

## IRS e-file Signature Authorization

Department of the Treasury  
Internal Revenue Service

2018

Submission Identification Number (SID)

Taxpayer's name

PETER P BUTTIGIEG

Social security number

Spouse's name

CHASTEN J GLEZMAN

Spouse's social security number

**Part I Tax Return Information — Tax Year Ending December 31, 2018 (Whole dollars only)**

1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35) .....	1	152,643
2 Total tax (Form 1040, line 15; Form 1040NR, line 61) .....	2	20,136
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a) .....	3	21,992
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a) .....	4	1,056
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75) .....	5	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only** I authorize

ERO firm name

to enter or generate my PIN

[REDACTED]

Enter five digits, but  
don't enter all zeros

as my signature on my tax year 2018 electronically filed income tax return.

 I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►

Date ► 03/09/19

**Spouse's PIN: check one box only** I authorize

ERO firm name

to enter or generate my PIN

[REDACTED]

Enter five digits, but  
don't enter all zeros

as my signature on my tax year 2018 electronically filed income tax return.

 I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Date ► 03/09/19

**Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

[REDACTED]

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►

Date ►

3/24/19

**ERO Must Retain This Form — See Instructions  
Don't Submit This Form to the IRS Unless Requested To Do So**

**Form****IT-8879**State Form 53399  
(R14 / 9-18)

**Indiana Individual Income Tax**  
**DECLARATION OF ELECTRONIC FILING**  
Income Tax for the Tax Year January 1 - December 31, 2018

**Do Not Mail This  
Form To DOR**Submission ID  -  - 

First Name and Middle Initial <b>PETER P</b>	Last Name <b>BUTTIGIEG</b>	Your Social Security Number <span style="background-color: black; color: black;">XXXXXXXXXX</span>	Spouse's Social Security Number <span style="background-color: black; color: black;">XXXXXXXXXX</span>
Spouse's First Name and Middle Initial <b>CHASTEN J</b>	Spouse's Last Name <b>GLEZMAN</b>	Street Address <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
City <b>SOUTH BEND</b>		State <b>IN</b>	Zip Code <b>46611</b>
			Daytime Telephone Number <span style="background-color: black; color: black;">XXXXXXXXXX</span>

**Part I Tax Return Information (See Instructions on Next Page)**

1. Federal Adjusted Gross Income .....	1. <b>152643.00</b>
2. Indiana Adjusted Gross Income .....	2. <b>148143.00</b>
3. Total Indiana Tax .....	3. <b>7378.00</b>
4. Total State Tax Withheld .....	4. <b>4810.00</b>
5. Total County Tax Withheld .....	5. <b>2660.00</b>
6. Total Indiana Tax Credits .....	6. <b>7750.00</b>
7. Refund .....	7. <b>.00</b>
8. Amount You Owe .....	8. <b>.00</b>

**Part II Direct Deposit**9. Routing number *Note: The first two digits of the routing number must be 01 - 12 or 21 - 32.*10. Account number 11. Type of account:  Checking  Savings  Hoosier Works MC12. Place an "X" in the box if refund will go to an account outside the United States. **Do Not Mail  
This Form  
To DOR**

My request for direct deposit of my refund includes my authorization for the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type, and Social Security number to ensure my refund is properly deposited.

**Part III Declaration of Taxpayer**

Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my income tax return. To the best of my knowledge and belief, my 2018 return is true, correct and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the DOR. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the DOR of all information pertaining to my use of the system and software and to the transmission of my return electronically. I also consent to the DOR sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the DOR to disclose to my ERO and/or transmitter the reason(s) for the delay of when the refund was sent.

**Taxpayer's PIN:** check one box only

I authorize  to enter my PIN  as my signature on my tax year 2018 electronically filed income tax return.  
do not enter all zeros

I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Taxpayer's signature ►

Date **03/09/19****Spouse's PIN:** check one box only

I authorize  to enter my PIN  as my signature on my tax year 2018 electronically filed income tax return.  
do not enter all zeros

I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete part IV below.

Spouse's signature ►

Date **03/09/19****Part IV Practitioner Certification and Authentication - Practitioner PIN Method ONLY**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self selected PIN.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method.

ERO's Signature ►

Date **3/24/19**I  
N  
D  
I  
A  
N  
A

**Form 1040-ES**  
Department of the Treasury  
Internal Revenue Service

**2019 Estimated Tax**

**Payment  
Voucher 3**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2019 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due Sept. 16, 2019

Amount of estimated tax you are paying  
by check or  
money order:

Dollars

2,000

Pay online at  
[www.irs.gov/efpay](http://www.irs.gov/efpay)

Simple.  
Fast.  
Secure..

