Electronic Filing Instructions for your 2018 Federal Tax Return Important: Your taxes are not finished until all required steps are completed.



kyle C & Nicole S thomas 7751 North 18th Ave Phoenix, AZ 85021

Balance Due/ Refund	Your federal tax return (Form 104) amount of \$4,042.00. Your tax red your account. The account informal 8094185775 Routing Transit Number	fund will k ation you e	e direct deposited into entered - Account Number:
When Will You Get Your Refund?	The IRS issued more than 9 out of than 21 days last year. The same get your estimated refund date for the amount you get is not what Revenue Service directly at 1-800 www.irs.gov and select the "Where	results ar rom TurboTa receive you you expec 0-829-4477.	re expected in 2019. To ax, log into My TurboTax ar refund within 21 days, eted, contact the Internation You can also check
Need to	Your Electronic Filing Instruction Printed copy of your federal return	•	orm)
What You Need to Keep 2018	,	•	109,470.00
Need to Keep 2018 Federal	Printed copy of your federal returned Prin	\$ \$ \$	109,470.00 85,470.00
Need to Keep 2018 Federal Tax	Printed copy of your federal return	\$ \$ \$ \$	109,470.00 85,470.00 9,721.00
Need to Keep	Printed copy of your federal returned Prin	\$ \$ \$	109,470.00 85,470.00



Hi kyle and Nicole,

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

With TurboTax Deluxe:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! We'll have all your information saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2018 taxes:

Your federal refund is: \$ 4,042.00

You qualified for these important credits:

- Education Credits

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house or more kids!

Also included:

- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2018 OMB No. 1545-0074 RS Use Only—Do not write or staple in this space.

