

Review your print out for checklist items.

File by Mail Instructions for your Federal Amended Tax Return

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



Patricia Hwang
210 First Ave
Newtown Square, PA 19073

Balance Due/Refund	Your federal amended tax return shows you are due a refund of \$. The IRS estimates it will take up to 16 weeks to process your amended tax return. Your refund will be mailed to you		
What You Need to Mail	<p>Your amended tax return - Form 1040X. Remember to sign and date the return.</p> <p>Be sure to attach all forms or schedules that changed to your amended return.</p> <p>Mail your return and attachments to: Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0052</p> <p>Note: Your state return may be due on a different date. Please review your state filing instructions.</p> <p>Don't forget correct postage on the envelope.</p>		
What You Need to Keep	<p>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.</p>		
Federal Tax Return Summary	No Refund or Amount Due	\$	0.00



Hi Patricia,

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

With TurboTax Deluxe:

Your Head Start On Next Year:

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

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

You qualified for these important credits:

- Education Credits

Your Guarantee of Accuracy:

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

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

Also included:

- We e-filed your federal returns for free, so you could get your refund the fastest way possible.
- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.



Your amended return checklist

Just follow these steps and you're done!

1

If you're amending a state return, separate it from your federal return and follow the instructions

Your returns will print together, so you'll need to separate them. Both returns start with an instruction sheet featuring the Intuit TurboTax logo on the top right.

If you added or changed a tax form (like a W-2), **attach a copy** to each return. If a copy of your federal return is printed under your state return, **attach the federal copy** to your state return.

2

Sign and date your return(s)

You'll have to sign and date at the bottom of your return(s). Your federal return is named Form 1040X. If you're filing a state return, the form is located right after the state instructions sheet.

3

If you have a balance due, pay online or send a check with your return

You can pay your federal taxes online at www.irs.gov/payments.

If you're getting a refund, you'll get a paper check in the mail.

4

Write the correct address on your envelope(s)

You can find the mailing address for your federal return on the federal instructions sheet. If you're filing a state return, the address is listed on the state instructions sheet.

5

Drop your return(s) off at the post office

We recommend sending your return(s) by certified mail to ensure correct postage and proof of delivery.

That's it! Here are a few things to keep in mind after you mail your returns:

- Your amended returns will take 12-16 weeks to process.
- You can track your federal amended return at <https://www.irs.gov/filing/wheres-my-amended-return>.
- If you used a paid version of TurboTax, you'll be able to access your amended return at any time. When you log in to TurboTax, scroll down on Tax Home, and click on My Docs to download a copy.

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

Go to www.irs.gov/Form1040X for instructions and the latest information.This return is for calendar year ☒ 2018 ☐ 2017 ☐ 2016 ☐ 2015

Other year. Enter one: calendar year or fiscal year (month and year ended):

Your first name and initial

Patricia

Last name

Hwang

Your social security number

169-74-4213

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

Last name

Spouse's social security number

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

210 First Ave

Apt. no.

Your phone number

(610) 864-2346

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

Newtown Square PA 19073

Foreign country name

Foreign province/state/county

Foreign postal code

Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.

☒ **Full-year health care coverage (or, for 2018 amended returns only, exempt).** See inst.

☒ Single ☐ Married filing jointly ☐ Married filing separately ☐ Qualifying widow(er)
☐ Head of household (If the qualifying person is a child but not your dependent, see instructions.)

Use Part III on the back to explain any changes

Income and Deductions

		A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
1	Adjusted gross income. If a net operating loss (NOL) carryback is included, check here <input type="checkbox"/>	1		
2	Itemized deductions or standard deduction	2		
3	Subtract line 2 from line 1	3		
4a	Exemptions (amended returns for years before 2018 only). If changing, complete Part I on page 2 and enter the amount from line 29	4a		
4b	Qualified business income deduction (2018 amended returns only)	4b		
5	Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-	5		

Tax Liability

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

Payments

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


Refund or Amount You Owe

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18		1,713.
19	Subtract line 18 from line 17. (If less than zero, see instructions.)	19		-1,713.
20	Amount you owe. If line 11, column C, is more than line 19, enter the difference	20		
21	If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21		
22	Amount of line 21 you want refunded to you	22		
23	Amount of line 21 you want applied to your (enter year): estimated tax 23	23		

Complete and sign this form on page 2.

Part I Exemptions

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 return).