Print or type	Your first name and initial <b>PETER P</b>	Your last name <b>BUTTIGIEG</b>	Your social security number [REDACTED]
	If joint payment, complete for spouse		
	Spouse's first name and initial <b>CHASTEN J</b>	Spouse's last name <b>GLEZMAN</b>	Spouse's social security number [REDACTED]
	Address (number, street, and apt. no.) [REDACTED]		
	City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) <b>SOUTH BEND</b> <b>IN 4661</b>		
Foreign country name	Foreign province/county	Foreign postal code	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.  
DAA

CUT HERE

**Form 1040-ES**  
Department of the Treasury  
Internal Revenue Service

**2019 Estimated Tax**

**Payment  
Voucher 2**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2019 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due June 17, 2019

Amount of estimated tax you are paying  
by check or  
money order:

Dollars

2,000

Print or type	Your first name and initial <b>PETER P</b>	Your last name <b>BUTTIGIEG</b>	Your social security number [REDACTED]
	If joint payment, complete for spouse		
	Spouse's first name and initial <b>CHASTEN J</b>	Spouse's last name <b>GLEZMAN</b>	Spouse's social security number [REDACTED]
	Address (number, street, and apt. no.) [REDACTED]		
	City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) <b>SOUTH BEND</b> <b>IN 4661</b>		
Foreign country name	Foreign province/county	Foreign postal code	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.  
DAA

CUT HERE

**Form 1040-ES**  
Department of the Treasury  
Internal Revenue Service

**2019 Estimated Tax**

**Payment  
Voucher 1**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2019 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due April 15, 2019

Amount of estimated tax you are paying  
by check or  
money order:

Dollars

Print or type	Your first name and initial <b>PETER P</b>	Your last name <b>BUTTIGIEG</b>	Your social security number [REDACTED]
	If joint payment, complete for spouse		
	Spouse's first name and initial <b>CHASTEN J</b>	Spouse's last name <b>GLEZMAN</b>	Spouse's social security number [REDACTED]
	Address (number, street, and apt. no.) [REDACTED]		
	City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) <b>SOUTH BEND</b> <b>IN 4661</b>		
Foreign country name	Foreign province/county	Foreign postal code	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.  
DAA

**Form 1040-ES    Estimated Tax for Individuals**

(on bottom of page)

CUT HERE

INTERNAL REVENUE SERVICE, P.O. BOX 802502, CINCINNATI, OH 45280-2502

Form 1040-ES

Department of the Treasury  
Internal Revenue Service**2019 Estimated Tax****Payment  
Voucher 4**

OMB No. 1545-0074

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to "United States Treasury." Write your social security number and "2019 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Calendar year—Due Jan. 15, 2020

Amount of estimated tax you are paying  
by check or  
money order.  
**Dollars**  
**2,000**

Print or type  Pay online at <a href="http://www.irs.gov/etpay">www.irs.gov/etpay</a>  Simple. Fast. Secure.	Your first name and initial <b>PETER P</b>	Your last name <b>BUTTIGIEG</b>	Your social security number [REDACTED]
	If joint payment, complete for spouse		
	Spouse's first name and initial <b>CHASTEN J</b>	Spouse's last name <b>GLEZMAN</b>	Spouse's social security number [REDACTED]
	Address (number, street, and apt. no.) [REDACTED]		
	City, state, and ZIP code. (If a foreign address, enter city, also complete spaces below.) <b>SOUTH BEND</b> <b>IN 4661</b>		
	Foreign country name	Foreign province/county	Foreign postal code

Indiana

**IT-40ES Individual Estimated Income Tax Voucher**

(on bottom of page)

Cut on line before mailing

CUT HERE

Tax year ending: 12 31 2019

**IT-40ES 0812**

Taxpayer Name: PETER P BUTTIGIEG

**INDIVIDUAL ESTIMATED INCOME TAX**

Taxpayer Name: CHASTEN J GLEZMAN

Voucher Number

Due Date

E

State Income Tax 1.

**44.00**

1

04 15 2019

Your County 71 County Tax 2.

**24.00**

Your Taxpayer ID Number

Spouse's Taxpayer ID Number

Spouse's County County Tax 3.