Filing status:		Single X Married filing jointly	Married fili	ing s	separately	Head c	f house	hold	Quali	fying widow(er)					
Your first name a	and ini	tial	Last n	ame	Э							Your soc	ial sed	curity	numb	er
kyle C			tho	ma	s							585-7	7-6	944		
Your standard d	educti	on: Someone can claim you a	as a depende	ent	You were	born b	oefore J	lanuary	2, 1954	You	ı are	blind				
If joint return, sp	ouse's	first name and initial	Last n	ame	e							Spouse's	social	secu	rity nu	mber
Nicole S			Tho	ma	s							525-6	5 – 3	166		
Spouse standard	deduct	on: Someone can claim your sp	ouse as a de	epe	ndent Sp	ouse v	vas bor	n befoi	re January	2, 1954	[X Full-ye				erage
Spouse is bli		Spouse itemizes on a separa				alien						or exe	mpt (s	ee ins)	
		r and street). If you have a P.O. box,	see instruct	tion	S.					Apt. no.		Presidenti	_			
7751 Nor												(see inst.)		You	Sp	oouse
		e, state, and ZIP code. If you have a	foreign add	lres	s, attach Schedu	le 6.					- 1	If more the				ts,
Phoenix Dependents ((0)	C			(0) Dalat								L	
(1) First name	SCC III	Last name	(2)	500	cial security number		(3) Relat	ЮПЅПІР	to you	Child ta		if qualifies lit	•	,	r depend	dents
(i) The hame		East Hamo								Г	7				1	
											_			늗	1	
											_			늗	1	
											_			一	i	
Sign	Jnder p	enalties of perjury, I declare that I have exa	amined this re	turn	and accompanying	schedu	les and s	stateme	nts, and to t	the best of my	know	ledge and	oelief, t	hey are	true,	
Here		and complete. Declaration of preparer (oth	ner than taxpa	yer)	I	İ			er has any ki	nowledge.	١,,,	1 100				
Joint return?	N Y	our signature			Date		occupa					he IRS sen N, enter it	t you a	n ident	ity Prot	ection
See instructions.	_				5.				nager		_	re (see inst.)	Ш			
Keep a copy for your records.	S	oouse's signature. If a joint return, bo	oth must sig	ın.	Date		se's oc					he IRS sen N, enter it	t you a	n laent	ity Prot	ection
		, ,				ьес	al <i>F</i>	ASSI	stant			re (see inst.)	Ш		Щ	\bot
Paid	Pi	reparer's name	reparer's siç	gnat	ture				PTIN		Firm	's EIN	Che	eck if:		
Preparer	_												┦┞		arty Desi	
Use Only	_Fi	rm's name ▶ Self-Prep	pared						Phone no	0.			Ш	Self-e	mploye	:d
	Fi	rm's address ▶														
For Disclosure, F	Privac	Act, and Paperwork Reduction A	ct Notice, s	ee :	separate instru	ctions.								Form	1040	(2018
Form 1040 (2018)															Pa	age 2
	1	Wages, salaries, tips, etc. Attach F	orm(s) W-2								1	.		109	9,62	
	2a	Tax-exempt interest	2a	•		· .	h Ta	 ıxable i	nterest		2					
Attach Form(s) W-2. Also attach	3a	Qualified dividends	3a		-				dividends		3					
Form(s) W-2G and	4a	IRAs, pensions, and annuities .	4a					-	amount		4					
1099-R if tax was withheld.	5a	Social security benefits	5a								5					
	6	Social security benefits						6			109	9,62	5.			
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise,								_						
Standard		subtract Schedule 1, line 36, from	line 6 .								7	7			9,47	
Deduction for— Single or married	8	Standard deduction or itemized de	ductions (fro	om S	Schedule A) .						8	3		24	1,00	0.
filing separately,	9	Qualified business income deduction	on (see instr	ucti	ons)						9)				
\$12,000 Married filing	10	Taxable income. Subtract lines 8 a									1	0		85	5,47	0.
jointly or Qualifying	11	a Tax (see inst.) 10,684. (check	if any from: 1	1	Form(s) 8814	2	Form 497	72 3	\sqcup)						
widow(er), \$24,000		b Add any amount from Schedule	2 and check	he						. ▶ 📙	1	1		10),68	4.
Head of	12	a Child tax credit/credit for other depend	ents		b Add an	/ amoun	t from Sc	hedule (3 and check	here ► X	1:	2				3.
household, \$18,000	13	Subtract line 12 from line 11. If zero	o or less, en	ter -	-0						1	3			72,72	1.
If you checked any box under	14	Other taxes. Attach Schedule 4.									1	4				0.
Standard	15	Total tax. Add lines 13 and 14 .									1:	5			7.72	1.
deduction, see instructions.	16	Federal income tax withheld from F	Forms W-2 a	and							10	6		13	3,12	1.
	⁾ 17	Refundable credits: a EIC (see inst.)	No		b Sch. 8812			c Forn	n 8863	642.						
		Add any amount from Schedule 5									1	7				2.
	18	Add lines 16 and 17. These are you	ur total paym	nent	s						18	8			3,76	
Refund	19	If line 18 is more than line 15, subtr	ract line 15 f	rom	line 18. This is t	he amo	ount you	u over	oaid .		19	9			1,04	
	20a	Amount of line 19 you want refund			1 1 1	hed, cl	neck he	re .		. ▶ 🗌	20)a			1,04	2.
Direct deposit? See instructions.	►b	Routing number 1 0 7				с Туре	: X	Checki	ng [Savings						
	▶ d	Account number 8 0 9	4 1 8	} !	5 7 7 5											
	21	Amount of line 19 you want applied to	to your 2019	est	imated tax .	. ▶	21									
Amount You Owe	22	Amount you owe. Subtract line 18	from line 15	5. F	or details on how	to pay	, see ir	structi	ons .	•	2	2				
	23	Estimated tax penalty (see instruct	ions)			. ▶	23									

SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

Additional Income and Adjustments to Income

► Attach to Form 1040.

OMB No. 1545-0074 Attachment Sequence No. 01

▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Name(s) shown on Form 1040 Your social security number FOF 77 CO44

kyle C & :	Nicol	e S thomas		585-77-6944
Additional	1–9b	Reserved		1–9b
Income	10	Taxable refunds, credits, or offsets of state and local inco	ome taxes	10
	11	Alimony received		11
	12	Business income or (loss). Attach Schedule C or C-EZ		12
	13	Capital gain or (loss). Attach Schedule D if required. If not re	equired, check here 🕨 🗌	13
	14	Other gains or (losses). Attach Form 4797		14
	15a	Reserved		15b
	16a	Reserved		16b
	17	Rental real estate, royalties, partnerships, S corporations, trus	ts, etc. Attach Schedule E	17
	18	Farm income or (loss). Attach Schedule F		18
	19	Unemployment compensation		19
	20a	Reserved		20b
	21	Other income. List type and amount ▶		21
	22	Combine the amounts in the far right column. If you don't	have any adjustments to	
		income, enter here and include on Form 1040, line 6. Oth	erwise, go to line 23	22
Adjustments	23	Educator expenses	23	
to Income	24	Certain business expenses of reservists, performing artists,		
10 111001110		and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889 .	25	
	26	Moving expenses for members of the Armed Forces.		
		Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33 155.	
	34	Reserved	34	
	35	Reserved	35	
	36	Add lines 23 through 35	<u> </u>	36 155.
For Paperwork I	Raducti	on Act Notice see your tax return instructions		Schedule 1 (Form 1040) 2018

