (Check box if deceased)

Spouse's Signature ☐ (Check box if deceased)

Date

Date

Taxpayer's Phone Number
323-791-3221

☐ I authorize DOR to discuss this return with the named preparer.

REV 11/13/17 INTUIT.CG.CFP.SP

Preparer's Phone Number

Signature of Preparer

Name of Preparer Other Than Taxpayer
SELF PREPARED

Preparer's FEIN

Preparer's Firm Name

Preparer's SSN/PTIN/SIDN

Schedule 1**Adjustments to Income****2017** (Approved software version)

1807211518

YOUR SOCIAL SECURITY NUMBER

410-19-5568

SCHEDULE 1 ADJUSTMENTS to INCOME BASED on GEORGIA LAW (See IT-511 Tax Booklet)**ADDITIONS to INCOME**

- | | | |
|--|----|-----|
| 1. Interest on Non-Georgia Municipal and State Bonds.....▶ | 1. | |
| 2. Lump Sum Distributions.....▶ | 2. | |
| 3. Federal deduction for income attributable to domestic production activities▶
(IRC Section 199) | 3. | |
| 4. Net operating loss carryover deducted on Federal return.....▶ | 4. | |
| 5. Other (Specify) DEPRECIATION ADJUSTMENT ▶ | 5. | 751 |
| 6. Total Additions (Enter sum of Lines 1-5 here).....▶ | 6. | 751 |

SUBTRACTION from INCOME

7. Retirement Income Exclusion (See IT-511 Tax Booklet) Complete Schedule 1, page 2 if claiming Retirement Income Exclusion.

a. Self: Date of Birth Date of Disability: Type of Disability:

7a.

b. Spouse: Date of Birth Date of Disability: Type of Disability:

7b.

- | | |
|---|-----|
| 8. Social Security Benefits (Taxable portion from Federal return).....▶ | 8. |
| 9. Path2College 529 Plan▶ | 9. |
| 10. Interest on United States Obligations (See IT-511 Tax Booklet)▶ | 10. |
| 11. Georgia Net Operating loss carryover from previous years
(List only the amount used in 2017, see IT-511 Tax Booklet)▶ | 11. |

- | | | |
|---------------------------------|------------|--------|
| 12. Other Adjustments (Specify) | Adjustment | Amount |
| | Adjustment | Amount |
| | Adjustment | Amount |
| | Adjustment | Amount |

Total.....▶ 12.

13. Total Subtractions (Enter sum of Lines 7-12 here).....▶ 13.

14. Net Adjustments (Line 6 less Line 13).

Enter Net Total here and on Line 9 of Page 2 (+ or -) of Form 500 or Form 500X.....▶ 14.

751

Schedule 1
Adjustments to Income

2017 (Approved software version)



1807211528

YOUR SOCIAL SECURITY NUMBER
410-19-5568

SCHEDULE 1 RETIREMENT INCOME EXCLUSION

Social security and railroad retirement paid by the Railroad Retirement Board, exempt interest, or other income that is not taxable to Georgia should not be included in the retirement income exclusion calculation. Income or losses should be allocated to the person who owns the item. If any item is held jointly, the income or loss should be allocated to each taxpayer at 50%.

Part-year residents and nonresidents must prorate the retirement income exclusion. The earned income portion and the unearned income portion must be separately prorated. The earned income portion shall be prorated using the ratio of Georgia source earned income to total earned income computed as if the taxpayer were a resident of Georgia for the entire year. The unearned portion shall be prorated using the ratio of Georgia source unearned retirement income to total unearned retirement income computed as if the taxpayer were a resident of Georgia for the entire year.

*Retirement income does not include income received directly or indirectly from lotteries, gambling, illegal sources or similar income.

** Rental, Royalty or Partnership income that is subject to FICA tax or Self employment tax should be included on line 2 not line 13. Trade or business income from an S Corp in which the taxpayer or their spouse materially participated should be included on line 2 not line 13.

(TAXPAYER)

(SPOUSE)

1. Salary and wages.....

2. Other Earned Income (Losses).....

3. Total Earned Income.....

4. Maximum Earned Income..... 4000

4000

5. Smaller of Line 3 or 4; if zero or less, enter zero

6. Interest Income.....

7. Dividend Income

8. Alimony.....

9. Capital Gains (Losses).....

10. Other Income (Losses)*

11. Taxable IRA Distributions.....

12. Taxable Pensions

13. Rental, Royalty, Partnership, S Corp, etc. Income (Losses)**

14. Total of Lines 6 through 13; if zero or less, enter zero

15. Add Lines 5 and 14

16. Maximum Allowable Exclusion, if age 62-64 or less than age 62 and permanently disabled enter \$35,000, or if age 65 or older enter \$65,000.

17. Smaller of Lines 15 and 16; enter here and on Form 500, Schedule 1, Lines 7A & B.....

Federal/State Adjustment Summary

2017

Name as Shown on Return
KATHRYN J HARRIS

Social Security Number
410-19-5568

Schedule C	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule C Depreciation Adjustment (Sum of Column E less Column F)

Schedule E	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule E Depreciation Adjustment (Sum of Column E less Column F)

Schedule F	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule F Depreciation Adjustment (Sum of Column E less Column F)

Form 4835	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Form 4835 Depreciation Adjustment (Sum of Column E less Column F)

Federal/State Adjustment Summary

2017

Name as Shown on Return

KATHRYN J HARRIS

Social Security Number

410-19-5568

Schedule K-1 Partnership	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E less Column F)

Schedule K-1 S Corporation	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Col E less Col F)

Schedule K-1 Estates & Trusts	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Col E less Col F)

Form 2106		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)
Sales Clerk		807.		807.

Total Form 2106 Depreciation Adjustment (Sum of Column E) 807.

Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income.

Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation.

Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation 807.

Federal/State Adjustment Summary

2017

Name as Shown on Return

KATHRYN J HARRIS

Social Security Number

410-19-5568

Schedule A		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)
SCHEDULE A		-56.		-56.
Total Schedule A Depreciation Adjustment (Sum of Column E)				-56.

Total Depreciation Adjustment

Depreciation Adjustment Included in Adjusted Gross Income	
Depreciation Adjustment Included in Schedule A Not Subject to 2% Limitation	
Depreciation Adjustment Included in Schedule A Subject to 2% Limitation	751.