Total Estimated Payment

**68.00**

INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 7225  
INDIANAPOLIS IN 46207-7225

Indiana

**IT-40ES Individual Estimated Income Tax Voucher**

(on bottom of page)

Cut on line before mailing

CUT HERE

Tax year ending: **12 31 2019**  
Taxpayer Name: **PETER P BUTTIGIEG**  
Taxpayer Name: **CHASTEN J GLEZMAN**

**IT-40ES 0812**

**INDIVIDUAL ESTIMATED INCOME TAX**

Voucher Number	Due Date	E	State Income Tax 1.	285 .00	
<b>2</b>	<b>06 17 2019</b>		Your County	71. County Tax 2.	<b>155 .00</b>
Your Taxpayer ID Number	Spouse's Taxpayer ID Number		Spouse's County	County Tax 3.	
			<b>Total Estimated Payment</b> <b>440 .00</b>		

INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 7225  
INDIANAPOLIS IN 46207-7225

Indiana

**IT-40ES Individual Estimated Income Tax Voucher**

(on bottom of page)

Cut on line before mailing

CUT HERE

Tax year ending: **12 31 2019**  
Taxpayer Name: **PETER P BUTTIGIEG**  
Taxpayer Name: **CHASTEN J GLEZMAN**

**IT-40ES 0812**

**INDIVIDUAL ESTIMATED INCOME TAX**

Voucher Number	Due Date	E	State Income Tax	1.	285.00		
<b>3</b>	<b>09 16 2019</b>		Your County	<b>71</b>	County Tax	<b>2.</b>	<b>155.00</b>
Your Taxpayer ID Number	Spouse's Taxpayer ID Number		Spouse's County		County Tax	<b>3.</b>	
[REDACTED]	[REDACTED]						
					Total Estimated Payment		<b>440.00</b>

INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 7225  
INDIANAPOLIS IN 46207-7225

Indiana

**IT-40ES Individual Estimated Income Tax Voucher**

(on bottom of page)

Cut on line before mailing

CUT HERE

Tax year ending: **12 31 2019**  
Taxpayer Name: **PETER P. BUTTIGIEG**  
Taxpayer Name: **CHASTEN J GLEZMAN**

**IT-40ES 0812**

**INDIVIDUAL ESTIMATED INCOME TAX**

Voucher Number	Due Date	E	State Income Tax 1.	285.00	
<b>4</b>	<b>01 15 2020</b>		Your County	71 County Tax 2.	<b>155.00</b>
Your Taxpayer ID Number		Spouse's Taxpayer ID Number:		Spouse's County	County Tax 3.
<b>Total Estimated Payment</b>					<b>440.00</b>

INDIANA DEPARTMENT OF REVENUE  
P.O. BOX 7225  
INDIANAPOLIS IN 46207-7225

Form  
**1040**Department of the Treasury—Internal Revenue Service (99)  
**U.S. Individual Income Tax Return****2018**

OMB No. 1545-0074

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

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

Your first name and initial

**PETER P**

Last name

**BUTTIGIEG**

Your social security number

[REDACTED]

Your standard deduction:

 Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial

**CHASTEN J**

Last name

**GLEZMAN**

Spouse's social security number

[REDACTED]

Spouse standard deduction:

 Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage Spouse is blind Spouse itemizes on a separate return or you were a dual-status alien

or exempt (see instr.)

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

**SOUTH BEND IN 4661**

Apt. no.

Presidential Election Campaign  
(see instr.)  You  Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.

If more than four dependents,  
see instr. and ✓ here ► **Dependents (see instructions):**

(2) Social security number

(3) Relationship to you

(4) ✓ if qualifies for (see instr.)

(1) First name

Last name

Child tax credit

Credit for other dependents

**Sign Here**

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

Joint return?

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see instr.) [REDACTED]

See instructions.

Keep a copy for your records.

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 instr.) [REDACTED]

**Paid**

Preparer's name

PTIN

Check if:

**Preparer**

Firm's name ►

 3rd Party Designee**Use Only**Firm's address ► **SOUTH BEND IN 4661**

Firm's EIN

 Self-employed

Phone no.