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

Schedule 1 (Form 1040) 2018

REV 12/21/18 TTO

SCHEDULE 3 (Form 1040)

Department of the Treasury Internal Revenue Service

Nonrefundable Credits

► Attach to Form 1040.

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

OMB No. 1545-0074

2018 Attachment Sequence No. 03

Name(s) shown on F	Name(s) shown on Form 1040				
kyle C & N	Jico]	Le S thomas	585	-77-6944	
Nonrefundable	48	Foreign tax credit. Attach Form 1116 if required	48	3	
Credits	49	Credit for child and dependent care expenses. Attach Form 2441	49)	
Orcarto	50	Education credits from Form 8863, line 19	50	963.	
	51	Retirement savings contributions credit. Attach Form 8880	51		
	52	Reserved	52	2	
	53	Residential energy credit. Attach Form 5695	53	3	
	54	Other credits from Form a 3800 b 8801 c	54	1	
	55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	2 5 5	963.	
For Donomicorle D		1 1 0 /5 10 10 10 10			

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

REV 12/21/18 TTO

Schedule 3 (Form 1040) 2018

Form **8863**

Department of the Treasury Internal Revenue Service (99)

Education Credits (American Opportunity and Lifetime Learning Credits)

► Attach to Form 1040.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2018
Attachment
Sequence No. 50

Name(s) shown on return

kyle C & Nicole S thomas

Your social security number 585-77-6944



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

Part	Refundable American Opportunity Credit				
1	After completing Part III for each student, enter the total of all amounts from all	II Pa	arts III, line 30 .	1	1,605.
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of				
	household, or qualifying widow(er)	2	180,000.		
3	Enter the amount from Form 1040, line 7. If you're filing Form 2555, 2555-				
	EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970				
		3	109,470.		
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any		50 500		
		4	70,530.		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household,	_	00.000		
•	. , ,	5	20,000.		
6	If line 4 is:		1		
	• Equal to or more than line 5, enter 1.000 on line 6		I	6	1.000
	• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (roat least three places)		l l	0	1.000
_	. ,				
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the yet the conditions described in the instructions, you can't take the refundable Am				
	credit; skip line 8, enter the amount from line 7 on line 9, and check this box			7	1,605.
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter				
•	on Form 1040, line 17c. Then go to line 9 below			8	642.
Part	II Nonrefundable Education Credits				
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Workshop	eet	(see instructions)	9	963.
10	After completing Part III for each student, enter the total of all amounts from	ı all	Parts III, line 31. If		
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 $$. $$.			10	
11	Enter the smaller of line 10 or \$10,000			11	<u>. </u>
12	Multiply line 11 by 20% (0.20)	٠,		12	
13	Enter: \$134,000 if married filing jointly; \$67,000 if single, head of				
	household, or qualifying widow(er)	13			
14	Enter the amount from Form 1040, line 7. If you're filing Form 2555, 2555-				
	EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970				
	-	14			
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0-	4-			
40	, 9	15			
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16			
17	If line 15 is:	10			
"	• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18				
	• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rol	und	led to at least three		
	places)			17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Workshee			18	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credi	•			
	instructions) here and on Schedule 3 (Form 1040), line 50 $$. $$. $$. $$. $$			19	963.

Name(s) shown on return	Your social security number
kyle C & Nicole S thomas	585-77-6944