Asset Dispositions

(A) Description of Asset Sold		(B) If reported on, Ck Box:	(C) Federal Gain/Loss	(D) Accumulated Depreciation	(E) Gain Adjustment	(G) Total Adjustment (Col D (1) - Col D (2) + Column E + Column F)
		Form 6252		(1) State	(F) Other Adjustments	
Date Acq	Date Sold	Form 8824		(2) Federal		
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				

Passive/At-Risk/Other Adjustments	
Total Sale of Asset Adjustment	

Georgia Information Worksheet

2017

► Keep for your records

Part I – Personal Information

Taxpayer:

First Name kathryn
Middle Initial J Suffix _____
Last Name harris
Social Security No. . . 410-19-5568
Occupation Salesperson
Date of Birth 01/02/1969
Date of Death _____
Daytime Phone (323) 791-3221
Home Phone _____
Print phone number on Form 500 ☐ Home

Spouse:

First Name _____
Middle Initial _____ Suffix _____
Last Name _____
Social Security No. . . _____
Occupation _____
Date of Birth _____
Date of Death _____
Daytime Phone _____
☒ Taxpayer work ☐ Spouse work

Street Address . . . 5110 GARRARD AVE Apartment No. . . 914
City SAVANNAH State . GA ZIP Code . . 31405
Country, if foreign . . _____
Taxpayer email address _____

Part II – Main Form

☒ Form 500: Resident Tax Return (Long form) ► _____
☐ Form 500: Nonresident Tax Return ► _____
☐ Form 500: Part-Year Resident Tax Return From _____ To _____
Schedule 3: Enter Nonresident and Part-year resident allocations ► _____

Part III – Filing Status

☒ Single
☐ Married filing joint return
☐ Married filing separate return
☐ Head of household
☐ Qualifying widow(er)

Part IV – Other Information

☐ The address above is different than last year
☐ I authorize the Georgia Department of Revenue to electronically notify me by e-mail address regarding any updates to my account(s).

Form 500 UET calculations (Underpayment of Estimated Tax Penalty):

☐ You want the GA Dept of Revenue to figure the underpayment penalty Form 500 UET
☐ At least 2/3 of your total gross income is from fishing or farming
☐ Last year's Georgia return did not cover a twelve month period or show a tax liability

Part V – Direct Deposit Information or Direct Debit Information

****Note: Georgia does not allow direct deposit of refunds for first time filers or taxpayers who have not filed a Georgia tax return within the last five years.**

Yes No

☐ ☒ Is this your first time filing a Georgia income tax return?

** Check "Yes" if you have not filed a Georgia tax return within the last five years.

Yes No

☒ ☐ Elect direct deposit of **state** tax refund

☐ ☒ Use direct debit for state tax payments (EF Only)

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) usaa federal savings bank

Account type Checking ☒ Savings ☐

Routing number 314074269

Account number 196429552

Payment date to withdraw from the account above

State balance-due amount from this return

International ACH Transactions

Yes No

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

Note: If, for any reason, the scanning equipment at the Georgia Department of Revenue fails to read your direct deposit information (from the barcode on Form 500), you will receive a paper check instead.

Part VI – Extension Status

Yes No

☐ ☒ Tax return due date extended?

Extended due date

QuickZoom to Form IT-303: Application for Extension of Time for Filing ▶

QuickZoom to Form IT-560: Extension Payment Voucher ▶

Part VII – Amended Return

☒ Filing a Georgia amended return

Enter the tax year you are amending 2017

Previous Georgia payment(s) made

Previous Georgia refund received 25.

QuickZoom to Form 500X ▶

QuickZoom to Form 500: Income Tax Return (Long form) ▶

Income and Retirement Worksheets

2017

► Keep for your records

Name
kathryn J harris

Social Security Number
410-19-5568

Income		Georgia Amounts		Other State Amounts	
		Column A Taxpayer	Column B Spouse	Column C Taxpayer	Column D Spouse
1	Wages	8,454.		6,826.	
2	Federal Interest				
	- Georgia Adjustments to federal taxable Interest				
3	Dividends				
	- Georgia Adjustments to federal taxable Dividends				
4	Capital/other gains or (losses)				
5	Income from federal Schedules C and F	-1,053.			
6 a	Rental/K-1 etc. income				
b	- income above subject to FICA or S.E. tax, or S corp income in which you materially participated				
7 a	Pension/Annuity and IRA/SEP distributions				
b	Lump-sum distributions				
c	RRB-1099-R				
d	Other Subtraction #2, withdrawals with GA/Fed tax difference				
e	Other Subtraction #7, income exempt from state tax				
f	Other Subtraction # 8, teachers retirement contributions already taxed by Georgia				
8	Alimony received.				
9	Social security				
10 a	State income tax refund	0.			
b	Unemployment compensation				
11	Other income				
	- Gambling winnings				
	- Home mortgage debt forgiveness relief				
	- NOL Carryover				
	- Other				
	Federal Form 8814 income included in other income				
	Adjustments				
12	IRA deductions.	1,200.			
13	Educator expenses				
14	Tuition and fees deduction				
15	Other federal adjustments.				

Georgia
Georgia Credits Worksheet
Keep for your records

2017

Name(s) Shown on Return kathryn J harris	Social Security Number 410-19-5568
---	---------------------------------------

Part I 2017 Credits without a carryforward provision

The following credits have no carryforward (or carry back) provision. Since total credits cannot exceed your income tax liability, the following credits are deemed to have been claimed first. Credits that have carryforward provisions will be claimed after the following credits have been exhausted so that unused credits are available in future years.

Description	(a) Full 2017 credit	(b) Amount used	(c) Remaining tax liability
Total 2017 Income Tax Liability			0
1 Child and Dependent Care Expense Credit (IND-CR 202)			
2 Qualified Caregiving Expense Credit (IND-CR 204)			
3 Driver Education Credit (IND-CR 205)			
4 Rural Physicians Credit (IND-CR 207)			
5 Other state(s) tax credit			
6 Low Income Credit	8	0	0
Total	8		
Remaining balance of 2017 tax liability available to enable credits below			0

Part II Credits (from any year) with a defined carryforward provision

The following credits have a specific carryforward provision (they expire after so many years). Entries for prior year credits are made in Part V. Reduce column d if a Pass Through Credit has further limitations based on a percentage of your 2017 income tax liability. Only make adjustments after this table is otherwise complete. See Tax Help for details.