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

Form **1040** (2018)

1. Wages, salaries, tips, etc. Attach Form(s) W-2	152,067
2a Tax-exempt interest	1
3a Qualified dividends	737
4a IRAs, pensions, and annuities	
5a Social security benefits	
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	-162
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise subtract Schedule 1, line 36, from line 6	
<b>8 Standard deduction or itemized deductions (from Schedule A)</b>	
9 Qualified business income deduction (see instructions)	
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	
11 a Tax (see instr.) <b>20,136</b> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____)	
b Add any amount from Schedule 2 and check here	► <input type="checkbox"/>
12 a Child tax credit/credit for other dependents	► <input type="checkbox"/>
13 Subtract line 12 from line 11. If zero or less, enter -0-	
14 Other taxes. Attach Schedule 4	
15 Total tax. Add lines 13 and 14	
16 Federal income tax withheld from Forms W-2 and 1099	
17 Refundable credits: a EIC (see instr.) _____ b Sch 8812 _____ c Form 8863 Add any amount from Schedule 5 <b>1,200</b>	
18 Add lines 16 and 17. These are your total payments	
<b>Refund</b>	
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	
20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	► <input type="checkbox"/>
► b Routing number <b>[REDACTED]</b> ► c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
► d Account number <b>[REDACTED]</b>	
21 Amount of line 19 you want applied to your 2019 estimated tax	►   21   <b>2,000</b>
<b>Amount You Owe</b>	
22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	►
23 Estimated tax penalty (see instructions)	►   23

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

## SCHEDULE 1

(Form 1040)

Department of the Treasury  
Internal Revenue Service

Name(s) shown on Form 1040

PETER P BUTTIGIEG &amp; CHASTEN J GLEZMAN

## Additional Income and Adjustments to Income

OMB No. 1545-0074

2018

Attachment  
Sequence No. 01► Attach to Form 1040.  
► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Your social security number

	1-9b Reserved .....	1-9b	
	10 Taxable refunds, credits, or offsets of state and local income taxes .....	10	
	11 Alimony received .....	11	
	12 Business income or (loss). Attach Schedule C or C-EZ .....	12	65
	13 Capital gain or (loss); Attach Schedule D if required. If not required, check here ►	13	-227
	14 Other gains or (losses). Attach Form 4797 .....	14	
	15a Reserved .....	15b	
	16a Reserved .....	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 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. Otherwise, go to line 23 .....	22	-162
<b>Adjustments to Income</b>	23 Educator expenses .....	23	
	24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 .....	24	
	25 Health savings account deduction. Attach Form 8889 .....	25	
	26 Moving expenses for members of the Armed Forces. Attach Form 3903 .....	26	
	27 Deductible part of self-employment tax. Attach Schedule SE .....	27	
	28 Self-employed SEP, SIMPLE, and qualified plans .....	28	
	29 Self-employed health insurance deduction .....	29	
	30 Penalty on early withdrawal of savings .....	30	
	31a Alimony paid      b Recipient's SSN ► .....	31a	
	32 IRA deduction .....	32	
	33 Student loan interest deduction .....	33	
	34 Reserved .....	34	
	35 Reserved .....	35	
	36 Add lines 23 through 35 .....	36	

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

Schedule 1 (Form 1040) 2018

**SCHEDULE 5**  
**(Form 1040)****Other Payments and Refundable Credits**

OMB No. 1545-0074

**2018**Attachment  
Sequence No. 05Department of the Treasury  
Internal Revenue Service

Name(s) shown on Form 1040

**PETER P BUTTIGIEG & CHASTEN J GLEZMAN**Your social security number  
[REDACTED]

Other	65	Reserved	65	
Payments	66	2018 estimated tax payments and amount applied from 2017 return	66	1,200
and	67a	Reserved	67a	
Refundable	b	Reserved	67b	
Credits	68-69	Reserved	68-69	
	70	Net premium tax credit. Attach Form 8962	70	
	71	Amount paid with request for extension to file (see instructions)	71	
	72	Excess social security and tier 1 RRTA tax withheld	72	
	73	Credit for federal tax on fuels. Attach Form 4136	73	
	74	Credits from Form: a <input type="checkbox"/> 2439 b: <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	74	
	75	Add the amounts in the far right column. These are your total other payments and refundable credits. Enter here and include on Form 1040, line 17	75	1,200

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

Schedule 5 (Form 1040) 2018

**SCHEDULE C-EZ**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

Name of proprietor

**Net Profit From Business**

(Sole Proprietorship)

- Partnerships, joint ventures, etc., generally must file Form 1065.  
► Attach to Form 1040, 1040NR, or 1041. ► See instructions on page 2.

OMB No. 1545-0074

**2018**

Attachment Sequence No. 09A

**PETER P BUTTIGIEG**

Social security number (SSN) [REDACTED]

**Part I General Information**

You may use Schedule C-EZ instead of Schedule C only if you:

- Had business expenses of \$5,000 or less;
- Use the cash method of accounting;
- Did not have an inventory at any time during the year;
- Did not have a net loss from your business;
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee.