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

Part	Student and Educational Institution Information	n. See instructions.
20	Student name (as shown on page 1 of your tax return)	21 Student social security number (as shown on page 1 of
	Nicole S	your tax return)
	Thomas	525-65-3166
	Educational institution information (see instructions) Name of first educational institution	b. Name of second educational institution (if any)
а	Yavapai College	b. Name of second educational institution (if any)
(-	 Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 1100 East Sheldon St. 	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
	Prescott AZ 86301	
(2	2) Did the student receive Form 1098-T from this institution for 2018? X Yes ☐ No	(2) Did the student receive Form 1098-T ☐ Yes ☐ No from this institution for 2018?
(;	B) Did the student receive Form 1098-T from this institution for 2017 with box ☐ Yes ☒ No 2 filled in and box 7 checked?	(3) Did the student receive Form 1098-T from this institution for 2017 with box ☐ Yes ☐ No 2 filled in and box 7 checked?
(4	1) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.	(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.
	86-0208371	
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2018?	\square Yes $-$ Stop! Go to line 31 for this student. \boxtimes No $-$ Go to line 24.
24	Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2018 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	$\boxed{\mathbf{X}}$ Yes — Go to line 25. $\boxed{}$ No — Stop! Go to line 31 for this student.
25	Did the student complete the first 4 years of postsecondary education before 2018? See instructions.	Yes − Stop! Go to line 31 for this Student. X No − Go to line 26.
26	Was the student convicted, before the end of 2018, of a felony for possession or distribution of a controlled substance?	Yes — Stop! Go to line 31 for this student. No — Complete lines 27 through 30 for this student.
CAUT	you complete lines 27 through 30 for this student, don't o	fetime learning credit for the same student in the same year. If complete line 31.
	American Opportunity Credit	
27 28	Adjusted qualified education expenses (see instructions). Dor Subtract \$2,000 from line 27. If zero or less, enter -0	
29		
30	If line 28 is zero, enter the amount from line 27. Otherwise, enter the result. Skip line 31. Include the total of all amounts f	
	Lifetime Learning Credit	
31	Adjusted qualified education expenses (see instructions). Incl. III. line 31, on Part II, line 10	

Electronic Filing Instructions for your 2018 Arizona Tax Return Important: Your taxes are not finished until all required steps are completed.



kyle C & Nicole S thomas 7751 North 18th Ave Phoenix, AZ 85021

PHOEHIX, AZ C	75021						
Balance Due/ Refund	Your Arizona state tax return (Form 140) shows a refund due to you in the amount of \$372.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 8094185775 Routing Transit Number: 107006606.						
Where's My Refund?	· · · · · · · · · · · · · · · · · · ·						
No Signature Document Needed	No signature form is required since you signed your return electronically.						
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns						
2018 Arizona Tax Return Summary	Taxable Income						