2017 Qualified Education Expense Credit (Individual/Non pass through) - **Credit Code 125**

**** Note: Georgia requires electronic filing of tax returns that claim these series 100 credits. Anyone who does not adhere to this regulation runs the risk of the return not being processed (because it is considered to have not been filed) and/or being charged penalty and interest.**

2017 Clean Energy Property Credit (Individual/Non pass through) - **Credit Code 127**

**** Note: Georgia requires electronic filing of tax returns that claim these series 100 credits. Anyone who does not adhere to this regulation runs the risk of the return not being processed (because it is considered to have not been filed) and/or being charged penalty and interest.**

Credit Description	Credit Code	(a) Remaining life (yrs)	(b) Remaining credit	(c) Limited to tax of	(d) 2017 net credit	(e) Carryfwd to 2018
Total allowable 2017 credits with a defined carryforward provision						
Remaining balance of 2017 tax liability available to enable credits below						0

Part III Credits (from any year) with an unlimited carryforward provision

Description		(a) Full credit	(b) Limited to tax of	(c) 2017 net credit	(d) Carryfwd to 2018
1 2017 Georgia/Air National Guard Credit					
2 2017 Disaster Assistance Credit					
3 2017 Adoption of a Foster Child Credit					
4 Eligible Single-Family Residence Credit					
- 4a additional unused Credit from IND-CR209					
5 Credits from 2016 and prior yrs. (from Part V) or credits from Part IV with carryforwards	Credit Code				
Total allowable 2017 credits with an unlimited carryforward provision					

Total 2017 credits after all prior year carryforwards and tax liability limitations 0

Low Income Credit Worksheet

2017

► Keep for your records

Name as Shown on Return
kathryn J harris

Social Security Number
410-19-5568

Important: Do not fill out this worksheet if your federal adjusted gross income is over \$19,999 or if you are claimed or eligible to be claimed as a dependent by another taxpayer on their federal or Georgia individual income tax return. A part-year resident can only claim the credit if they are a resident of Georgia at the end of the tax year. **You cannot claim this credit if you are an inmate in a correctional facility.**

*Disable Low Income Credit calculations

Were you (and your spouse if Married filing joint) an inmate in a correctional facility?

If so, you cannot claim this credit. Yes ☐ No ☒

*Married filing separate only

Enter your spouse's income from line 8 of GA Form 500 (If zero or less enter zero)

1	Enter your income from line 8 of GA Form 500 or line 1 of Form 500EZ. (If zero or less enter zero)	1	13,027.
2	Enter the number of exemptions. Exemptions are self, spouse and natural or legally adopted children (Adjust if necessary)	2	1.
3	Enter 1 if you or your spouse is 65 or older; enter 2 if you and your spouse are 65 or older	3	
4	Add lines 2 and 3; enter on line 17a of Form 500, or Line 5a of Form 500EZ	4	1.
5	Find the credit that corresponds to your income in the table below and enter on line 17b of Form 500, or Line 5b of Form 500EZ	5	8.
6	Multiply Line 4 by Line 5; enter the total on line 17c of Form 500 or Line 5c of Form 500EZ	6	8.

Base Credit Table

Federal Adjusted Gross Income	Base Credit
Under \$6,000.00	\$26.00
\$ 6,000.00 but not more than 7,999.00	\$20.00
\$ 8,000.00 but not more than 9,999.00	\$14.00
\$10,000.00 but not more than 14,999.00	\$8.00
\$15,000.00 but not more than 19,999.00	\$5.00

Name as Shown on Return
kathryn J harris

Social Security Number
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1	Salaries and wages reduced from federal taxable income because of the federal jobs tax credit	1	
2	Individual Retirement Account, Keogh, SEP and SUB-S plan withdrawals where tax has been paid to Georgia because of the difference between Georgia and federal law for tax years 1981 through 1986.	2	
3	Depreciation because of differences in Georgia and federal law for tax years 1981 through 1986	3	
4	Income taxed at corporate level by other states because of non-recognition of S corporation status	4	
5	Dependents' unearned income included in parent's federal adjusted gross income	5	
6	Income tax refunds from other states included in federal adjusted gross income. Identify state:	6	
7	Income from any fund, program or system which is exempted from state tax by federal law or treaty	7	
8	Teachers retirement contributions already taxed by the state of Georgia	8	
9	Payments to certified minority subcontractors from state contracts (10% of payments or \$100,000, whichever is less)	9	
10	Depreciation Adjustment (if negative) for differences in federal and Georgia law	10	
11	Combat Zone Pay exclusion	11	
12	Expenses Related to Organ Donation	12	
13	Deduction of high deductible health plans	13	
14	Federally taxable interest received on Georgia municipal bonds designated as or considered "Build America Bonds"	14	
15	Other federally taxable interest exempt from Georgia tax	15	
16	Subtraction for physicians classified as "community based faculty physicians" (non-compensated physicians providing 3 or more core clerkships within the calendar year). Enter the number of qualifying clerkships provided . ▶ _____ times \$1,000	16	
17	Amount claimed by employers in food and beverage establishments who took a credit instead of a deduction on the Federal return for FICA tax paid on employee cash tips	17	
18	Federal mortgage interest reduction on Form 8396.	18	
19	Other:	19	
a	_____	a	
b	_____	b	
c	_____	c	
20	Total other subtractions from federal adjusted gross income	20	

Section 179 Worksheet

2017

Name as Shown on Return <u>kathryn J harris</u>	Social Security Number <u>410-19-5568</u>
--	--

Section 179 Limitation

This worksheet calculates the allowable state Section 179 deduction. If the deduction is limited then the allowable Section 179 (Line 7) must be allocated back to the individual activities using the State Allowed columns below. The Section 179 amounts for Schedules C, E, F, K-1 Partnership, K-1 S Corporation, and Form 4835 are on the Activity Worksheet(s).

1 Federal taxable income computed for the Section 179 limitation	1	14,227.
State adjustments:		
2 Depreciation adjustment (without Section 179)	2	
3 Section 1231 gain adjustment	3	
4 Other additions or subtractions to taxable income	4	
5 State taxable income for the Section 179 limitation (line 1 plus lines 2 - 4)	5	14,227.
6 Total Section 179 before limitation	6	
7 Section 179 allowable, if different	7	
8 Federal Section 179 allowed	8	
9 State Section 179 adjustment	9	
10 Carryover to next year	10	

QuickZoom to Activity Worksheet ➔

Form 2106	P/Y Copy #	(A) Fed Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation
Sales Clerk						

Form 2106 Section 179 Carryovers	(F) State Total Section 179 Before Limitation	(G) State Section 179 Allowed	(H) Carryover
Sales Clerk			

Total Form 2106 Section 179 Adjustment (Column B minus Column G)

Schedule A

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(C) State Carryover From Prior Year	(D) State Total Section 179 Before Limitation	(E) State Section 179 Allowed	(F) State Section 179 Carryover To Next Year

Total Schedule A Section 179 Adjustment (Column B minus Column E)