And you:

- Had no employees during the year;
- Do not deduct expenses for business use of your home;
- Do not have prior year unallowed passive activity losses from this business; and
- Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.

**A Principal business or profession, including product or service:**

**WRITING**

**B Enter business code (see page 2)** [REDACTED]

**C Business name. If no separate business name, leave blank.**

**D Enter your EIN (see page 2)**

**E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.**

City, town or post office, state, and ZIP code

**SOUTH BEND IN 4661**

**F Did you make any payments in 2018 that would require you to file Form(s) 1099? (see the Instructions for Schedule C)**  Yes  No

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

**Part II Figure Your Net Profit**

1 Gross receipts. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see Statutory employees in the instructions for Schedule C, line 1, and check here	<input type="checkbox"/>	1	600
2 Total expenses (see page 2). If more than \$5,000, you must use Schedule C	<input type="checkbox"/>	2	535
3 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Schedule 1 (Form 1040), line 12, and Schedule SE, line 2, or on Form 1040NR, line 13, and Schedule SE, line 2 (see page 2). (Statutory employees do not report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3.	<input type="checkbox"/>	3	65

**Part III Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2.**

**4 When did you place your vehicle in service for business purposes? (month, day, year)** ►

**5 Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:**

**a Business** ..... **b Commuting (see page 2)** ..... **c Other** .....

**6 Was your vehicle available for personal use during off-duty hours?**  Yes  No

**7 Do you (or your spouse) have another vehicle available for personal use?**  Yes  No

**8a Do you have evidence to support your deduction?** .....  Yes  No

**b If "Yes," is the evidence written?** .....  Yes  No

**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (93)

**Capital Gains and Losses**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. 12

Name(s) shown on return

**PETER P BUTTIGIEG & CHASTEN J GLEZMAN**

Your social security number [REDACTED]

**Part I Short-Term Capital Gains and Losses — Generally Assets Held One Year or Less (see instructions)**

See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
1b Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
2 Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
3 Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .....				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....				6
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back .....				7
				0

**Part II Long-Term Capital Gains and Losses — Generally Assets Held More Than One Year (see instructions)**

See instructions for how to figure the amounts to enter on the lines below.  This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
8b Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
9 Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....	196	235		-39
10 Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 .....				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....				12
13 Capital gain distributions. See the instructions .....				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back .....				15
				-227

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

Schedule D (Form 1040) 2018

**Part III Summary**

16 Combine lines 7 and 15 and enter the result	16	-227
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
17 Are lines 15 and 16 both gains?		
<input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet	18	►
19 If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet	19	►
20 Are lines 18 and 19 both zero or blank?		
<input type="checkbox"/> Yes. Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.		
<input type="checkbox"/> No. Complete the <b>Schedule D Tax Worksheet</b> in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the <b>smaller of:</b>	21	( 227 )
<ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul>		
<i>Note:</i> When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b?		
<input checked="" type="checkbox"/> Yes. Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42).		
<input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

**Social security number or taxpayer identification number**

PETER P BUTTIGIEG & CHASTEN J GLEZMAN

*Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

Page 14

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)  
 (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS  
 (F) Long-term transactions not reported to you on Form 1099-B

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

## Foreign Tax Credit

(Individual, Estate, or Trust)

► Attach to Form 1040, 1040NR, 1041, or 990-T.

2018

Attachment Sequence No. 19

► Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

Name:

Identifying number as shown on page 1 of your tax return

**PETER P BUTTIGIEG**Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a  Section 951A income      c  Passive category income      e  Section 901(j) income      g  Lump-sum distributions  
 b  Foreign branch income      d  General category income      f  Certain income re-sourced by treaty

h Resident of (name of country) ► US UNITED STATES

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)**

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	OC	B	
i Enter the name of the foreign country or U.S. possession ►	VARIOUS			
1a Gross income from sources within country shown above and of the type checked above (see instructions):		737		1a 737
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, & you used an alternative basis to determine its source (see instructions) ► <input type="checkbox"/>				
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	24,000			
b Other deds. (attach stmt.)				
c Add lines 3a and 3b	24,000			
d Gross foreign source income (see instructions)	1,419			
e Gross income from all sources (see instructions)	158,104			
f Divide line 3d by line 3e (see instructions)	0.0090			
g Multiply line 3c by line 3f	215			
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	215			6 215
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ►				7 522

**Part II Foreign Taxes Paid or Accrued (see instructions)**

Country	Credit is claimed for taxes (you must check one)	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
	(j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	(m) Dividends	(n) Rents and royalties	(o) Interest	(p) Other foreign taxes paid or accrued	(q) Dividends	(r) Rents and royalties	(s) Interest	(t) Other foreign taxes paid or accrued	(u) Total foreign taxes paid or accrued (add cols. (q) through (t))
A 1099 TAX	(l) Date paid or accrued									
B										
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2 ► 8

For Paperwork Reduction Act Notice, see instructions.