RETURN.			Arizona Form 140	FC	FOR CALENDAR YEAR 2018					
RE	82F		Check box 82F f filing under extension	OR FISCAL YEAR BEGI	NNING	M _M D _D D	12,0,1,8	AND ENDING	$M_1M_1D_1$	D 2 0 Y Y . 66F
			First Name and Middle Initial			st Name			Your S	Social Security Number
TO THE	1	ky.	rle C		th	nomas		Enter	585	77 6944
		Spous	se's First Name and Middle Initia	I (if box 4 or 6 checked)	La	st Name		your SSN(٠ .	e's Social Security No.
ANY ITEMS	1	Nic	cole S		Th	nomas			525	
Ξ		Curre	ent Home Address - number and s	street, rural route			Apt. No.		ime Phone (with area code)
<u></u>	2		51 North 18th Ave			717.0		94		D: 1/ // // // // // // // // // // // //
₹	_	-	Town or Post Office	State		ZIP Code		Last Names Used	d in Last Four	Prior Year(s) (if different)
DO NOT STAPLE	3		oenix	AZ		85021		DEVENUE HOE	NIV DO NO	97 T MARK IN THIS AREA.
롣							erpayment	88	JNLT. DO NO	I MARK IN THIS AREA.
S	STATUS	5	Head of household: Enter r	name of qualifying child or de	ependent	on next line:				
9	lσl	_								
0	FILIN	6 7	✓ Married filing separate retu✓ Single	rn: Enter spouse's name ar	nd Social	Security Numb	er above.			
\Box	-		Single▶ Enter the number claimed	Do not put a check m	nark					
	EXEMPTIONS	8	Age 65 or over (you and/or	·						
	PT	9	Blind (you and/or spouse)	spouse)		ompleting lir		81 PM		80 RCVD
	EM	10	Dependents: Do not includ	e self or spouse.		ough 11, also s 39 through	-			
		11	Qualifying parents and gra	•	iine	s 39 through	1 42.			
			(Box 10): Dependent Informat	ion: Children and other	depende	nts. For mo	re space, (ch	ieck) 🔲 and coi	mplete page	e 3.
			(a) FIRST AND LAST	T NAME S	SOCIAL SI	(b) ECURITY NO	(c) RELATIONSH	(d) IP NO. OF MONTHS	(e) ✓ if this per	(f)
			(Do not list yourself of			LOOKITTIO	TLE THOROTT	LIVED IN YOUR HOME IN 2018	did not qualify dependent on	as a this person on your
								TIONIL IN 2016	federal retu	
	ts	10a	1							<u> </u>
	den	10 _b								<u> </u>
	Dependents	10c	•		-4		(-b	 		
	۵		(Box 11): Qualifying parents a			(b)	(c)	(d)	(e)	(f)
46			FIRST AND LAST		SOCIAL SI	ECURITY NO.	RELATIONSH	IP NO. OF MONTHS LIVED IN YOUR	✓ if	√ if
=			(Do not list yourself o	or spouse.)				HOME IN 2018	age 65 or ov	/er died in 2018
٥		11a	1						П	П
ř		11 _b								
nts after Form 140		12	Federal adjusted gross incom	e (from your federal re	turn)				12	109,470 00
ts			Non-Arizona municipal interest							00
	က္ခ	14	Partnership Income adjustment:	See instructions					14_	00
E	Additions	15	Total federal depreciation						15	00
AZ schedules or other docume	Addi	16	Net capital (loss) derived from the	ne exchange of legal tend	der: See	instructions			16	00
ë			Other Additions to Income: See							100 450 20
Ĕ.	-		•							109,470 00
<u>-</u>			Total net capital gain or (loss): \$						00	
SS			Total net short-term capital gain						00	
≝			Total net long-term capital gain of Net long-term capital gain from a							
ed			Multiply line 22 by 25% (.25) and	•						0 00
sch										00
¥			Net capital gain derived from the							00
		This I	box may be blank or may contain a pr	rinted barcode of data from y	our returr			na depreciation		00
ā	ions					27 Partne	rship Income	adjustment	27	00
ra	ract		▊▆▗▞▗╡▗▊▞▗░▄▄▗▜▗▘▃▆▗▗▘▞▗▘▎▃▄▕▗▍▜▀▘▗▐▊▞▗▟▖▜▘▗▙▗▝▞▘▎▗▗▋▗▘▞▜▋ ▐▗▘▀▃▗▘▎▘▞▀▙▗▍▘▃█▋▗▍▘▃█▍▗▎▗▜▗▗▍▗ ▗▗▗▗▗▗▗▗▗▗▗▗▗			28 Interes	st on U.S. obli	igations	28	00
əg	Subtraction				47,03 2	29 Exclusion	on for fed., AZ sta	ate or local govt. pen	sions 29	00
D T	0,			/ (10), (4), (10), (4), (10), (4), (10), (4), (10), (4), (10), (4), (10), (4), (10), (4), (10), (4), (10), (4)	Grayt III	30 Arizona	state lottery wi	innings on federal re	eturn 30 _	00
<u>.e</u>				r (fran, lakur (fr		1111		Railroad Retireme		00
nb			box may be blank or may contain a principle of the contain and		柳门	1111		merican Indians		00
7.			RASS BANK I HAD BUGGERFALLIAM LEGY KOE (A MAT LI			IIII		in active service men		00
Place any required federal and						1111	-	adjustment College Savings F		00
g			·			1		College Savings F See instructions		00
Pa								rough 36 from lin		109,470 00
		ADOR	R 10413 (18) 1555		AZ F	orm 140 (20		-	2/05/18 TTO	Page 1 of 3