Activity Worksheet

2017

Name as Shown on Return
kathryn J harris

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Activity Description driver

Form or Worksheet Type. . . Sch C Copy number. . . 1

- A** If this activity was operated by spouse, check this box ☐
- B** If this activity was operated jointly by taxpayer and spouse, check this box ☐
- C** Check this box if you completely disposed of the property in the current year ☒
- D** Check this box if all investment is at risk (Not for K-1 Estates and Trusts) ☒
- E** Check this box if some of the investment is **not** at risk (Not for K-1 Estates and Trusts) ☐
- F** Did you materially participate in this activity? (Not for K-1's) Yes ☒ No ☐
- G** Check this box if you actively participate in the operation of this activity (Not for Schedule C or Schedule F) ☐
- H** Check this box if rental property is subject to recharacterization rules (Sch E/Sch K-1 Ptrshp) ☐
- I** Check if rental real estate (or other rental) activity is a trade or business (Not for Schedule C or Schedule F) ☐

If this is a Schedule E, check the appropriate boxes:

- J** Rental property. ☐ **L** Commercial property ☐
- K** Royalty property ☐ **M** Other passive exceptions ☐

If this is a K-1, check the appropriate boxes:

- N** This is a K-1 with ordinary income with material participation ☐
- O** This is a K-1 with rental real estate with material participation ☐
- P** This is a publicly traded partnership ☐
- Q** If this is a K-1 Estates and Trusts, check the box if this is a final K-1 ☐
- R** Check if "working interest" in oil or gas well (Schedule K-1 Partnership) ☐

- S** At-risk status All
- T** Passive status Nonpassive

Part I - Section 179 Adjustments

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation	(F) State Section 179 Allowed	(G) State Section 179 Carryover To Next Year

Part II - Regular Income/Loss

	Income/Loss
1 Federal income/loss	-1,053.
2 Adjustments:	
a 30%/50% Special Depreciation Allowance (Bonus Depreciation)	
b Other depreciation adjustment(s)	
c Section 179 adjustment	
d Other adjustments	
3 Total	-1,053.
4 At-Risk adjustment. a Adjust amount b	
5 Total	-1,053.
6 Passive carryover loss	
7 Passive disallowed loss (carryover to next year)	
8 Net profit or (loss) allowed	-1,053.
9 Net federal profit or (loss) allowed	-1,053.
10 Federal/State adjustment	0.

Activity Description driver

Part III - Schedule K-1 Partnership and S Corporations		Section 179 Expense	Misc Income	Commercial Revitalization
1	Federal income/loss			
2	Adjustments			
3	Total			
4 a	At-Risk adjustment amount			
b	At-Risk adjustment.			
5	Total			
6	Passive carryover loss			
7	Passive disallowed loss (carryover to next year)			
8	Net profit or (loss) allowed			
9	Net federal profit or (loss) allowed			
10	Federal/State adjustment			

Part IV - Dispositions	Schedule D Short-Term	Schedule D Long-Term	Form 4797 Short-Term	Form 4797 Long-Term
1 Federal income/loss				
2 Adjustments:				
a Adjustments transferred from the federal return				
b Other adjustments				
c Total adjustments				
3 Total				
4 a At-Risk adjustment amount				
b At-Risk adjustment.				
5 Total				
6 Passive carryover loss				
7 Passive disallowed loss				
8 Net profit or (loss) allowed				
9 Net federal profit or (loss) allowed				
10 Federal/State adjustment				

Name(s) Shown on Return
kathryn J harrisYour Social Security Number
410-19-5568**Part I 2018 Estimated Tax Amount Options****1 Select One of Six Ways to Calculate the Required Annual Payment for 2018 Estimates:**

- a 100% of **2017** taxes (default, see Tax Help) ☒ _____
- b 100% of tax on **2018** estimated taxable income ☐ _____
- c 90% of tax on **2018** estimated taxable income ☐ _____
- d 66-2/3% of tax on **2018** estimated taxable income (farmers and fishermen) ☐ _____
- e Equal to 100% of overpayment (no vouchers) ☐ _____ 282.
- f Enter total amount you want to use for estimates and check box ☐ _____

2 Selected estimated tax amount:

- a 2018 Required Annual Payment based on your choice above _____
- b Estimated amount of 2018 state income tax withholding _____ 282.
- c **Total of estimated tax payments required for 2018** (line 2a less line 2b) _____

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$500 or more (default) ☒ _____
- b Calculate estimates if _____ (specify amount) or more ☐ _____
- c Calculate estimates regardless of amount ☐ _____
- d Do **not** calculate estimates ☐ _____

Part II Overpayment Application Options

- 1 Amount of overpayment available (Form 500, line 24 less lines 26-34) _____ 282.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment) ☒ _____
- b Apply all (increase estimate if required) ☐ _____
- c Apply to extent of total estimated tax and refund excess ☐ _____
- d Apply to extent of first quarter amount and refund excess ☐ _____
- e Enter amount you want to apply ☐ _____
- f Amount applied to 2018 estimated tax _____ 0.
- g Overpayment to be refunded (line 1 less line 2f) _____ 282.

3 Select Overpayment Application Sequence:

- a ☒ ◀ Consecutively b ☐ ◀ Evenly

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

- a ☒ ◀ Round up to next \$1 b ☐ ◀ Round up to next \$10 c ☐ ◀ Round up to next \$100 d ☐ ◀ Round to nearest \$1

2 Select Voucher Printing Option:

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

Part IV Estimated Tax Payment Summary

	1 4/17/2018	2 6/15/2018	3 9/17/2018	4 1/15/2019	Total
1 If you have already made payments, enter amounts					
2 Indicate which payment is due next. (e.g. if it is now April 25, 2018, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					

Part V Changes to Income, Deductions and Withholding for 2018

2017 income and deductions are shown in the '2017 Actual' column below.

***Caution:** For each line in the '2018 Estimated' column, enter the estimated 2018 amount **if different** from 2017. Otherwise, the '2017 Actual' amount will be used. If zero, you **must** enter zero.