**Part III Figuring the Credit**

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I .....	9	
10 Carryback or carryover (attach detailed computation) .....	10	
(If your income was section 951A income (box a above Part I), leave line 10 blank.)		
11 Add lines 9 and 10 .....	11	
12 Reduction in foreign taxes (see instructions) .....	12	
13 Taxes reclassified under high tax kickout (see instructions) .....	13	
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit .....	14	
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions) .....	15	522
16 Adjustments to line 15 (see instructions) .....	16	
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) .....	17	522
18 Individuals: Enter the amount from Form 1040, line 10; or Form 1040NR, line 41. Estates and trusts: Enter your taxable income without the deduction for your exemption .....	18	128,630
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.		
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1" .....	19	0.0041
20 Individuals: Enter the total of Form 1040, line 11a, and Schedule 2 (Form 1040), line 46. If you are a nonresident alien, enter the total of Form 1040NR, line 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 40, 41, and 43. Foreign estates and trusts should enter the amount from Form 1040NR, line 42 .....	20	20,136
Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.		
21 Multiply line 20 by line 19 (maximum amount of credit) .....	21	82
22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions) .....	22	

**Part IV Summary of Credits From Separate Parts III (see instructions)**

23 Credit for taxes on section 951A income .....	23	
24 Credit for taxes on foreign branch income .....	24	
25 Credit for taxes on passive category income .....	25	
26 Credit for taxes on general category income .....	26	
27 Credit for taxes on section 901(j) income .....	27	
28 Credit for taxes on certain income re-sourced by treaty .....	28	
29 Credit for taxes on lump-sum distributions .....	29	
30 Add lines 23 through 29 .....	30	
31 Enter the smaller of line 20 or line 30 .....	31	
32 Reduction of credit for international boycott operations. See instructions for line 12 .....	32	
33 Subtract line 32 from line 31. This is your foreign tax credit. Enter here and on Schedule 3 (Form 1040), line 48; form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 45-a .....	33	0

**2018 Indiana Full-Year Resident  
Individual Income Tax Return**

Due April 15, 2019

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

from: \_\_\_\_\_ to: \_\_\_\_\_

Your Social  
Security Number  
[REDACTED]

Spouse's Social  
Security Number  
[REDACTED]

Place "X" in box if applying for ITIN  
Your first name Initial Last name Suffix

PETER P BUTTIGIEG  
If filing a joint return, spouse's first name Initial Last name Suffix

CHASTEN J GLEZMAN  
Present address (number and street or rural route)  
[REDACTED] Place "X" in box if you are  
married filing separately.

City State Zip/Postal code

SOUTH BEND IN 4661 [REDACTED]

Foreign country 2-character code (see instructions)

Enter below the 2-digit county code numbers (found on the back of Schedule CT-40) for the county where you lived and worked on January 1, 2018:

County where you lived	71	County where you worked	71	County where spouse lived	71	County where spouse worked	71
------------------------	----	-------------------------	----	---------------------------	----	----------------------------	----

**Round all entries**

1. Enter your federal adjusted gross income from your federal income tax return, Form 1040, line 7 \_\_\_\_\_ Federal AGI 1 152643.00
2. Enter amount from Schedule 1, line 8, and enclose Schedule 1 \_\_\_\_\_ Indiana Add-Backs 2 .00
3. Add line 1 and line 2 \_\_\_\_\_ 3 152643.00
4. Enter amount from Schedule 2, line 12, and enclose Schedule 2 \_\_\_\_\_ Indiana Deductions 4 2500.00
5. Subtract line 4 from line 3 \_\_\_\_\_ 5 150143.00
6. You must complete Schedule 3. Enter amount from Schedule 3, line 6, and enclose Schedule 3 \_\_\_\_\_ Indiana Exemptions 6 2000.00
7. Subtract line 6 from line 5 \_\_\_\_\_ Indiana Adjusted Gross Income 7 148143.00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323)  
(if answer is less than zero, leave blank) \_\_\_\_\_ 8 4785.00
9. County tax. Enter county tax due from Schedule CT-40  
(if answer is less than zero, leave blank) \_\_\_\_\_ 9 2593.00
10. Other taxes. Enter amount from Schedule 4, line 4 (enclose sch.) 10 .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back \_\_\_\_\_ Indiana Taxes 11 7378.00

12. Enter credits from Schedule 5, line 9 (enclose schedule)	12	7750.00		
13. Enter offset credits from Schedule 6, line 8 (enclose schedule)	13	.00		
14. Add lines 12 and 13		Indiana Credits	14	7750.00
15. Enter amount from line 11		Indiana Taxes	15	7378.00
16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23)		16	372.00	
17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16		17	.00	
18. Subtract line 17 from line 16		Overpayment	18	372.00
19. Amount from line 18 to be applied to your 2019 estimated tax account (see instructions).				