[Your	Name (as shown on page 1)	Your Social Security Num	nber	
		Le C & Nicole S thomas	585-77-6944		
				109,470	00
	38	Enter the amount from page 1, line 37			$\overline{}$
S	39	Age 65 or over: Multiply the number in box 8 by \$2,100			00
Exemptions	40	Blind: Multiply the number in box 9 by \$1,500		00	
E E	41	Dependents: Multiply the number in box 10 by \$2,300			00
ũ	42	Qualifying parents and grandparents: Multiply box 11 by \$10,000		400 450	00
	43	Arizona adjusted gross income: Subtract lines 39 through 42 from line 38 and enter the difference			+
	44	Deductions: Check box and enter amount. See instructions		4 400	+00
u	45	Personal exemptions: See instructions.		0.5.404	+
of Tax	46	Arizona taxable income: Subtract lines 44 and 45 from line 43. If less than zero, enter "0"			
	47	Compute the tax using amount on line 46 and Tax Table X, Y or Optional Tax Tables			$\overline{}$
Balance	48	Tax from recapture of credits from Arizona Form 301, Part 2, line 36			00
Bal	49	Subtotal of tax: Add lines 47 and 48 and enter the total			$\overline{}$
	50	Family income tax credit (from the worksheet - see instructions)			00
	51	Nonrefundable Credits from Arizona Form 301, Part 2, line 69		0 500	00
	52	Balance of tax: Subtract lines 50 and 51 from line 49. If the sum of lines 50 and 51 is greater than line 49,			
E S	53	2018 AZ income tax withheld	00 Add 54a and 54b 5	~	00
nts and Credits	54	· ·			00
Total Payments and Refundable Credits	55	2018 AZ extension payment (Form 204)			00
Pay	56	Increased Excise Tax Credit (from the worksheet - see instructions)			00
Total Payme Refundable	57	Property Tax Credit from Form 140PTC		57	00
	58	Other refundable credits: Check the box(es) and enter the total amount		2 060	
	<u>59</u>	Total payments and refundable credits: Add lines 53 through 58 and enter the total		-	00
e or	60	TAX DUE: If line 52 is larger than line 59, subtract line 59 from line 52 and enter amount of tax due. Skip line OVERPAYMENT: If line 59 is larger than line 52, subtract line 52 from line 59 and enter amount of overpaying the state of		2.7.0	
x Du	61 62	Amount of line 61 to be applied to 2019 estimated tax			+
Tax Due or Overpayment	63	Balance of overpayment: Subtract line 62 from line 61 and enter the difference		63 372	
		Colutions Teams		372	100
Voluntary Gifts	0-	- 74 Voluntary Gifts to: Assigned to Schools			
aZ					
<u>r</u>		Neighbors Helping Neighbors 69 00 Special Olympics 70 00 Veterans' Donations F Sustainable State Parks and Road Fund 73 500 Spay/Neuter of Anima			
⋗	75	Political Party (if amount is entered on line 68 - check only one): 751 Democratic 752 Green Party 75		Renublican	
.	76	Estimated payment penalty			00
Penalty	77	771 Annualized/Other 772 Farmer or Fisherman 773 Form 221 included			100
a B	78	Add lines 64 through 74 and 76; enter the total	7	78	00
	79	REFUND: Subtract line 78 from line 63. If less than zero, enter amount owed on line 80		79 372	$\overline{}$
or wed		Direct Deposit of Refund: Check box 79A if your deposit will be ultimately placed in a foreign account; see			
ğ 0		CM Checking or ROUTING NUMBER ACCOUNT NUMBER			
Refund or Amount Owed		98 Savings 1 0 7 0 0 6 6 0 6 8 0 9 4 1 8 5 7 7 5			
₹	80	AMOUNT OWED: Add lines 60 and 78. Make check payable to Arizona Department of Revenue; write y		20	00
		and include with your return	C	ou [100
لے					
		Under penalties of perjury, I declare that I have read this return and any documents with it, and to			are
l	, '	rue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information	on or which preparer	nas any knowledge.	
SIGN HERE	→	Ac	count Manage	er	
ᄪ	5		CCUPATION	· -	
Ż	_				
<u>ত</u>	→_		gal Assistan	ıt	
			OUSE'S OCCUPATION		
PLEASE		Self Prepared	OF FENDIONES		
M	l f	PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF	SELF-EMPLOYED)		
]	,	PAID PREPARER'S STREET ADDRESS	PAID PREPAREF	R'S TIN	<u> </u>
	'	AND THE PROPERTY OF THE PROPER	I AID FINLFARER	1.0 1114	
	1	PAID PREPARER'S CITY STATE ZIP CODE	PAID PREPARE	R'S PHONE NUMBER	

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

Arizona Schedule

Itemized Deduction AdjustmentsFor Full-Year Residents Filing Form 140

2018

Your Social Security Number

Include with your return.