 CAUTION For 2018 amended returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines.		A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 return, leave line blank	24		
25	Your dependent children who lived with you	25		
26	Your dependent children who didn't live with you due to divorce or separation	26		
27	Other dependents	27		
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 return, leave line blank	28		
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 return, leave line blank	29		
30	List ALL dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and ✓ here <input type="checkbox"/>			

Dependents (see instructions):

(a) First name	Last name	(b) Social security number	(c) Relationship to you	(d) ✓ if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents (2018 amended returns only)
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Part II Presidential Election Campaign Fund

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

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

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

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

I added 1095-As to my return per a mail I recieved from the IRS.

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

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

Sign Here

▶ Your signature	_____ Date	Physical Therapy Aide Your occupation
▶ Spouse's signature. If a joint return, both must sign.	_____ Date	_____ Spouse's occupation

Paid Preparer Use Only

▶ Preparer's signature	_____ Date	Self-Prepared Firm's name (or yours if self-employed)
Print/type preparer's name		Firm's address and ZIP code
<input type="checkbox"/> Check if self-employed		
PTIN	Phone number	EIN

Filing status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)		
Your first name and initial Patricia	Last name Hwang	Your social security number 169-74-4213
Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind		
If joint return, spouse's first name and initial	Last name	Spouse's social security number

Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 <input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien		<input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.)
Home address (number and street). If you have a P.O. box, see instructions. 210 First Ave	Apt. no.	Presidential Election Campaign (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. Newtown Square PA 19073		If more than four dependents, see inst. and <input checked="" type="checkbox"/> here ▶ <input type="checkbox"/>

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	Date	Your occupation Physical Therapy Aide	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only	Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> 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)

Form 1040 (2018) Page 2

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.		Wages, salaries, tips, etc. Attach Form(s) W-2		Taxable interest		Ordinary dividends		Taxable amount		Taxable amount	
1		2a		b		2b		3a		3b	
2a	Tax-exempt interest	3a		b	Taxable interest	3b		4a		4b	
3a	Qualified dividends	4a		b	Taxable amount	4b		5a		5b	
4a	IRAs, pensions, and annuities	5a		b	Taxable amount	5b					
5a	Social security benefits										
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22										
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										
8	Standard deduction or itemized deductions (from Schedule A)										
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 inst.) <u>1,313.</u> (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 <u> </u> b Add any amount from Schedule 3 and check here <input checked="" 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 inst.) <u>No</u> b Sch. 8812 <u> </u> c Form 8863 <u> </u> Add any amount from Schedule 5 <u> </u>										
18	Add lines 16 and 17. These are your total payments										
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 <u>X X X X X X X X X X</u> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings										
▶ d	Account number <u>X X X X X X X X X X X X X X X X</u>										
21	Amount of line 19 you want applied to your 2019 estimated tax . . . ▶ 21 <u> </u>										
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions . . . ▶ 22 <u> </u>										
23	Estimated tax penalty (see instructions) ▶ 23 <u> </u>										

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

Patricia Hwang

Your social security number

169-74-4213

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	
	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	
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	1,671.
	34	Reserved	34	
	35	Reserved	35	
	36	Add lines 23 through 35	36	1,671.

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

Schedule 1 (Form 1040) 2018

REV 12/21/18 TTO

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Nonrefundable Credits

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **03**

Name(s) shown on Form 1040

Patricia Hwang

Your social security number

169-74-4213

Nonrefundable Credits	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	376 .
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Reserved	52	
	53	Residential energy credit. Attach Form 5695	53	
	54	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	54	
	55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55	376 .

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

REV 12/21/18 TTO

Schedule 3 (Form 1040) 2018

Education Credits
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040.

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

Your social security number

169-74-4213

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

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	
3	Enter the amount from Form 1040, line 7. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	
6	If line 4 is: <ul style="list-style-type: none"> • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) 	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040, line 17c. Then go to line 9 below	8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	1,881.
11	Enter the smaller of line 10 or \$10,000	11	1,881.
12	Multiply line 11 by 20% (0.20)	12	376.
13	Enter: \$134,000 if married filing jointly; \$67,000 if single, head of household, or qualifying widow(er)	13	67,000.
14	Enter the amount from Form 1040, line 7. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	24,500.
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	42,500.
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	10,000.
17	If line 15 is: <ul style="list-style-type: none"> • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) 	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	376.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 50	19	376.