Enter your county code	71	county tax to be applied	\$	a	131.00	
Spouse's county code		county tax to be applied	\$	b	.00	
Indiana adjusted gross income tax to be applied		\$	c	241.00		
Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18)					19d	372.00

20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.)	20	.00
21. Refund: Line 18 minus lines 19d and 20. Note: If less than zero, see line 23	21	.00

**22. Direct Deposit (see instructions)**

- a. Routing Number
- b. Account Number
- c. Type: Checking      Savings      Hoosier Works MC

d. Place an "X" in the box if refund will go to an account outside the United States

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions)	23	.00	
24. Penalty if filed after due date (see instructions)	24	.00	
25. Interest if filed after due date (see instructions)	25	.00	
26. <b>Amount Due:</b> Add lines 23, 24 and 25	Amount You Owe	26	.00

Do not send cash. Please make your check or money order payable to:  
Indiana Department of Revenue. Credit card payers must see instructions.

**Sign and date this return after reading the Authorization statement on Schedule 7. You must enclose Schedule 7.**

Your Signature	Date	Spouse's Signature	Date
----------------	------	--------------------	------

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.

Name(s) shown on Form IT-40

PETER P BUTTIGIEG & CHASTEN J GLEZMAN

Your Social Security Number  
[REDACTED]

1. Renter's deduction

Address where rented if different from the one on the front page (enter below)

Amount of rent paid

Landlord's name and address (enter below)

\$ .00

Round all entries

Number of months rented Enter the lesser of \$3,000 or amount of rent paid 1 .00

2. Homeowner's residential property tax deduction

Address where property tax was paid if different from front page (enter below)

SAME

Number of months lived there 12 Amount of property tax paid \$ 2645.00

Enter the lesser of \$2,500 or the amount of property tax paid 2 2500.00

3. State tax refund reported on federal return 3 .00

4. Interest on U.S. government obligations 4 .00

5. Taxable Social Security benefits 5 .00

6. Taxable railroad retirement benefits 6 .00

7. Military service deduction: \$5,000 maximum for qualifying person 7 .00

8. Private school/homeschool deduction: \$1,000 per qualifying child (see instructions) 8 .00

9. Indiana net operating loss deduction 9 .00

10. Nontaxable portion of unemployment compensation (from line 7 of Unemployment Comp. Worksheet) 10 .00

11. Other Deductions: See instructions (attach additional sheets if necessary)

a. Enter deduction name code no. 11a .00

b. Enter deduction name code no. 11b .00

c. Enter deduction name code no. 11c .00

12. Add lines 1 through 11. Enter total here and on line 4 of Form IT-40. Total Deductions 12 2500.00

Name(s) shown on Form IT-40

Your Social Security Number  
[REDACTED]

PETER P BUTTIGIEG & CHASTEN J GLEZMAN

Complete and enclose Schedule IN-DEP: Dependent Information and Additional  
Dependent Child Information if you are claiming dependents on lines 2 and/or 3 below.

Round all entries

1. Enter \$2000 if you are married filing jointly; otherwise, enter \$1000 \_\_\_\_\_ 1 2000.00

2. Enter the number of dependents listed on Schedule IN-DEP, Box 6 x \$1000 \_\_\_\_\_ 2 .00  
You MUST enclose Schedule IN-DEP.

3. You may claim an additional exemption for each qualifying dependent child:

- who is a son, stepson, daughter, stepdaughter, foster child and/or child for whom you are a legal guardian,
- who was under the age of 19 by Dec. 31, 2018,
- or a full-time student who was under the age of 24 by Dec. 31, 2018, and
- who you are eligible to claim as a dependent on line 2 above.

