E 1 U40		artment of the Treasury—Internal Revenu S. Individual Income			rn 20	18	MB No.	1545-007	4 IBS Use	e Only-	-Do not wri	te or stanle	n this space.	
Filing status:	X	Single Married filing jointly	Mar	ried filing	separately	Head of hous			fying widov			to or orapio	ri trilo opuoc.	
Your first name and initial				Last name						<u>``</u>	Your social security number			
SOLOMIYA				POBUTSKA						1	683-39-1781			
Your standard of	leduct	on: Someone can claim you		a dependent You were born before January 2, 1954 You							u are blind			
If joint return, spouse's first name and initial Last name												social sec	urity number	
Spouse standard	deduct	ion: Someone can claim your s	pouse a	as a depe	ndent Sp	oouse was bo	rn befor	re Januan	/ 2, 1954	1	Full-ve	ear health c	are coverage	
Spouse is blind Spouse itemizes on a separate return or you were dual-status alien										1	or exempt (see inst.) Presidential Election Campaign			
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.														
1785 80th STREET 3L										(see inst)				
City, town or po	st offic	e, state, and ZIP code. If you have	a foreig	n addres:	s, attach Schedu	le 6.					If more th	an four de	pendents.	
BROOKLYN	I NY	11214										and 🗸 her		
Dependents	structions):		(2) Social security number (3) Relationship to you					(4) ✓ if qualifies for (see inst.):						
(1) First name		Last name						Child t	Child tax credit		Credit for oth	er dependents		
-														
	Under p correct,	enalties of perjury, I declare that I have e and complete. Declaration of preparer (c	xamined ther than	this return taxpaver)	and accompanying is based on all infor	schedules and mation of which	statemei	nts, and to t	the best of m	y know	ledge and l	oelief, they a	re true,	
nere		our signature		, , , , ,	Date	Your occup		n nao any it	nowiouge.	l If ti	ne IRS sen	t vou an Ide	ntity Protection	
Joint return? See instructions.						FRONT DESK			PIN	I, enter it e (see inst.)		1 1 1		
Keep a copy for	S	pouse's signature. If a joint return, I	ooth must sign.		Date	Spouse's occupation					- Designation of the last of t	ntity Protection		
your records.	,									PIN	l, enter it e (see inst.)	ÍПТ	TIT	
Paid	Р	reparer's name	Prepare	er's signat	ure			PTIN			s EIN	Check it	 :	
Preparer	T	ETYANA GRYTSYUK				P0155902		9020	26-1	647141	3rd I	Party Designee		
Use Only	Fi	rm's name ▶ ANT ENTERP	RPRISES Phone no.						 D.			Self-	employed	
	Fi	Firm's address ▶ 7110 21ST AVE APT 4C BROOKLYN NY 11204										1		
For Disclosure, I	rivac	Act, and Paperwork Reduction	Act Not	tice, see :	separate instruc	tions.						Form	1040 (2018)	
Form 1040 (2018)													_	
7 3/311 1040 (2010)		NA/	- / \				***************************************		***************************************				Page 2	
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-Ri if tax was withheld.	1	Wages, salaries, tips, etc. Attach	1	W-2 .	· · · · ·					1			5,785.	
	2a 3a	Tax-exempt interest	2a			b Taxable interest .				21				
	4a	Qualified dividends IRAs, pensions, and annuities .	3a		-	b Ordinary dividends			3k					
	5a	Social security benefits	4a 5a			b Taxable amount			4k		***************************************			
	6			mount from	b Taxable amount			5k			5 764			
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise,							6			5,764.		
Standard		subtract Schedule 1, line 36, from	line 6							7			5,764.	
Deduction for— Single or married	8	Standard deduction or itemized d		ions (from Schedule A)					8			6,135.		
filing separately, \$12,000 • Married filing jointly or Qualifying widow(er), \$24,000	9	Qualified business income deduct			, , , , , , , , , , , , , , , , , , , ,					9				
	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 Form(s) 8814 2 Form 4972 3)												
	40	b Add any amount from Schedule 2 and check here									-	***************************************	0.	
 Head of household, 	12 13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here ▶ Subtract line 12 from line 11. If zero or less, enter -0-								12				
\$18,000 If you checked any box under Standard deduction, see instructions.	14	Other taxes. Attach Schedule 4							13			0.		
	15	Total tax. Add lines 13 and 14							14			0.		
	16	Federal income tax withheld from Forms W-2 and 1099								15			0.	
	17	Refundable credits: a EIC (see inst.)		vv-z anu				, , ,		16	9		287.	
	• •	Add any amount from Schedule 5			b Sch. 8812		_ c Form	1 0003			,			
	18	Add lines 16 and 17. These are yo	***************************************							17			287.	
Defund	19	If line 18 is more than line 15, sub								18			287.	
Direct deposit? See instructions.	20a	Amount of line 19 you want refund						www.	▶ □	20:			287.	
	⊳b	Routing number 0 2 1 0 0 0 0 2 1 ▶c Type: ★ Checking Savings								20	4		207.	
	▶ d	Account number 0 0 0 0 0 0 8 7 2 9 8 7 0 1 6												
	21	Amount of line 19 you want applied to your 2019 estimated tax 21												
Amount You Owe	22	Amount you owe. Subtract line 1					nstructio	ons ,	>	22			***************************************	
	23	Estimated tax penalty (see instruc												