Name(s) shown on return

Patricia Hwang

Your social security number

169-74-4213



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

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) Patricia Hwang	21 Student social security number (as shown on page 1 of your tax return) <div style="text-align: right;">169-74-4213</div>
22 Educational institution information (see instructions)	
a. Name of first educational institution Southern New Hampshire University (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. 2500 North River Rd Manchester NH 03106 (2) Did the student receive Form 1098-T from this institution for 2018? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2017 with box <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2 filled in and box 7 checked? (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution. <div style="text-align: center;">02-0274509</div>	b. Name of second educational institution (if any) (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. (2) Did the student receive Form 1098-T from this institution for 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2017 with box <input type="checkbox"/> Yes <input type="checkbox"/> No 2 filled in and box 7 checked? (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution.
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2018? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2018 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of postsecondary education before 2018? See instructions. <input checked="" type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Go to line 26.	
26 Was the student convicted, before the end of 2018, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input type="checkbox"/> No — Complete lines 27 through 30 for this student.	



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

American Opportunity Credit

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

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31
	1,881.

Premium Tax Credit (PTC)

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form8962 for instructions and the latest information.You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box ☐**Part I Annual and Monthly Contribution Amount**

1	Tax family size. Enter your tax family size (see instructions)	1	1
2a	Modified AGI. Enter your modified AGI (see instructions)	2a	24,500.
b	Enter the total of your dependents' modified AGI (see instructions)	2b	
3	Household income. Add the amounts on lines 2a and 2b (see instructions)	3	24,500.
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	12,060.
5	Household income as a percentage of federal poverty line (see instructions)	5	203 %
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%). <input checked="" type="checkbox"/> No. Continue to line 7. <input type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
7	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0645
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	1,580.
	b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	132.

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9** Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.
- 10** See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☒ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.
☐ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals	23,124.	31,560.	1,580.	29,980.	23,124.	23,124.
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						
24 Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here					24	23,124.
25 Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here					25	23,124.
26 Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 5 (Form 1040), line 70, or Form 1040NR, line 65. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27					26	0.

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 46, or Form 1040NR, line 44	29	

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 2

31	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 3

32	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 4

33	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

☐ **No.** See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

35	Alternative entries for your SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
36	Alternative entries for your spouse's SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month

We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax.

IRS regulations require the following statements:

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

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

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

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

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2018 return to determine whether a portion of the refund can be used to pay for tax preparation.

Patricia
First Name

Hwang
Last Name

Please type the date below:

02/17/2019

Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Green Dot Bank, Member FDIC ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

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

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

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

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

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2018 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Patricia

Hwang

Please type the date below:

02/17/2019

Date

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Patricia Hwang

Primary SSN: 169-74-4213

Federal Return Submitted: February 17, 2019 02:56 PM PST

Federal Return Acceptance Date: 02/17/2019

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

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

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

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2019. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2019, your Intuit electronic postmark will indicate April 15, 2019, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2019, and a corrected return is submitted and accepted before April 20, 2019. If your return is submitted after April 20, 2019, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2019. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2019, and the corrected return is submitted and accepted by October 20, 2019.

2. THE ACCEPTANCE DATE.

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

File by Mail Instructions for your 2018 Pennsylvania Amended Tax Return

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



Patricia Hwang
210 FIRST AVE
Newtown Square, PA 19073

Balance Due/Refund	Your Pennsylvania state amended tax return shows no balance due or refund amount.
What You Need to Mail	<p>Your amended tax return - Schedule PA-40X. Remember to sign and date the return.</p> <p>Be sure to mail all pages of your signed return along with any required attachments.</p> <p>Submit only the forms or schedules supporting your amended amounts.</p> <p>Enclose a statement explaining the reasons you are filing amended information.</p> <p>CAUTION: You may not file an amended PA return after the Department issued an assessment if your amendment relates to the same taxable year and item of income, gain, deduction, or loss that the Department assessed. You must either file a timely petition for reassessment or pay the assessment and file a timely refund petition. Under PA law, you must submit a Petition Form (Form REV-65) no later than six months after the date shown on the assessment.</p> <p>Underreported Income for Amended Returns: If you discover that you did not report taxable income or erroneously claimed credits or deductions, you must correct the error within 30 days. File an amended PA return and pay the additional tax, plus penalty and interest.</p> <p>Mail your return and attachments to: Pennsylvania Department of Revenue No Payment/No Refund 2 Revenue Place Harrisburg, PA 17129-0002</p> <p>Don't forget correct postage on the envelope.</p>
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.