Enter the number of additional dependents  
listed on Schedule IN-DEP, Box 7. x \$1500 \_\_\_\_\_ 3 .00

4. Place "X" in box(es) below if, by December 31, 2018

You were age 65 or older and/or blind

Spouse was 65 or older and/or blind

Total number of boxes with Xs x \$1000 \_\_\_\_\_ 4 .00

5. If age 65 or older, enter amount from Form IT-40, line 1.

If this amount is less than \$40,000, place "X" in box(es) below if:

You were age 65 or older

Spouse was 65 or older

Total number of boxes with Xs x \$500 \_\_\_\_\_ 5 .00

6. Add lines 1, 2, 3, 4 and 5. Enter here and on Form IT-40, line 6 \_\_\_\_\_ Total Exemptions 6 2000.00

Name(s) shown on Form IT-40

PETER P. BUTTIGIEG & CHASTEN J. GLEZMAN

Your Social Security Number

[REDACTED]

Round all entries

1. Indiana state tax withheld: enclose W-2s, 1099s showing state tax withholding amounts	1	4810.00
2. Indiana county tax withheld: enclose W-2s, 1099s showing county tax withholding amounts	2	2660.00
3. Estimated tax paid for 2018: include any extension payment made with Form IT-9	3	280.00
4. Unified tax credit for the elderly	4	.00
5. Earned income credit: enclose Schedule IN-EIC and enter amount from line A-3	5	.00
6. Lake County residential income tax credit	6	.00
7. Economic development for a growing economy credit. Enter amount from Schedule IN-EDGE, line 19 (enclose schedule)	7	.00
8. Economic development for a growing economy retention credit. Enter amount from Schedule IN-EDGE-R, line 19 (enclose schedule)	8	.00
9. Add lines 1 through 8. Enter total here and on Form IT-40, line 12	9	7750.00

### Schedule IN-DONATE

Important. The amount on line 2 cannot exceed the amount on Form IT-40/IT-40PNR, line 16.

1. Donations: List fund name, 3-digit code and amount to be donated (see instructions)

a. Enter fund name	code no.	1a	.00
b. Enter fund name	code no.	1b	.00
c. Enter fund name	code no.	1c	.00
d. Enter fund name	code no.	1d	.00
2. Add lines 1a through 1d. Enter total here and on Form IT-40/IT-40PNR, line 17	Total Donations	2	.00

[REDACTED]

Name(s) shown on Form IT-40

Your Social Security Number

PETER P BUTTIGIEG & CHASTEN J GLEZMAN

**1. Federal filing information**

Are you filing a federal income tax return for 2018? Place "X" in appropriate box. Yes  No

**2. Out-of-state income** Complete if you and/or your spouse (if filing a joint return) received any salary, wage, tip and/or commission income from Illinois, Kentucky, Michigan, Ohio, Pennsylvania or Wisconsin. Enter two-digit code number from the back of Schedule CT-40 for state where you and/or your spouse worked.

State where you worked	Your income	State where spouse worked	Spouse's income
	\$ .00		\$ .00

**3. Extension of time to file**

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

**4. Farm / Fishing income**

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

**5. Date of death**

If any individual listed at the top of the IT-40 died *during* 2018, enter date of death (MM/DD).

Taxpayer's date of death

2018

Spouse's date of death

2018

**Authorization Sign Form IT-40 after reading the following statement.**

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

**6. Your daytime  
telephone number**

Your  
email address

I authorize the Department to discuss my return with my personal representative.

Paid Preparer: Firm's Name (or yours if self-employed)

Yes  No      If yes, complete the information below.

Personal Representative's Name (please print)

IN-OPT on file with paid preparer if not filing electronically

PTIN

Address

City

SOUTH BEND

State

Preparer's  
signature

Telephone  
number

Address

City      SOUTH BEND

State      IN

Zip Code      4661

Name(s) shown on Form IT-40

PETER P BUTTIGIEG & CHASTEN J GLEZMAN

Your Social Security Number  


Line	Description	Column A - Yourself	Column B - Spouse's	
1.	Enter the amount from IT-40, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40, line 7 on line 1A (do not complete Column B). See instructions _____	1A      148143.00	1B      .00	
2.	Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2018. _____	2A      .0175000	2B	
3.	Multiply line 1 by the rate on line 2 (leave blank if less than zero)	3A      2593.00	3B	.00
4.	Add lines 3A and 3B. Enter the total here. Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6. Otherwise, enter the total here and on line 7 below (see instructions) _____	4		.2593.00
5.	Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____	5		.00
6.	Multiply line 5 by .0181 and enter total here _____	6		.00
7.	Enter total of line 4 minus line 6. Enter this amount on line 9 of Form IT-40 _____	7		.2593.00