	2017 Actual	*2018 Estimated
1 Adjusted gross income	13,027.	
2 Adjustments and Deductions	18,314.	
3 Applicable retirement exclusion (See Tax Help)		
4 Georgia tax withholding	282.	
5 Other credits		

Part VI Filing Status and Personal Exemptions for 2018

1 Choose 2018 filing status: (Default = last year's filing status)

☒

Single

☐

Married filing jointly

☐

Married filing separately

☐

Head of household

☐

Qualifying Widow(er)

2 Enter the number of exemptions in 2018. 1

3 Enter the number of dependents in 2018

Part VII 2018 Estimated Taxable Income and Tax

1	Adjusted gross income expected during the current year	1	13,027.
2	Less: Adjustments and Deductions.	2	18,314.
3	Balance (line 1 less line 2)	3	-5,287.
4	Less: Deduction for exemptions/dependents	4	2,700.
5	Balance (line 3 less line 4)	5	-7,987.
6	Applicable retirement exclusion (see worksheet)	6	
7	Taxable income (line 5 less line 6)	7	
8	Tax on amount on line 7 (see tax rate schedule)	8	
9	Less: Credits	9	
10	Line 8 less line 9. This is your 2018 tax based on your estimate of 2018 income	10	

Tax Payments Worksheet

2017

► Keep for your records

Name
kathryn J harris

Social Security Number
410-19-5568

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	282.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	282.
15	Date return will be filed and balance paid	15	

Tax Summary
► Keep for your records

2017

Name(s)	
kathryn J harris	
Federal adjusted gross income	13,027.
Adjustments to income	751.
Georgia adjusted gross income	13,778.
Deductions and exemptions	21,765.
Taxable income	-7,987.
Total Georgia tax	
Total prepayments and credits	282.
Amount due	
Amount of overpayment	282.
Amount applied to ES	0.
Contributions	
Amount of penalty	
Balance due	
Refund	257.

[illegible]

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

▶ Go to www.irs.gov/Form1040X for instructions and the latest information.**This return is for calendar year** ☒ 2017 ☐ 2016 ☐ 2015 ☐ 2014**Other year.** Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial

kathryn J

Last name

harris

Your social security number

410-19-5568

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions.

5110 GARRARD AVE

Apt. no.

914

Your phone number

(323) 791-3221

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

SAVANNAH GA 31405

Foreign country name

Foreign province/state/county

Foreign postal code

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.☒ Single☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)☐ Married filing jointly☐ Married filing separately ☐ Qualifying widow(er)**Full-year coverage.**

If all members of your household have full-year minimal essential health care coverage, check "Yes." Otherwise, check "No."

See instructions.

☐ Yes☒ No

Use Part III on the back to explain any changes

Income and Deductions

		A. Original amount or as previously adjusted (see instructions)	B. Net change— amount of increase or (decrease)— explain in Part III	C. Correct amount
1	Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ▶ <input type="checkbox"/>	1 7,581.	5,446.	13,027.
2	Itemized deductions or standard deduction	2 6,350.	12,898.	19,248.
3	Subtract line 2 from line 1	3 1,231.	-7,452.	-6,221.
4	Exemptions. If changing, complete Part I on page 2 and enter the amount from line 29	4 4,050.	0.	4,050.
5	Taxable income. Subtract line 4 from line 3	5 -2,819.	-7,452.	-10,271.

Tax Liability

6	Tax. Enter method(s) used to figure tax (see instructions): Table	6 0.	0.	0.
7	Credits. If a general business credit carryback is included, check here ▶ <input type="checkbox"/>	7 0.	0.	0.
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	8 0.	0.	0.
9	Health care: individual responsibility (see instructions)	9 0.	0.	0.
10	Other taxes	10 0.	0.	0.
11	Total tax. Add lines 8, 9, and 10	11 0.	0.	0.

Payments

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing , see instructions.)	12 293.	180.	473.
13	Estimated tax payments, including amount applied from prior year's return	13 0.	0.	0.
14	Earned income credit (EIC)	14 510.	-473.	37.
15	Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify): _____	15 0.	0.	0.
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16 0.		
17	Total payments. Add lines 12 through 15, column C, and line 16	17 510.		

Refund or Amount You Owe

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS.	18 803.
19	Subtract line 18 from line 17 (If less than zero, see instructions.)	19 -293.
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference	20 293.
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21
22	Amount of line 21 you want refunded to you	22 0.
23	Amount of line 21 you want applied to your (enter year): estimated tax . 23	

Complete and sign this form on Page 2.

Part I Exemptions

Complete this part **only** if any information relating to exemptions has changed from what you reported on the return you are amending. This would include a change in the number of exemptions, either personal exemptions or dependents.

See Form 1040 or Form 1040A instructions and Form 1040X instructions.

		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself	24 1	0	1
25	Your dependent children who lived with you	25 0	0	0
26	Your dependent children who didn't live with you due to divorce or separation	26 0	0	0
27	Other dependents	27 0	0	0
28	Total number of exemptions. Add lines 24 through 27	28 1	0	1
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4 on page 1 of this form.	29 4,050.	0.	4,050.
30	List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see instructions.			

(a) First name	Last name	(b) Dependent's social security number	(c) Dependent's relationship to you	(d) Check box if qualifying child for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of changes. In the space provided below, tell us why you are filing Form 1040X.

► Attach any supporting documents and new or changed forms and schedules.

I didn't get my W-2 from Berwick Animal Hospital until 4/17/18

Remember to keep a copy of this form for your records.

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

Sign Here

► Your signature _____ Date _____ Salesperson _____
Your occupation _____

► Spouse's signature. If a joint return, **both** must sign. _____ Date _____ Spouse's occupation _____

Paid Preparer Use Only

► Preparer's signature _____ Date _____ Self-Prepared _____
Firm's name (or yours if self-employed) _____

Print/type preparer's name _____ Firm's address and ZIP code _____

PTIN _____ ☐ Check if self-employed _____ Phone number _____ EIN _____

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20		See separate instructions.
Your first name and initial kathryn J	Last name harris	Your social security number 410-19-5568
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 5110 GARRARD AVE		Apt. no. 914
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). SAVANNAH GA 31405		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	
Foreign postal code		

Filing Status

1 ☒ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☐ Head of household (with qualifying person). (See instructions.)
If the qualifying person is a child but not your dependent, enter this child's name here. ▶

5 ☐ Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☐ Spouse

Boxes checked on 6a and 6b 1

No. of children on 6c who:

• lived with you

• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶ 1

c Dependents:

(1) First name Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) ☒ if child under age 17 qualifying for child tax credit (see instructions)

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed

Income	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	15,280.
	8a	Taxable interest. Attach Schedule B if required	8a	
	b	Tax-exempt interest. Do not include on line 8a	8b	
	9a	Ordinary dividends. Attach Schedule B if required	9a	
	b	Qualified dividends	9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	0.
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	-1,053.
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	15a	IRA distributions	15a	
	b	Taxable amount	15b	
	16a	Pensions and annuities	16a	
	b	Taxable amount	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits	20a	
b	Taxable amount	20b		
21	Other income. List type and amount	21		
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	14,227.	

Adjusted Gross Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶	31a	
	32	IRA deduction	32	1,200.
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35	36	1,200.	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	13,027.	

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$6,350

Married filing jointly or Qualifying widow(er), \$12,700

Head of household, \$9,350

38	Amount from line 37 (adjusted gross income)	38	13,027.
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked ▶ 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	19,248.
41	Subtract line 40 from line 38	41	-6,221.
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	0.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	0.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	0.
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	0.