File by Mail Instructions for your 2018 Pennsylvania Amended Tax Return

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



Patricia Hwang
210 FIRST AVE
Newtown Square, PA 19073

2018 Pennsylvania Tax Return Summary	Taxable Income As Amended	\$	25,024.00
	Total Tax As Amended	\$	768.00
	Total Payments/Credits As Amended	\$	0.00
	No Refund or Amount Due	\$	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.		

1800114280

PA-40 - 2018
Pennsylvania Income Tax Return
 ENTER ONE LETTER OR NUMBER IN EACH BOX (03-18)

169744213

HWANG

PATRICIA

Occupation **PHYSICAL T**

Occupation

210 FIRST AVE

NEWTOWN SQUARE PA 19073

610-864-2346 23550

N Extension. Y Amended Return.

R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from toS Single, Married/Filing Jointly,
Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.

School District Name **MARPLE NEWTOW**

- 1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.
- 1b Unreimbursed Employee Business Expenses.
- 1c Net Compensation. Subtract Line 1b from Line 1a.
- 2 Interest Income. Complete **PA Schedule A** if required.
- 3 Dividend and Capital Gains Distributions Income. Complete **PA Schedule B** if required.
- 4 Net Income or Loss from the Operation of a Business, Profession or Farm.
- 5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.
- 6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.
- 7 Estate or Trust Income. Complete and submit **PA Schedule J**.
- 8 Gambling and Lottery Winnings. Complete and submit **PA Schedule T**.
- 9 **Total PA Taxable Income.** Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.
- 10 **Other Deductions.** Enter the appropriate code for the type of deduction. See the instructions for additional information.
- 11 **Adjusted PA Taxable Income.** Subtract Line 10 from Line 9.

N

1a 27858

1b 2834

1c 25024

2 0

3 0

4 0

5 0

6 0

7 0

8 0

9 25024

10 0

11 25024



1800114280

EC

OFFICIAL USE ONLY

FC

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PA-40 - 2018

Social Security Number

1800214296

169744213

Name(s) PATRICIA HWANG

12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).

13 Total PA Tax Withheld. See the instructions.

14 Credit from your 2017 PA Income Tax return.

15 2018 Estimated Installment Payments. REV-459B included.

16 2018 Extension Payment.

17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)

18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.

Tax Forgiveness Credit. Submit PA Schedule SP.

19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased

19b Dependents, Part B, Line 2, PA Schedule SP

20 Total Eligibility Income from Part C, Line 11, PA Schedule SP.

21 Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP.

22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.

23 Total Other Credits. Submit your PA Schedule OC.

24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.

25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.

26 TAX DUE. If the total of Line 12 and Line 25 is more than line 24, enter the difference here.

27 Penalties and Interest. See the instructions. Enter Code:

If including form REV-1630/REV-1630A, mark the box.

28 TOTAL PAYMENT DUE. See the instructions.

29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.

The total of Lines 30 through 36 must equal Line 29.

30 Refund - Amount of Line 29 you want as a check mailed to you.

31 Credit - Amount of Line 29 you want as a credit to your 2019 estimated account.

32 Refund donation line. Enter the organization code and donation amount. See instructions.

33 Refund donation line. Enter the organization code and donation amount. See instructions.

34 Refund donation line. Enter the organization code and donation amount. See instructions.

35 Refund donation line. Enter the organization code and donation amount. See instructions.

36 Refund donation line. Enter the organization code and donation amount. See instructions.

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature

Spouse's Signature, if filing jointly

Preparer's Name and Telephone Number

Date

SELF-PREPARED

E-File Opt Out

Y

Firm FEIN

Preparer's PTIN

1555 REV 10/25/18 TTO



1800214296

1800214296

PA SCHEDULE W-2S
Wage Statement Summary

1801910025

PA-40 W-2S 10-18 (I)
PA Department of Revenue

2018

OFFICIAL USE ONLY

Summary of PA-Taxable Employee, Non-employee and Miscellaneous Compensation

Name shown first on the PA-40 (if filing jointly)

PATRICIA HWANG

Social Security Number (shown first)

169-74-4213

Use this schedule to list and calculate your total PA-taxable compensation and PA tax withheld from all sources.

