

File by Mail Instructions for your 2018 Federal Tax Return

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



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Noah Schumacher
2121 Beloit Ave Apt 303
Los Angeles, CA 90025

Balance Due/Refund	Your federal tax return (Form 1040) shows you are due a refund of \$1,506.00. Your refund will be direct deposited into the following account: Account Number: 325044576699, Routing Transit Number: 121000358.																		
What You Need to Mail	Your tax return - The official return for mailing is included in this printout. Remember to <u>sign and date the return.</u> <u>Attach the first copy or Copy B of Form(s) W-2 to the front of your Form 1040.</u> <u>Mail your return and attachments to:</u> Department of the Treasury Internal Revenue Service Fresno, CA 93888-0002 Deadline: Postmarked by Monday, April 15, 2019 Note: Your state return may be due on a different date. Please review your state filing instructions. Don't forget correct postage on the envelope.																		
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.																		
2018 Federal Tax Return Summary	<table><tr><td>Adjusted Gross Income</td><td>\$</td><td>11,983.00</td></tr><tr><td>Taxable Income</td><td>\$</td><td>0.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>0.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>1,506.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>1,506.00</td></tr><tr><td>Effective Tax Rate</td><td></td><td>0.00%</td></tr></table>	Adjusted Gross Income	\$	11,983.00	Taxable Income	\$	0.00	Total Tax	\$	0.00	Total Payments/Credits	\$	1,506.00	Amount to be Refunded	\$	1,506.00	Effective Tax Rate		0.00%
Adjusted Gross Income	\$	11,983.00																	
Taxable Income	\$	0.00																	
Total Tax	\$	0.00																	
Total Payments/Credits	\$	1,506.00																	
Amount to be Refunded	\$	1,506.00																	
Effective Tax Rate		0.00%																	
Changed Your Mind About e-filing?	You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the Internal Revenue Service.																		

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

Your first name and initial: **Noah** Last name: **Schumacher** Your social security number: **616-90-2226**

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

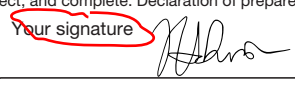
Home address (number and street). If you have a P.O. box, see instructions. **2121 Beloit Ave Apt 303** Apt. no. **Presidential Election Campaign** (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Los Angeles CA 90025** If more than four dependents, see inst. and ✓ here ☐

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your signature:  Date: **04/06/2019** Your occupation: **Sales**

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.)

Preparer's name Preparer's signature PTIN Firm's EIN Check if: ☐ 3rd Party Designee ☐ Self-employed

Firm's name ▶ **Self-Prepared** Phone no. Firm's address ▶

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

1 Wages, salaries, tips, etc. Attach Form(s) W-2	11,400.
2a Tax-exempt interest	4.
3a Qualified dividends 180.	289.
4a IRAs, pensions, and annuities	
5a Social security benefits	
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 290.	11,983.
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	11,983.
8 Standard deduction or itemized deductions (from Schedule A)	12,000.
9 Qualified business income deduction (see instructions)	
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	0.
11 a Tax (see inst.) 0. (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"/>	0.
12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here ▶ <input type="checkbox"/>	
13 Subtract line 12 from line 11. If zero or less, enter -0-	0.
14 Other taxes. Attach Schedule 4	0.
15 Total tax. Add lines 13 and 14	0.
16 Federal income tax withheld from Forms W-2 and 1099	1,506.
17 Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	
Add any amount from Schedule 5	
18 Add lines 16 and 17. These are your total payments	1,506.
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	1,506.
20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	1,506.
▶ b Routing number 1 2 1 0 0 0 3 5 8 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
▶ d Account number 3 2 5 0 4 4 5 7 6 6 9 9	
21 Amount of line 19 you want applied to your 2019 estimated tax ▶ 21	
Amount You Owe 22 Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions ▶ 22	
23 Estimated tax penalty (see instructions) ▶ 23	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► **Attach to Form 1040.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

Noah Schumacher

Your social security number

616-90-2226

Additional Income	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	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13	290.
	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	290.
Adjustments to Income	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

REV 12/21/18 TTW

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

- **Attach to Form 1040 or Form 1040NR.**
► **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
► **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

OMB No. 1545-0074

2018Attachment
Sequence No. **12**

Name(s) shown on return

Noah Schumacher

Your social security number

616-90-2226

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	12,137.	12,356.		-219.
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C 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 Capital Loss Carryover Worksheet 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 -219.