Your Name as shown on Form 140

kyl	e C thomas	585	77	6944	
Spor	use's Name as shown on Form 140 (if filing joint)	Spouse's Sc	cial Securi	ty Number	
Nic	ole S thomas	525	65	3166	
To ite	emize on your Arizona return, you must first complete a federal Schedule A. Use Form 140, Sched	ule A, to adj	ust the an	nount shov	٧n
on th	e federal Schedule A. Complete Form 140, Schedule A, only if you are making changes to the	the amount	shown or	the feder	al
Sche	dule A. See instructions for details.				
Adiu	atment to Medical and Dental Evnences				
	stment to Medical and Dental Expenses	,672 00			
	·				
	Medical expenses allowed to be taken as a federal itemized deduction	00		5 650	
	If line 1 is the same as or more than line 2, subtract line 2 from line 1; otherwise, go to line 4			5,672	
4	If line 2 is more than line 1, subtract line 1 from line 2	4	4		00
Adju	stment to Interest Deduction				
5	If you received a federal credit for interest paid on mortgage credit certificates (from federal Forn	n 8396).			_
	enter the amount of mortgage interest you paid for 2018 that is equal to the amount of your 2018	•			
	federal credit.		5		00
				<u>'</u>	
Adju	stment to Gambling Losses				
6	Wagering losses allowed as a federal itemized deduction	00			
7	Total gambling winnings included in your federal adjusted gross income	00			
8	Arizona lottery subtraction from Form 140, page 1, line 30	00			
	Maximum allowable gambling loss deduction: Subtract line 8 from line 7 9	00			
	If line 9 is less than line 6, subtract line 9 from line 6; otherwise enter "0"	10	0		00
_	stment to Charitable Contributions		_	Т	
11	Amount of charitable contributions for which you are claiming a credit under Arizona law	1	1		00
Othe	r Adjustments				
	Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax	· 1:	2		00
	,			'	
Adju	sted Itemized Deductions				
		,672 00			
14	Add the amounts on lines 4, 10, 11 and 12 14	00			
15		,964 00			
16		,672 00			
17	Add lines 15 and 16	,636 00			
18	Enter the amount from line 14 above	00			
19	Arizona itemized deductions: Subtract line 18 from line 17. Enter the result here			7	
	and on Form 140, page 2, line 44	19	9	18,636	00



You must include a copy of federal Form 1040, Schedule A with your return if you itemize your deductions.

ADOR 10571 (18) 1555 REV 10/16/17 TTO

SCHEDULE A (Form 1040)

Itemized Deductions

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

OMB No. 1545-0074

Department of the Tr Internal Revenue Ser			see	the instructions for line 1	6	Attachment
Name(s) shown on			, 500	the metractions for line i	_	Sequence No. 07 ur social security number
. ,		ole S thomas				5-77-6944
Medical	VI C	Caution: Do not include expenses reimbursed or paid by others.			56.	5-11-0944
and	1	Medical and dental expenses (see instructions)	1			
Dental		Enter amount from Form 1040, line 7 2 109, 470				
Expenses		Multiply line 2 by 7.5% (0.075)	3	0 210		
Lxpenses		Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	-	8,210	4	
Taxes You		State and local taxes.			_	
Paid		State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box	5a	2.060		
	ı	State and local real estate taxes (see instructions)	5b	2,960		
			5c	1,706		
		State and local personal property taxes	5d	1		
		Add lines 5a through 5c	ou	4,666		
	•	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing	5e	4		
	6	separately)	Se	4,666		
	0	Other taxes. List type and amount	6			
	7	Add lines 5e and 6			7	
Interest You					1	4,666
Paid Caution: Your mortgage interest deduction may be limited (see instructions).	á	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ▶ □ Home mortgage interest and points reported to you on Form 1098	8a	8,298		
		instructions and show that person's name, identifying no., and address ▶	8b			
	(Points not reported to you on Form 1098. See instructions for				
		special rules	8c			
		Reserved	8d			
		Add lines 8a through 8c	8e	8,298		
		Investment interest. Attach Form 4952 if required. See instructions	9			
	10	Add lines 8e and 9	<u></u>		10	8,298
Gifts to Charity	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11			
If you made a gift and got a	12	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12			
benefit for it,	13	Carryover from prior year	13			
see instructions.		Add lines 11 through 13			14	
Casualty and Theft Losses		Casualty and theft loss(es) from a federally declared disaster (disaster losses). Attach Form 4684 and enter the amount from linstructions	othe	r than net qualified 18 of that form. See	15	
Other	16	Other from list in instructions. List type and amount			.5	
Itemized	10	Cure. — norm list in instructions. List type and amount				

Deductions

Itemized

Total

12,964

16

17

17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on

Deductions 18 If you elect to itemize deductions even though they are less than your standard

deduction, check here