Part A Instructions: List each federal Form W-2 for you and your spouse, if married, received from your employer(s). In the first column enter T for the taxpayer's Social Security Number that appears first on the PA tax return and enter S for the second or spouse SSN. From the Form(s) W-2, enter each employer's federal identification number. Enter the amounts from the Forms W-2 in each column. **IMPORTANT:** You do not have to submit a copy of your Form W-2 if you earned all your income in Pennsylvania and your employer reported your PA wages correctly and withheld the correct amount of PA income tax. You **must submit** a copy of your Form W-2 in certain circumstances. See the PA Schedule W-2S instructions for a list of when a copy of a W-2 is required.

Part B Instructions: List each source of income received during the taxable year on a form or statement other than a federal Form W-2. Enter each payer's name. List the payment type that most closely describes the source of your non-employee compensation. Enter the amount of other compensation that you earned. If the form or statement does not have separately stated amounts, enter the amount shown in both federal and PA columns.

IMPORTANT: You **must submit** a copy of each form and statement that you list in Part B, whether or not the payer withheld any PA income tax and regardless of whether or not the income was taxable in PA. **CAUTION:** The federal and Pennsylvania (state) wages may be different in Part A and Part B.

If you need more space, you may photocopy this schedule or make your own schedules in this format.

Part A - Federal Forms W-2 SEE THE INSTRUCTIONS FOR WHEN TO SUBMIT FORM(S) W-2					
T/S	Employer's identification number from Box b	Federal wages from Box 1	Medicare wages from Box 5	PA compensation from Box 16	PA income tax withheld from Box 17
T	23-1352160	26,171	27,858	27,858	855
Total Part A- Add the Pennsylvania columns				27,858	855

Part B - Miscellaneous and Non-employee Compensation from federal Forms 1099-R, 1099-MISC and other statements							
YOU MUST SUBMIT COPIES OF EACH FORM OR STATEMENT LISTED IN THIS PART							
A. T/S	B. Type	C. Payer name	D. 1099R code	E. Total federal amount	F. Adjusted plan basis	G. PA compensation	H. PA tax withheld
Total Part B - Add the Pennsylvania columns							

TOTAL - Add the totals from Parts A and B	27,858	855
--	--------	-----

Enter the TOTALS on your PA tax return on:

Line 1a

Line 13

- Payment type:** A. Executor fee B. Jury duty pay C. Director's fee D. Expert witness fee
E. Honorarium F. Covenant not to compete G. Damages or settlement for lost wages, other than personal injury
H. Other nonemployee compensation. Describe: _____
I. Distribution from employer sponsored retirement, pension or qualified deferred compensation plan
J. Distribution from IRA (Traditional or Roth) K. Distribution from Life Insurance, Annuity or Endowment Contracts
L. Distribution from Charitable Gift Annuities M. Distribution from Employee Stock Ownership Plan
Describe: _____



1801910025

1555
REV 10/18/18 TTO

1801910025

PA SCHEDULE UE
Allowable Employee Business Expenses

1801710029

PA-40 UE 10-18 (I)
PA Department of Revenue

2018

OFFICIAL USE ONLY

Name of taxpayer claiming expenses PATRICIA HWANG		Social Security Number (shown first) 169-74-4213
Employer's Name MAIN LINE HOSPITALS INC	Employer's address 100 LANCASTER AVE WYNNEWOOD PA 19096	Employer Identification Number 23-1352160
Describe the duties of the job in which you incurred these expenses THERAPY AIDE		Employer's Telephone Number

CAUTION: You **must** complete a separate schedule for **each** job or position. Spouses **may not** file joint **PA Schedule(s) UE**.

Part A. Direct Employee Business Expenses.

1. Union dues. List union name(s) and amount(s) paid. Enter the total. Submit additional sheets, if needed. Name of union(s) and amount(s): _____	1. <input type="text" value="0"/>
2. Work clothes and uniforms. Needed for your employment and not suitable for everyday use. Description: _____	2. <input type="text" value="0"/>
3. Small tools and supplies. Needed for your employment and not provided by your employer. Description: _____	3. <input type="text" value="0"/>
4. Professional license fees, malpractice insurance and fidelity bond premiums. Required as a condition of your employment. Description: _____	4. <input type="text" value="0"/>
5. Total Direct Employee Business Expenses. Add Lines 1 through 4.	5. <input type="text" value="0"/>

Part B. Business Travel Expenses.

Vehicle Expenses: Standard Mileage Rate.

6. Enter your total business miles 5,200 and multiply by the federal standard mileage rate. 6.

Vehicle Expenses: Actual Vehicle Expenses.