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 Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F 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				13 509.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet 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				15 509.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	290.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, 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. 			
17	Are lines 15 and 16 both gains? <input checked="" 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 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ►	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (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 checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet 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 Schedule D Tax Worksheet 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 smaller of: <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> </div> </div>	21	()
Note: 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 type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet 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.		

File by Mail Instructions for your 2018 California Tax Return

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



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Noah Schumacher
2121 Beloit Ave Apt 303
Los Angeles, CA 90025

Balance Due/Refund	Your California state tax return (Form 540) shows you are due a refund of \$610.00. Your refund will be direct deposited into the following account: Account Number: 325044576699, Routing Transit Number: 121000358.
What You Need to Mail	Your tax return - The official return for mailing is included in this printout. Remember to <u>sign and date the return.</u> <u>Attach the following to your California tax return:</u> - <u>a copy of your federal return</u> - any Form(s) W-2G. Also attach any 592-B, 593, and 1099s that have California withholding to the front of your return. Do not attach any Forms(s) W-2. <u>Mail your return and attachments to:</u> Franchise Tax Board PO Box 942840 Sacramento, CA 94240-0001 Deadline: Postmarked by April 15, 2019 Don't forget correct postage on the envelope.
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.
2018 California Tax Return Summary	Taxable Income \$ 7,582.00 Total Tax \$ 0.00 Total Payments/Credits \$ 610.00 Amount to be Refunded \$ 610.00 Effective Tax Rate 0.00%
Special Formatting	Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.
Changed Your Mind About e-filing?	You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the state taxing agency.

2018 California Resident Income Tax Return**540**

APE

ATTACH FEDERAL RETURN

616-90-2226 SCHU
NOAH SCHUMACHER

18

2121 BELOIT AVE APT 303
LOS ANGELES CA 90025

12-24-1995

If your California filing status is different from your federal filing status, check the box here ☐Filing
Status

- 1 ☒ Single 4 ☐ Head of household (with qualifying person). See instructions.
- 2 ☐ Married/RDP filing jointly. See inst. 5 ☐ Qualifying widow(er). Enter year spouse/RDP died
- See instructions.
- 3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

- 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst ☐

► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2, in the box. If you checked the box on line 6, see instructions. ☒ 7 1 X \$118 = ☒ \$ 118

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ☒ 8 X \$118 = ☒ \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☒ 9 X \$118 = ☒ \$

Exemptions

10 **Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ☒ 10 X \$367 = ☒ \$

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. ☒ 11 \$ 118

Your name:

S C H U M A C H E R

Your SSN or ITIN:

616-90-2226

Taxable Income

- 12 State wages from your Form(s) W-2, box 16. ● 12 11400.00
- 13 Enter federal adjusted gross income from Form 1040, line 7. ● 13 11983.00
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B ● 14 .00
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 11983.00
- 16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C. ● 16 .00
- 17 California adjusted gross income. Combine line 15 and line 16. ● 17 11983.00
- 18 Enter the **larger of** {
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$4,401
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,802
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . .
 ● 18 4401.00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 7582.00

Tax

- 31 Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule
☐ FTB 3800 ☐ FTB 3803 ● 31 76.00
- 32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$194,504, see instructions ● 32 118.00
- 33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 0.00
- 34 Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A. ● 34 .00
- 35 Add line 33 and line 34 ● 35 0.00

Special Credits

- 40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ● 40 .00
- 43 Enter credit name code ● and amount . . . ● 43 .00
- 44 Enter credit name code ● and amount . . . ● 44 .00
- 45 To claim more than two credits, see instructions. Attach Schedule P (540). ● 45 .00
- 46 Nonrefundable renter's credit. See instructions ● 46 60.00
- 47 Add line 40 through line 46. These are your total credits. ● 47 60.00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 0.00

Other Taxes

- 61 Alternative minimum tax. Attach Schedule P (540) ● 61 .00
- 62 Mental Health Services Tax. See instructions. ● 62 .00
- 63 Other taxes and credit recapture. See instructions. ● 63 .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax ● 64 0.00

Your name:

S C H U M A C H E R

Your SSN or ITIN:

616-90-2226

Payments

71	California income tax withheld. See instructions	● 71	566	.00
72	2018 CA estimated tax and other payments. See instructions	● 72		.00
73	Withholding (Form 592-B and/or 593). See instructions	● 73		.00
74	Excess SDI (or VPD) withheld. See instructions	● 74		.00
75	Earned Income Tax Credit (EITC)	● 75	44	.00
76	Add lines 71 through 75. These are your total payments. See instructions	⊙ 76	610	.00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● 91 0 .00

If line 91 is zero, check if:



No use tax is owed.