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	0.
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	0.

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	473.
65	2017 estimated tax payments and amount applied from 2016 return	65	
66a	Earned income credit (EIC) PYEI 14,546.	66a	37.
b	Nontaxable combat pay election 66b		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	510.

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	510.
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	510.
b	Routing number 3 1 4 0 7 4 2 6 9 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 1 9 6 4 2 9 5 5 2		

Amount You Owe

77	Amount of line 75 you want applied to your 2018 estimated tax	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
-------------------	-------------	--

Sign Here

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

I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation Salesperson	Daytime phone number (323) 791-3221
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
Firm's name ▶ Self-Prepared	Firm's EIN ▶	Phone no.	

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

kathryn J harris

Itemized Deductions

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

► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 28.

OMB No. 1545-0074

2017

Attachment
Sequence No. **07**

Your social security number

410-19-5568

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	17,628.
	2	Enter amount from Form 1040, line 38 2 13,027.		
	3	Multiply line 2 by 7.5% (0.075).	3	977.
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	16,651.
Taxes You Paid	5 State and local (check only one box):			
	a	<input checked="" type="checkbox"/> Income taxes, or	5	465.
	b	<input type="checkbox"/> General sales taxes		
	6	Real estate taxes (see instructions)	6	
	7	Personal property taxes	7	262.
	8	Other taxes. List type and amount ►	8	
	9 Add lines 5 through 8		9	727.
	Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10
11		Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11	
12		Points not reported to you on Form 1098. See instructions for special rules	12	
13		Mortgage insurance premiums (see instructions)	13	
14		Investment interest. Attach Form 4952 if required. See instructions	14	
15		Add lines 10 through 14	15	
Gifts to Charity		16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	608.
	18	Carryover from prior year	18	
	19	Add lines 16 through 18	19	608.
Casualty and Theft Losses	20	Casualty or theft loss(es) other than net qualified disaster losses. Attach Form 4684 and enter the amount from line 18 of that form. See instructions	20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. See instructions. ► <u>Employee business expenses</u>	21	1,118.
	22	Tax preparation fees	22	350.
	23	Other expenses—investment, safe deposit box, etc. List type and amount ► <u>Depreciation and amortization deductions</u>	23	55.
	24	Add lines 21 through 23	24	1,523.
	25	Enter amount from Form 1040, line 38 25 13,027.		
	26	Multiply line 25 by 2% (0.02)	26	261.
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	1,262.
	Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ►	28
Total Itemized Deductions	29	Is Form 1040, line 38, over \$156,900? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	19,248.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here		

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 for instructions and the latest information.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2017
Attachment
Sequence No. **09**

Name of proprietor kathryn J harris		Social security number (SSN) 410-19-5568
A Principal business or profession, including product or service (see instructions) driver	B Enter code from instructions ► 4 8 5 3 0 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ► 5110 GARRARD AVE, Apt. 914 City, town or post office, state, and ZIP code SAVANNAH, GA 31405		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2017, check here <input checked="" type="checkbox"/>		
I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 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"/>	1	1,265.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	1,265.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	1,265.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	1,265.

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions).	9	1,798.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	120.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	400.
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	2,318.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-1,053.			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: 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	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	-1,053.			
32 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 Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input checked="" type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		

Part III Cost of Goods Sold (see instructions)

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

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.

43	When did you place your vehicle in service for business purposes? (month, day, year) ► 06/01/2017
44	Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:
a	Business 3,000 b Commuting (see instructions) c Other 4,000
45	Was your vehicle available for personal use during off-duty hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

48	Total other expenses. Enter here and on line 27a 48

Health Coverage Exemptions

► Attach to Form 1040, Form 1040A, or Form 1040EZ.
► Go to www.irs.gov/Form8965 for instructions and the latest information.

Name as shown on return

kathryn J harris

Your social security number

410-19-5568

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	kathryn harris	410-19-5568	G	X												
9																
10																
11																
12																
13																

Unreimbursed Employee Business ExpensesDepartment of the Treasury
Internal Revenue Service (99)▶ **Attach to Form 1040 or Form 1040NR.**▶ **Go to www.irs.gov/Form2106EZ for the latest information.****2017**
Attachment
Sequence No. **129A**

Your name

kathryn J harris

Occupation in which you incurred expenses

Sales Clerk

Social security number

410-19-5568

You Can Use This Form Only if All of the Following Apply.

- You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense doesn't have to be required to be considered necessary.
- You **don't** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 aren't considered reimbursements for this purpose).
- If you are claiming vehicle expense, you are using the standard mileage rate for 2017.

Caution: You can use the standard mileage rate for 2017 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, **or** (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1997.

Part I Figure Your Expenses

1	Complete Part II. Multiply line 8a by 53.5¢ (0.535). Enter the result here	1	268.
2	Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work	2	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	3	
4	Business expenses not included on lines 1 through 3. Don't include meals and entertainment	4	850.
5	Meals and entertainment expenses: \$ _____ × 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.)	5	
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	1,118.

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

7 When did you place your vehicle in service for business use? (month, day, year) ▶ 01/02/2017

8 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

a Business 500 **b** Commuting (see instructions) **c** Other 500

9 Was your vehicle available for personal use during off-duty hours? ☒ **Yes** ☐ **No**

10 Do you (or your spouse) have another vehicle available for personal use? ☒ **Yes** ☐ **No**

11a Do you have evidence to support your deduction? ☒ **Yes** ☐ **No**

b If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017Attachment
Sequence No. **179**

Name(s) shown on return

kathryn J harris

Business or activity to which this form relates

Form 2106 Sales Clerk

Identifying number

410-19-5568

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	510,000.
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	2,030,000.
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 smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 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 2018. 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	850.
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 2017	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 2017 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 2017 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. 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	850.
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, certain computers, 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.)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(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
25 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) .							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
toyota rav 4	01/02/2017	50.00 %				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .							29	

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
30 Total business/investment miles driven during the year (don't include commuting miles) .						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

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).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 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		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 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
42 Amortization of costs that begins during your 2017 tax year (see instructions):					
43 Amortization of costs that began before your 2017 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Noncash Charitable Contributions

▶ **Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.**

▶ **Information about Form 8283 and its separate instructions is at www.irs.gov/form8283.**