7a. Total vehicle miles driven in 2018.	7a. <input type="text"/>
7b. Total business miles driven in 2018.	7b. <input type="text"/>
7c. Business use ratio. Divide Line 7b by Line 7a. See the Instructions.	7c. <input type="text"/>
8a. Gasoline, oil, repairs, vehicle insurance, vehicle rentals, etc.	8a. <input type="text"/>
8b. Depreciation. See the Instructions.	8b. <input type="text"/>
9. Total vehicle expenses. Add Lines 8a and 8b.	9. <input type="text"/>
10. Allowable Actual Vehicle Expenses. Multiply Line 9 by Line 7c.	10. <input type="text"/>

Other Business Travel Expenses.

11. Parking fees, tolls and transportation.	11. <input type="text" value="0"/>
12. Travel expenses while away from home overnight.	12. <input type="text" value="0"/>
13. Meals and entertainment expenses.	13. <input type="text" value="0"/>
14. Total Business Travel Expenses. Add Lines 6 or 10 and Lines 11, 12 and 13.	14. <input type="text" value="2,834"/>

Part C. Miscellaneous Expenses. Itemize your additional expenses.

15. Total Miscellaneous Expenses.	15. <input type="text" value="0"/>
---	------------------------------------

Total Allowable PA Employee Business Expenses. You must account for reimbursements, if any.

A. Direct Expenses from Line 5.	A. <input type="text" value="0"/>
B. Business Travel Expenses from Line 14.	B. <input type="text" value="2,834"/>
C. Miscellaneous Expenses from Line 15.	C. <input type="text" value="0"/>
D. Office or Work Area Expenses from Line 16, on Side 2.	D. <input type="text" value="0"/>
E. Moving Expenses from Line 19, on Side 2.	E. <input type="text" value="0"/>
F. Education Expenses from Line 23, on Side 2.	F. <input type="text" value="0"/>
G. Total Depreciation Expenses from Line 24, on Side 2.	G. <input type="text" value="0"/>
H. Total Allowable Employee Business Expenses. Add Lines A through G.	H. <input type="text" value="2,834"/>
I. Reimbursements. See the instructions.	I. <input type="text" value="0"/>
J. Net expense or reimbursement. Subtract Line I from Line H. Enter the difference, and:	J. <input type="text" value="2,834"/>

If Line H is **MORE** than Line I, include on Line 1b, on your PA-40.

If Line I is **MORE** than Line H, include the excess on Line 1a, on your PA-40.

Nonresidents and part-year residents may also need to complete PA Schedule NRH. See instructions.

Side 1

1555

REV 11/29/18 TTO



1801710029

1801710029

PA SCHEDULE UE
Allowable Employee Business Expenses

1801810027

PA-40 UE 10-18 (I)
PA Department of Revenue

2018

OFFICIAL USE ONLY

Name of taxpayer claiming expenses
PATRICIA HWANG

Social Security Number (shown first)
169-74-4213

Part D. Office or Work Area Expenses. You must answer ALL three questions or the Department will disallow your expenses.

- D1. Does your employer require you to maintain a suitable work area away from the employer's premises? ☐ Yes ☐ No
- D2. Is this work area the principal place where you perform the duties of your employment? ☐ Yes ☐ No
- D3. Do you use this work area regularly and exclusively to perform the duties of your employment? ☐ Yes ☐ No

If you answer YES to ALL three questions, continue. If you answer NO to ANY question, you may not claim office or work area expenses.

Actual Office or Work Area Expenses. Enter expenses for the entire year and then calculate the business portion.

a. Depreciation expense (homeowners only)	a.	0
b. Real estate taxes.	b.	0
c. Mortgage interest (homeowners only)	c.	0
d. Utilities. Sales Tax License Number:	d.	0
e. Property insurance.	e.	0
f. Property maintenance expenses from statement. See the instructions.	f.	0
g. Other apportionable expenses from statement. See the instructions.	g.	0
h. Rent (renters only).	h.	0
i. Total. Add Lines a through h. Enter the total here.	i.	0
j. Business percentage of property. Divide the total square footage of your work area by the total square footage of your entire property. Round to 2 decimal places.	j.	%
k. Apportioned expenses. Multiply Line i by the percentage on Line j.	k.	0
l. Total office supplies from statement. See the instructions.	l.	0
16. Total Office or Work Area Expenses. Add Lines k and l.	16.	0

Part E. Moving Expenses.

Distance Test.