You paid your use tax obligation directly to CDTFA.

Overpaid Tax/Tax Due

92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	⊙ 92	610	.00
93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	⊙ 93		.00
94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊙ 94	610	.00
95	Amount of line 94 you want applied to your 2019 estimated tax	● 95		.00
96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	610	.00
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊙ 97		.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	

Your name:

S C H U M A C H E R

Your SSN or ITIN:

616-90-2226

Contributions

	Code	Amount
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/> .00
California Sea Otter Fund	● 410	<input type="text"/> .00
California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/> .00
School Supplies for Homeless Children Fund	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/> .00
State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text"/> .00
Revive the Salton Sea Fund	● 432	<input type="text"/> .00
California Domestic Violence Victims Fund	● 433	<input type="text"/> .00
Special Olympics Fund	● 434	<input type="text"/> .00
Type 1 Diabetes Research Fund	● 435	<input type="text"/> .00
California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	<input type="text"/> .00
Habitat for Humanity Voluntary Tax Contribution Fund	● 437	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	<input type="text"/> .00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	<input type="text"/> .00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	<input type="text"/> .00
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/> .00
110 Add code 400 through code 443. This is your total contribution	● 110	<input type="text"/> .00

Your name:

S C H U M A C H E R

Your SSN or ITIN:

616-90-2226

Amount
You Owe**111 AMOUNT YOU OWE.** If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**Mail to: **FRANCHISE TAX BOARD****PO BOX 942867****SACRAMENTO CA 94267-0001**

● 111

Pay online – Go to **ftb.ca.gov/pay** for more information.Interest and
Penalties**112** Interest, late return penalties, and late payment penalties

112

113 Underpayment of estimated tax. Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● 113**114** Total amount due. See instructions. Enclose, but **do not** staple, any payment.

114

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.Mail to: **FRANCHISE TAX BOARD****PO BOX 942840****SACRAMENTO CA 94240-0001**

● 115

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Refund and Direct Deposit

● Type

● Routing number



Checking

● Account number

● 116 Direct deposit amount

1 2 1 0 0 0 3 5 8



Savings

3 2 5 0 4 4 5 7 6 6 9 9

6 1 0 .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Type

● Routing number



Checking

● Account number

● 117 Direct deposit amount



Savings

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

0406/2019

Spouse's/RDP's signature (if a joint tax return, both must sign)

**Sign
Here**It is unlawful
to forge a
spouse's/RDP's
signature.Joint tax return?
(See instructions)

● Your email address. Enter only one email address.

● Preferred phone number

(4 1 5) 2 5 0 - 3 1 6 6

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed)

SELF PREPARED

● PTIN

Firm's address

● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . ● ☐ Yes ● ☒ No

Print Third Party Designee's Name

Telephone Number

()

2018**Wage and Tax Statement****W-2****Important: Attach this form to the back of your original or amended Form 540, 540 2EZ, or Form 540NR (Long or Short).**

Name(s) as shown on tax return

SSN or ITIN

NOAH SCHUMACHER

6 1 6 9 0 2 2 2 6

Caution: If this form is filled out, **do not** send your Form(s) W-2 to the Franchise Tax Board. If your Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your Form(s) W-2 to the lower front of your tax return. **All fields must be completed. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on the Form(s) W-2.

W-2 Information	1 st W-2	2 nd W-2
a. Employee's social security number*	<input type="radio"/> 616-90-2226	<input type="radio"/>
b. Employer identification number (EIN)	<input type="radio"/> 80-0941303	<input type="radio"/>
c. Employer's name	<input type="radio"/> THE SGC GROUP INC	<input type="radio"/>
Address	<input type="radio"/> 7 REATA LN	<input type="radio"/>
City	<input type="radio"/> ROLLING HILLS	<input type="radio"/>
State	<input type="radio"/> CA	<input type="radio"/>
Zip code	<input type="radio"/> 90274	<input type="radio"/>
e. Employee's first name*	<input type="radio"/> NOAH	<input type="radio"/>
Middle initial*	<input type="radio"/>	<input type="radio"/>
Last name*	<input type="radio"/> SCHUMACHER	<input type="radio"/>
Suffix*	<input type="radio"/>	<input type="radio"/>
f. Employee address*	<input type="radio"/> 2121 BELOIT AVE	<input type="radio"/>
City*	<input type="radio"/> LOS ANGELES	<input type="radio"/>
State*	<input type="radio"/> CA	<input type="radio"/>
Zip code*	<input type="radio"/> 90025	<input type="radio"/>
1. Wages, tips, other compensation	<input type="radio"/> 11,400.	<input type="radio"/>
2. Federal income tax withheld	<input type="radio"/> 1,506.	<input type="radio"/>
3. Social security wages	<input type="radio"/> 12,223.	<input type="radio"/>
4. Social security tax withheld	<input type="radio"/> 758.	<input type="radio"/>
6. Medicare tax withheld	<input type="radio"/> 177.	<input type="radio"/>