OMB No. 1545-0908

Attachment
Sequence No. **155**

Name(s) shown on your income tax return

kathryn J harris

Identifying number

410-19-5568

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities—List in this section **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part I Information on Donated Property—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A	Pooch Heaven 17328 Ventura Blvd Los Angeles CA 91423	<input type="checkbox"/>	Clothing, Footwear, Accessories & Household items
B	Good Will 2449 cobb parkway smyrna GA 30080	<input type="checkbox"/>	Clothing, Footwear, Accessories & Household items
C	Good Will 2449 cobb parkway smyrna GA 30080	<input type="checkbox"/>	Clothing, Footwear, Accessories & Household items
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	04/13/2017				135.	Comparative sales
B	06/21/2017				191.	Comparative sales
C	03/05/2017				282.	Comparative sales
D						
E						

Part II Partial Interests and Restricted Use Property—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

- 2a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ _____
If Part II applies to more than one property, attach a separate statement.
- b** Total amount claimed as a deduction for the property listed in Part I: **(1)** For this tax year ▶ _____
(2) For any prior tax years ▶ _____
- c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):
Name of charitable organization (donee) _____
Address (number, street, and room or suite no.) _____
City or town, state, and ZIP code _____
- d** For tangible property, enter the place where the property is located or kept ▶ _____
- e** Name of any person, other than the donee organization, having actual possession of the property ▶ _____

- | | | | |
|-----------|---|-----|----|
| 3a | Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? | Yes | No |
| b | Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? | | |
| c | Is there a restriction limiting the donated property for a particular use? | | |

Name(s) Shown on Return
kathryn J harrisSocial Security Number
410-19-5568**Part I State and Local Income Tax Refunds from 2016 Tax Returns**

1	(a) State or Local Code	(b) Refund Amount	(c) Estimated Tax Paid After 12/31/2016	(d) Extension Payments	(e) Total Payments and Withholding	(f) Refund Allocated to Column (c)	(g) Refund Allocated to Column (d)
	CA	7.			7.		
	GA	540.			540.		
	Totals	547.			547.		

- 2 Total state and local refunds. Total line 1 column (b). 547.
- 3 Refund allocated to tax paid after 12/31/2016. Total line 1 columns (f) and (g).
(Include net tax paid after 12/31/2016 on Schedule A, line 5.)
- 4 Net refund. Line 2 less line 3. 547.

Part II Recovery AmountThe **recovery amount** is the state and local income tax deducted in 2016 refunded in 2017.

- 5 Total state and local income tax deduction from line 5 of your 2016 Schedule A. 547.
- 6 **Recovery amount.** Lesser of line 4 or line 5. 547.

Part III Recovery ExclusionThe **recovery exclusion** is the part of the recovery amount which did **not** reduce tax in 2016.

- 7 **Recovery exclusion from standard deduction and/or sales tax deduction:**
- a Allowable itemized deductions, from 2016 Schedule A, line 29 25,381.
- b Allowable itemized deductions, refigured by excluding recovery amount:
- (1) Refigured state and local tax deduction:
- (a) Refigured state income tax deduction 0.
- (b) Sales tax deduction
- (c) Refigured deduction. Larger of (a) or (b) 0.
- (2) Refigured total itemized deductions before limitation 24,834.
- (3) Refigured reduction for limitation on itemized deductions 0.
- (4) Refigured allowable itemized deductions. Line 7b(2) less line 7b(3). 24,834.
- c 2016 standard deduction based on 2016 filing stat, exemptns, and deductns. 6,300.
- d Larger of lines 7b(4) or 7c. 24,834.
- e Subtract line 7d from line 7a 547.
- f Subtract line 7e from line 6 0.
- 8 **Recovery exclusion from negative taxable income.** If 2016 taxable income was negative, enter here as a positive number, else enter zero. 19,573.
- 9 **Recovery exclusion from alternative minimum tax.** If no alternative minimum tax (AMT) in 2016 enter zero. If did pay AMT in 2016, enter amt from line 24 0.
- 10 **Recovery exclusion from unused tax credits.** If no unused credits in 2016, enter zero. If there were unused credits in 2016, enter amount from line 35. 0.
- 11 **Total recovery exclusion.** Add lines 7f, 8, 9, and 10. 19,573.

Part IV Taxable RefundThe **recovery amount** less the **recovery exclusion** is a **taxable refund**.

- 12 **Taxable refund from 2016.** Line 6 less line 11. 0.
- 13 Total taxable refunds from **2015** or prior tax returns. Total line 36 column (d).
- 14 **Total taxable refunds.** Add lines 12 and 13. Enter here and on Form 1040, line 10 0.

Tax History Report

► Keep for your records

2017

Name(s) Shown on Return

kathryn J harris

	Five Year Tax History:				
	2013	2014	2015	2016	2017
Filing status		Single	Single	Single	Single
Total income		19,107.	20,844.	14,993.	14,227.
Adjustments to income		2,150.	969.	5,135.	1,200.
Adjusted gross income		16,957.	19,875.	9,858.	13,027.
Tax expense		160.	623.	739.	727.
Interest expense . . .					
Contributions		743.	2,249.	1,202.	608.
Miscellaneous deductions.		15,586.	710.	10,243.	1,262.
Other Itemized Deductions		2,358.	11,089.	13,197.	16,651.
Total itemized/standard deduction . .		18,847.	14,671.	25,381.	19,248.
Exemption amount . .		3,950.	4,000.	4,050.	4,050.
Taxable income		0.	1,204.	0.	0.
Tax.			421.		
Alternative min tax . .					
Total credits					
Other taxes		1,900.	1,088.	0.	0.
Payments		1,241.	1,352.	703.	510.
Form 2210 penalty . .					
Amount owed		659.	157.		
Applied to next year's estimated tax .					
Refund.				703.	510.
Effective tax rate % . .		0.00	2.12	-2.15	-0.28
**Tax bracket % . . .		10.0	10.0	10.0	10.0

**Tax bracket % is based on Taxable income.

Smart Worksheets from your 2017 Georgia Tax Return Attachment

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Manual Selection of Lines Calculated Smart Worksheet	
After checking 2017 above and then making changes in your return TurboTax will determine the lines on the 1040X that should be calculated. If needed for your situation you can check the boxes below to manually determine which lines on the 1040X will calculate.	
A	<input type="checkbox"/> Lines 1-23 - Filing status/income/adjustments/itemized deduction/standard deduction
B	<input checked="" type="checkbox"/> Lines 1-30 - Calculate all lines
C	<input type="checkbox"/> Lines 5-23 - Tax before credits
D	<input type="checkbox"/> Lines 6-23 - Nonrefundable credits/other taxes
E	<input type="checkbox"/> Lines 10-23 - Payments and refundable credits

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2017 Return Information Smart Worksheet	
Original return filing status	
<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married filing joint return
<input type="checkbox"/> Qualifying widow(er)	<input type="checkbox"/> Head of household
<input type="checkbox"/> Married filing separate return	
Full-year coverage	
All household members have full-year minimal essential health care coverage <input type="checkbox"/> Yes	
1040 X line number	
6	Tax. Enter method used to figure tax: <u>Table</u>
16	Amount for U.S. tax paid to the Virgin Islands (Form 8689) included on Line 16 _____