- E1. Enter the number of miles from your old home to your new workplace. miles
- E2. Enter the number of miles from your old home to your old workplace. miles
- E3. Subtract Line E2 from Line E1 and enter the difference. miles

If Line E3 is 35 miles or more, continue. If it is not at least 35 miles, you may not claim any moving expenses.

17. Transportation expenses in moving household goods and personal effects.	17.	0
18. Travel, meals, and lodging expenses during the actual move from your old home to your new home.	18.	0
19. Total Moving Expenses. Add Lines 17 and 18.	19.	0

Part F. Education Expenses. You must answer ALL three questions or the Department will disallow your expenses.

- F1. Did your employer (or law) require that you obtain this education to retain your present position or job? ☐ YES ☐ NO
- If you answer YES, continue. If you answer NO, you may not claim education expenses.
- F2. Did you need this education to meet the entry level or minimum requirements to obtain your job? ☐ YES ☐ NO
- F3. Will this education, program or course of study qualify you for a new business or profession? ☐ YES ☐ NO

If you answer NO to questions F2 and F3, continue. If you answer YES to either question, you may not claim education expenses.

Name of college, university or educational institution: Course of study:

20. Tuition or fees.	20.	0
21. Course materials.	21.	0
22. Travel expenses.	22.	0
23. Total Education Expenses. Add Lines 20 through 22.	23.	0

Part G. Depreciation Expenses. PA law does not allow any federal bonus depreciation and limits IRC Section 179 expensing to \$25,000.

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation method	(e) Section 179 expense	(f) Depreciation expenses

24. Total Depreciation Expenses. Add the amounts from columns (e) and (f).	24.	0
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1801810027

1801810027

1801310028

Sale, Exchange or Disposition of Property

PA-40 D 03-18 (I)
PA Department of Revenue

2018

OFFICIAL USE ONLY

If you need more space, you may photocopy.

Name of the taxpayer filing this schedule

Patricia Hwang

Social Security Number (shown first)

169-74-4213

Taxpayer 

Spouse ☐

Joint

Important: A taxpayer and spouse must complete separate schedules to report their gains or losses or if any amounts are reported on Lines 3 through 10 of PA Schedule D. However, if all the gains and losses were realized on a joint basis, one schedule may be completed. Complete the oval to indicate whether the gains and losses included on the schedule are from the taxpayer, spouse or joint. One spouse may not use a loss to reduce the other spouse's gains. When reporting the sale of jointly owned property that is not reported on a joint PA Schedule D, each must show their share of the sale on their separate PA Schedule D. **Read the instructions.** Enter all sales, exchanges or other dispositions of real or personal tangible and intangible property, including inherited property. Amounts from Federal Schedule D may not be correct for PA income tax purposes. Nonresidents should read carefully the instructions concerning intangible property. If the result is a loss, fill in the oval next to the line.

[illegible]

Taxable gain from selling a principal residence. Complete and submit **PA Schedule 19**. Complete Columns (a) through (e) and enter your total gain on Line 7.

(a) Address of residence	(b) Date acquired: Month/day/year	(c) Date sold: Month/day/year	(d) Gross sales price less expenses of sale	(e) Cost or adjusted basis of the property sold	(f) Gain or loss: (d) minus (e)
7. Taxable gain from the sale of your principal residence. If you realized a loss on the sale of your principal residence, enter a zero. If you realized a gain/loss on the sale of the nonresidential portion of your principal residence, enter the information on Line 1					7.
8. Taxable distributions from partnerships from REV-999.					8.
9. Taxable distributions from PA S corporations from REV-998.					9.
10. Taxable gain from exchange of insurance contracts.					10.
11. Total PA Taxable Gain (Loss). Add Lines 2 through 10. Enter on Line 5 of your PA-40. (If a net loss, fill in the oval).					11.
					0.

1555
REV 10/18/18 TTO



1.001.31.0028

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SCHEDULE PA-40X

1800511733

**Amended PA Personal Income Tax
Schedule PA-40X (03-18)
PA Department of Revenue 2018**

HWANG

PATRICIA

169744213

CAUTION: This schedule must be filed with a PA-40, Pennsylvania Personal Income Tax Return, indicating it is an amended return. An amended return is not filed until the department receives both the amended PA-40 and the Schedule PA-40X.