W-2 Information		1st W-2		2nd W-2	
7. Social security tips	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	
8. Allocated tips (not included in box 1)	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	
10. Dependent care benefits	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	
11. Nonqualified plans	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	
12. Codes and amounts		Codes	Amounts	Codes	Amounts
12a.	<input checked="" type="radio"/>	<input type="text" value="D"/>	<input type="text" value="823."/>	<input checked="" type="radio"/>	<input type="text"/>
12b.	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>
12c.	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>
12d.	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay		<input checked="" type="radio"/> Statutory employee	<input checked="" type="radio"/> Statutory employee	<input checked="" type="radio"/> Statutory employee	
		<input checked="" type="radio"/> Retirement plan	<input checked="" type="radio"/> Retirement plan	<input checked="" type="radio"/> Retirement plan	
		<input checked="" type="radio"/> Third-party sick pay	<input checked="" type="radio"/> Third-party sick pay	<input checked="" type="radio"/> Third-party sick pay	
14. SDI, VPDI, or CA SDI (from box 14 or 19)		Type	Amount	Type	Amount
	<input checked="" type="radio"/>	CA SDI	<input type="text" value="122."/>	<input checked="" type="radio"/>	<input type="text"/>
15. State and employer's state ID number		State	Employer's state ID number	State	Employer's state ID number
	<input checked="" type="radio"/>	CA	<input type="text" value="043-8722-1"/>	<input checked="" type="radio"/>	<input type="text"/>
16. State wages, tips, etc.	<input checked="" type="radio"/>	<input type="text" value="11,400."/>	<input checked="" type="radio"/>	<input type="text"/>	
17. State income tax	<input checked="" type="radio"/>	<input type="text" value="566."/>	<input checked="" type="radio"/>	<input type="text"/>	

REV 12/17/18 TTW



2018 California Earned Income Tax Credit**3514**

Attach to your California Form 540, Form 540 2EZ or Long or Short Form 540NR

Name(s) as shown on tax return

SSN

NOAH SCHUMACHER

6 1 6 9 0 2 2 2 6

Before you begin:

If you claim the EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.

Follow Step 1 through Step 7 in the instructions to determine if you meet the requirements, to complete this form, and to figure the amount of the credit.

If you are claiming the California Earned Income Tax Credit (EITC), you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California Form 540, Form 540 2EZ, or Long or Short Form 540NR.

Part I Qualifying Information See Specific Instructions.

- 1 a** Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? ☒ Yes ☒ No
- b** Has the Franchise Tax Board (FTB) previously disallowed your California EITC? ☒ Yes ☒ No
- 2** Federal AGI (federal Form 1040, line 7) **2** 11983.00
- 3** Federal EIC (federal Form 1040, line 17a) **3** .00

Part II Investment Income Information

- 4** Investment Income. See instructions for Step 2 – Investment Income **4** 583.00

Part III Qualifying Child InformationYou must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.****Qualifying Child Information****Child 1****Child 2****Child 3**

- | | | | | | |
|---|---|---|---|---|---|
| 5 First name <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> |
| 6 Last name <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> |
| 7 SSN <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> |
| 8 Date of birth (mm/dd/yyyy). If born after 1999 and the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10. <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> |
| 9 a Was the child under age 24 at the end of 2018, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions. <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| b Was the child permanently and totally disabled during any part of 2018? If yes, go to line 10. If no, stop here. The child is not a qualifying child. <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 10 Child's relationship to you. See instructions. <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> |
| 11 Number of days child lived with you in California during 2018. Do not enter more than 365 days. See instructions. <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> | <input checked="" type="radio"/> | <input type="text"/> |