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2017 Return Payments Smart Worksheet	
A	Total amount paid with request for extension of time to file. <u>0.</u>
B	Tax Paid with original return (not including penalties). <u>0.</u>
C	Additional tax paid after return was filed _____

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2017 Return Overpayment Smart Worksheet	
A	Overpayment, if any, as shown on original return or as previously adjusted by the IRS (not including penalties). <u>803.</u>

SMART WORKSHEET FOR: Form 1040X: Amended Tax Return

Original 2017 Return Exemptions Smart Worksheet	
A	Number of exemptions claimed on line 6d of original return <u>1</u>

Filing Address Smart Worksheet	
Send Form 1040X to:	<u>Department of the Treasury</u>
	<u>Internal Revenue Service</u>
	<u>Kansas City, MO 64999-0052</u>
	<u> </u>
	<u> </u>
	<u> </u>

Tax Smart Worksheet		
A	Tax	0.
	Check if from:	
1	Tax table	X
2	Tax Computation Worksheet (see instructions)	
3	Schedule D Tax Worksheet	
4	Qualified Dividends and Capital Gain Tax Worksheet	
5	Schedule J	
6	Form 8615	
7	Foreign Earned Income Tax Worksheet	
B	Additional tax from Form 8814	
C	Additional tax from Form 4972	
D	Tax from additional Form(s) 4972	
E	Recapture tax from Form 8863	
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax	
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative	
H	Tax. Add lines A through G. Enter the result here and on line 44	0.

Business Address Information Smart Worksheet	
Business street address .	<u>5110 GARRARD AVE, Apt. 914</u>
City, State and Zip Code (do not enter State and Zip Code if foreign address)	
<u>SAVANNAH</u>	<u>GA</u> <u>31405</u>
Or, foreign country information:	

SMART WORKSHEET FOR: Schedule C (driver): Profit or Loss from Business

Domestic Production Activities Smart Worksheet

- Amounts have been gathered from the Schedule C as a starting point for the Domestic Production Activities deduction calculation. Make adjustments as necessary, taking care not to duplicate amounts on lines B, C and D. Be sure the amount on line E is also included on line(s) B, C and D, as appropriate.
- If you qualify for the deduction, complete the Domestic Production column and the Oil-Related Production column (if applicable). For the small business simplified overall method, enter gross receipts. For the simplified deduction method, enter gross receipts and cost of goods sold. For the Section 861 method, enter all amounts.

	Total	Domestic Production	Oil-Related Production
A Gross receipts	1,265.		
B Cost of goods sold			
C Directly allocable deductions, expenses, or losses			
D Indirectly allocable deductions, expenses, or losses	2,318.		
E W-2 wages (adjust for wages from COGS, if necessary)			

QuickZoom to Form 8903, Domestic Production Activities Deduction . . . ►

SMART WORKSHEET FOR: Schedule C (driver): Profit or Loss from Business

Activity Summary Smart Worksheet

Supporting information provided by program. NO ENTRIES ARE NEEDED.

	Regular Tax	Alternative Minimum Tax
A Ownership	Taxpayer	
B At risk status	All	
C Passive status	Nonpassive	
Schedule C		
D Tentative profit (loss)	-1,053.	-1,053.
E Other preferences and adjustments		
F At risk disallowed loss		
G Passive carryover loss		
H Passive disallowed loss		
I Net profit (loss) allowed	-1,053.	-1,053.
Related Dispositions		
J Tentative profit (loss)		
K At risk disallowed loss		
L Passive carryover loss		
M Passive disallowed loss		
N Net profit (loss) allowed		

[illegible][illegible]

SMART WORKSHEET FOR: State and Local Income Tax Refund Worksheet

2016 Federal Form 1040 Information Smart Worksheet

Use this worksheet to compute taxable refund amount? ☒ Yes ☐ No
 If no, skip this Smart Worksheet. Total refunds from Line 1 column (b) will be reported as income.

A Did you itemize deductions in 2016? ☒ Yes ☐ No

If no, none of your refund from 2016 is reportable as income. Do not complete the remainder of this worksheet.

B Enter the amount from your 2016 Schedule A, line 5, State and local tax 547.

If none, enter zero, and do not complete the remainder of this worksheet.

C Which type of taxes were deducted on your 2016 Schedule A, line 5?

- 1** Income taxes (2016 Schedule A, box 5a, was checked) ☒
2 General sales taxes (2016 Schedule A, box 5b, was checked) ☐
3 Not applicable ☐

If general sales taxes were deducted, none of the refund from 2016 is reportable as income. Do not complete the remainder of this worksheet.

D Enter the deduction for general sales taxes that could have been taken in 2016

if you know that amount. _____

E What was your filing status for 2016?

- ☒ Single
☐ Married filing jointly
☐ Married filing separately
☐ Married filing separately and your spouse itemized deductions
☐ Head of household
☐ Qualifying widow(er)

F Could be claimed as a dependent by someone else in 2016? . . . ☐ Yes ☒ No

G If yes, enter your earned income for 2016. _____

Enter the following amounts from your 2016 Form 1040:

H Line 38, Adjusted gross income 9,858.

I Line 39a, Total number of boxes checked. _____

J Line 40, Itemized deductions or standard deduction 25,381.

K Line 41, Adjusted gross income less itemized or standard deduction -15,523.

L Line 42, Deduction for exemptions 4,050.

M Line 43, Taxable income. Line K less line L (if less than zero, enter as negative). -19,573.

N Line 44, Tax 0.

O Line 45, Alternative minimum tax. _____

P Line 46, Excess advance premium tax credit repayment. _____

Q Line 47, Total tax before credits 0.

R Line 56, Total tax after credits 0.

If your adjusted gross income was greater than \$313,800 if filing status was married filing joint or qualifying widow(er), \$287,650 if filing status was head of household, \$261,500 if filing status was single, or \$156,900 if filing status was married filing separately, then also complete the below.

Enter the following amounts from your 2016 Schedule A, Itemized Deductions:

S Line 4, Medical and dental expenses 13,197.

T Line 9, Taxes 739.

U Line 14, Investment interest expense _____

V Line 15, Interest _____

W Line 19, Charity 1,202.

X Line 20, Casualty and theft losses _____

Y Line 27, Job expenses and other deductions 10,243.

Z Line 28, Other miscellaneous deductions _____

1 Any gambling losses included in line 28 _____

2 Any casualty or theft losses included in line 28 _____