PART I

A. Original amount or as previously amended	B. Net change-amount of increase or (decrease) Explain in Part III	C. Correct amount
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INCOME

Line 1a	Gross Compensation	27858	0	27858
Line 1b	Unreimbursed Employee Business Expenses	2834	0	2834
Line 1c	Net Compensation. Subtract Line 1b from Line 1a.	25024	0	25024
Line 2	Interest Income	0	0	0
Line 3	Dividend and Capital Gains Distributions Income	0	0	0
Line 4	Net Income or Loss from the Operation of a Business, Profession or Farm	0	0	0
Line 5	Net Gain or Loss from the Sales, Exchange or Disposition of Property	0	0	0
Line 6	Net Income or Loss from Rents, Royalties, Patents or Copyrights	0	0	0
Line 7	Estate or Trust Income	0	0	0
Line 8	Gambling and Lottery Winnings	0	0	0
Line 9	Total PA Taxable Income. For Columns A and C, add only the positive income amounts from Lines 1c through 8.	25024	0	25024

Line 10	Other Deductions.	N	0	N	0	N	0
Enter the appropriate code for the type of deduction.							

Line 11	Adjust PA Taxable Income. For Columns A and C, subtract Line 10 from Line 9.	25024	0	25024
Line 12	PA Tax Liability. For Columns A and C, multiply Line 11 by 3.07 percent (.0307)	768	0	768

**WITHHOLDINGS, PAYMENTS, CREDITS AND
USE TAX, PENALTIES AND INTEREST**

Line 13	Total PA Tax Withheld	855	0	855
Line 14	Credit from your 2017 PA Income Tax return	0	0	0
Line 15	2018 Estimated Installment Payments	0	0	0
Line 16	Extension Payment	0	0	0
Line 17	Nonresident Tax Withheld from PA Schedule(s) NRK-1 (Nonresident only)	0	0	0
Line 18	Total Withholdings & Payments. Add Lines 13 through 17 for Column A and C.	855	0	855
Line 21	Tax Forgiveness Credit. Complete Lines 19 and 20 on Amended PA-40	0	0	0
Line 22	Resident Credit. (Based on instructions for PA-40, Line 22)	0	0	0
Line 23	Other Credits (Based on the instructions for PA-40, Line 23)	0	0	0
Line 24	Total Payments and Credits. Add Lines 18, 21, 22 and 23 for Columns A and C.	855	0	855
Line 25	Use Tax	0	0	0
Line 27	Penalties and Interest	0	0	0



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SCHEDULE PA-40X

1800611749

**Amended PA Personal Income Tax
Schedule PA-40X (03-18)
PA Department of Revenue 2018**

HWANG

PATRICIA

169744213

PART II CALCULATION OF REFUND OR PAYMENT DUE WITH AMENDED PA-40

- | | | |
|----|--|-----|
| A. | Enter the amount of your amended PA tax liability from Line 12, Column C of Page 1. | 768 |
| B. | Enter the amount of your amended total payments and credits from Line 24, Column C of Page 1. | 855 |
| C. | Subtract Line B from Line A. | -87 |
| D. | Enter the amount of the overpayment (refund, carry over credit and donations) from your original return or any previously amended returns. See the instructions. Do not report this amount on your amended PA-40. * | 87 |
| E. | Enter the amount of your amended use tax from Line 25, Column C of Page 1. | 0 |
| F. | Enter the amount of your amended penalties from Line 27, Column C of Page 1. | 0 |
| G. | Add the amounts on Lines C, D, E and F. | 0 |
| H. | Enter the amount of all payments made with your original return and all previously amended PA-40 returns. Include any penalties and interest paid with those returns or after the filing of those returns. Do not report this amount on your amended PA-40. * | 0 |
| I. | Subtract Line H from Line G. If the result is positive, this is the amount you owe with your amended return. Please follow the instructions for Payment Options found in the PA-40IN booklet to make a payment with your amended PA-40. If the result is negative, this is the amount of your overpayment. Use Lines 30 through 36 on your amended PA-40 to notify the department how to disburse your overpayment. Do not report this amount on Line 28 or Line 29 of your amended PA-40. * | 0 |
| * | The department will automatically calculate your amended tax liability or overpayment. Including the amounts previously paid or refunded on your amended PA-40 return will delay processing and could result in avoidable correspondence from the department. | |

PART III**DESCRIPTION OR EXPLANATION OF CHANGES**

Provide a description or explanation for each change to amounts reported on the original or most recent amended return. Also include an explanation for any change to filing status or residency status if changed from the original or most recent amended return. Include supporting amended schedules and documentation as required. See the instructions.

I ADDED 1095-AS TO MY RETURN PER A MAIL I RECIEVED FROM THE IRS.



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