	Child 1	Child 2	Child 3
12 a Child's physical address during 2018 (number, street, and apt. no./ste. no.). See instructions. . . .	<input type="text"/>	<input type="text"/>	<input type="text"/>
b City.	<input type="text"/>	<input type="text"/>	<input type="text"/>
c State.	<input type="text"/>	<input type="text"/>	<input type="text"/>
d ZIP code.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part IV California Earned Income

13 Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions. . . .	13	<input type="text" value="11400"/>	<input type="text" value="00"/>
14 IHSS payments. See instructions.	14	<input type="text"/>	<input type="text" value="00"/>
15 Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions.	15	<input type="text"/>	<input type="text" value="00"/>
16 Subtract line 14 and line 15 from line 13.	16	<input type="text" value="11400"/>	<input type="text" value="00"/>
17 Nontaxable combat pay. See instructions.	17	<input type="text"/>	<input type="text" value="00"/>
18 Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions.	18	<input type="text"/>	<input type="text" value="00"/>
a Business name. <input type="text"/> b Business address. <input type="text"/> City, state, and zip code <input type="text"/> c Business license number <input type="text"/> d SEIN. <input type="text"/> e Business code <input type="text"/>			
19 California Earned Income. Add line 16, line 17, and line 18.	19	<input type="text" value="11400"/>	<input type="text" value="00"/>

Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

20 California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, Line 23	20	<input type="text" value="44"/>	<input type="text" value="00"/>
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Part VI Nonresident or Part-Year Resident California Earned Income Tax Credit

21 CA Exemption Credit Percentage from Form 540NR (Long or Short), line 38.	21	<input type="text"/>	
22 Nonresident or Part-Year Resident EITC. Multiply line 20 by line 21. This amount should also be entered on Form 540NR (Long or Short), line 85	22	<input type="text"/>	<input type="text" value="00"/>



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

Your first name and initial: **Noah** Last name: **Schumacher** Your social security number: **616-90-2226**

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **2121 Beloit Ave Apt 303** Apt. no. Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Los Angeles CA 90025** If more than four dependents, see inst. and ✓ here ☐

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Sign Here

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

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

Your signature: *[Signature]* Date: **04/06/2019** Your occupation: **Sales**

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.)

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Preparer's name: Preparer's signature: PTIN: Firm's EIN: Check if: ☐ 3rd Party Designee ☐ Self-employed

Firm's name ▶ **Self-Prepared** Phone no.:

Firm's address ▶

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	11,400.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	180.
4a	IRAs, pensions, and annuities	4a	
5a	Social security benefits	5a	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	11,983.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	11,983.
8	Standard deduction or itemized deductions (from Schedule A)	8	12,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	0.
11	a Tax (see inst.) 0. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	0.
12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here ▶ <input type="checkbox"/>	12	0.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.
14	Other taxes. Attach Schedule 4	14	0.
15	Total tax. Add lines 13 and 14	15	0.
16	Federal income tax withheld from Forms W-2 and 1099	16	1,506.
17	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	17	
18	Add lines 16 and 17. These are your total payments	18	1,506.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	1,506.
20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	20a	1,506.
b	Routing number 1 2 1 0 0 0 3 5 8 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 2 5 0 4 4 5 7 6 6 9 9		
21	Amount of line 19 you want applied to your 2019 estimated tax ▶ 21		
Amount You Owe	22 Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions ▶	22	
23	Estimated tax penalty (see instructions) ▶ 23		

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► **Attach to Form 1040.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

Noah Schumacher

Your social security number

616-90-2226

Additional Income	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	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13	290.
	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	290.
Adjustments to Income	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

REV 12/21/18 TTW

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

- **Attach to Form 1040 or Form 1040NR.**
► **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
► **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

OMB No. 1545-0074

2018Attachment
Sequence No. **12**

Name(s) shown on return

Noah Schumacher

Your social security number

616-90-2226

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	12,137.	12,356.		-219.
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C 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 Capital Loss Carryover Worksheet 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 -219.

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 Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F 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				13 509.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet 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				15 509.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	290.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, 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. 			
17	Are lines 15 and 16 both gains? <input checked="" 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 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ►	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (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 checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet 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 Schedule D Tax Worksheet 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 smaller of: <div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) <div style="font-size: 3em; margin: 0 10px;">}</div> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: -10px; top: -5px;">.</div> </div> </div>	21	()
Note: 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 type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet 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.		