

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

Your first name and initial: **tae S** Last name: **yoon** Your social security number: **521-67-1185**

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: **seon Y** Last name: **yoon** Spouse's social security number: **232-49-9304**

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien ☒ Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions. **13625 AIR AND SPACE MUSEUM PKWY** 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. **HERNDON VA 20171** 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
julia L	yoon	235-49-0041	Daughter	<input checked="" 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	Your occupation	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.)
Preparer's name	Preparer's signature	PTIN	Firm's EIN
Firm's name ▶ Self-Prepared	Phone no.		Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
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	1 117,783.
2a Tax-exempt interest	2b
3a Qualified dividends	3b
4a IRAs, pensions, and annuities	4b
5a Social security benefits	5b
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6 117,783.
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	7 117,783.
8 Standard deduction or itemized deductions (from Schedule A)	8 24,000.
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 93,783.
11 a Tax (see inst.) <u>12,510.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11 12,510.
b Add any amount from Schedule 2 and check here ▶ <input type="checkbox"/>	12 2,049.
12 a Child tax credit/credit for other dependents <u>2,000.</u> b Add any amount from Schedule 3 and check here ▶ <input checked="" type="checkbox"/>	13 10,461.
13 Subtract line 12 from line 11. If zero or less, enter -0-	14 0.
14 Other taxes. Attach Schedule 4	15 10,461.
15 Total tax. Add lines 13 and 14	16 12,404.
16 Federal income tax withheld from Forms W-2 and 1099	17
17 Refundable credits: a EIC (see inst.) <u>No</u> b Sch. 8812 <u> </u> c Form 8863 <u> </u>	18 12,404.
18 Add lines 16 and 17. These are your total payments	19 1,943.
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	20a 1,943.
20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	
▶ b Routing number <u>1 2 1 0 0 0 3 5 8</u> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
▶ d Account number <u>0 0 0 3 1 1 5 1 1 5 5 9</u>	
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 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

tae S & seon Y yoon

Your social security number

521-67-1185

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	
	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 checked="" type="checkbox"/> 8396	54	49 .
55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55	49 .	

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

REV 12/21/18 Intuit.cq.cfp.sp

Schedule 3 (Form 1040) 2018

Health Savings Accounts (HSAs)

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Name(s) shown on Form 1040 or Form 1040NR

tae S yoon

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ▶

521-67-1185

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions) ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	0.
3	If you were under age 55 at the end of 2018, and on the first day of every month during 2018, you were, or were considered, an eligible individual with the same coverage, enter \$3,450 (\$6,900 for family coverage). All others , see the instructions for the amount to enter	3	6,900.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	6,900.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter	6	6,900.
7	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions)	7	
8	Add lines 6 and 7	8	6,900.
9	Employer contributions made to your HSAs for 2018	9	1,200.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	1,200.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	5,700.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25	13	0.

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2018 from all HSAs (see instructions)	14a	1,250.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	1,250.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	1,250.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	

Mortgage Interest Credit(For Holders of Qualified Mortgage Credit Certificates Issued by
State or Local Governmental Units or Agencies)► Go to www.irs.gov/Form8396 for the latest information.

► Attach to Form 1040 or 1040NR.

Name(s) shown on your tax return

tae S & seon Y yoon

Your social security number

521-67-1185

Enter the address of your main home to which the qualified mortgage certificate relates if it is different from the address shown on your tax return.

13625 air and space museum pkwy herndon VA 20171

Name of Issuer of Mortgage Credit Certificate

Virginia Houseing Development Authority

Mortgage Credit Certificate Number

MCC0016777

Issue Date

12/28/2018

Before you begin Part I, figure the amounts of any of the following credits you are claiming: Credit for the elderly or the disabled, alternative motor vehicle credit, and qualified plug-in electric drive motor vehicle credit.**Part I Current Year Mortgage Interest Credit**

1	Interest paid on the certified indebtedness amount. If someone else (other than your spouse if filing jointly) also held an interest in the home, enter only your share of the interest paid	1	247.
2	Enter the certificate credit rate shown on your mortgage credit certificate . Do not enter the interest rate on your home mortgage	2	20.00 %
3	If line 2 is 20% or less, multiply line 1 by line 2. If line 2 is more than 20%, or you refinanced your mortgage and received a reissued certificate, see the instructions for the amount to enter You must reduce your deduction for home mortgage interest on Schedule A (Form 1040) by the amount on line 3.	3	49.
4	Enter any 2015 credit carryforward from line 16 of your 2017 Form 8396	4	
5	Enter any 2016 credit carryforward from line 14 of your 2017 Form 8396	5	
6	Enter any 2017 credit carryforward from line 17 of your 2017 Form 8396	6	
7	Add lines 3 through 6	7	49.
8	Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet (see instructions)	8	11,910.
9	Current year mortgage interest credit. Enter the smaller of line 7 or line 8. Also include this amount in the total on Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51. Check box c on that line and enter "8396" in the space next to that box	9	49.

Part II Mortgage Interest Credit Carryforward to 2019. (Complete **only** if line 9 is less than line 7.)

10	Add lines 3 and 4	10	
11	Enter the amount from line 7.	11	
12	Enter the larger of line 9 or line 10.	12	
13	Subtract line 12 from line 11	13	
14	2017 credit carryforward to 2019. Enter the smaller of line 6 or line 13	14	
15	Subtract line 14 from line 13	15	
16	2016 credit carryforward to 2019. Enter the smaller of line 5 or line 15	16	
17	2018 credit carryforward to 2019. Subtract line 9 from line 3. If zero or less, enter -0-	17	



TAE S YOON
SEON Y YOON
13625 AIR AND SPACE MUSEUM PKWY

HERNDON VA 20171

SSN - You YOON 521671185

Vendor ID 1555 XXXXX

SSN - Spouse YOON 232499304

Fed Adj Gross Income (FAGI) 1. 117783.

Withholding (VA) - You 20A. 6174.

Additions 2.

Withholding (VA) - Spouse 20B.

Subtotal 3. 117783.

Estimated Payments 21.

Age Deduction - You 4A.

2017 Overpayment 22.

Age Deduction - Spouse 4B.

Extension Payments 23.

Soc Sec & Tier 1 Railroad 5.

Credit - Low-Income or EIC 24.

State Income Tax Overpayment 6.

Credit - Schedule OSC 25.

Subtractions 7.

Reserved for Future Use 26.

Subtotal Subtractions 8.

Credits - Schedule CR 27.

Total VA Adj Gross Income (VAGI) 9. 117783.

Total Payments / Credits 28. 6174.

Itemized Deductions - VA Sch. A 10.

Tax You Owe 29.

State / Local Income Tax - VA Sch. A 11.

Tax Overpayment 30. 164.

Standard / Itemized Deductions 12. 6000.

Overpayment Credited to Next Year 31.

Exemptions 13. 2790.

VAC - Virginia 529 / ABLEnow 32.

Deductions 14.

VAC - Other Contributions 33.

Subtotal (Deductions & Exemptions) 15. 8790.

Addition to Tax, Penalty & Interest 34.

VA Taxable Income 16. 108993.

Sales and Use Tax 35.

Amount of Tax 17. 6010.

Amount You Owe

Spouse Tax Adjustment (STA) 18.

Will Pay by Credit/Debit Card N

Your Refund 164.

VAGI - Spouse 18A.

Bank Routing # C 121000358

Net Amount of Tax L 19. 6010.

Bank Account # 000311511559

____ LAR ____ DLAR ____ DTD ____ LTD \$ ____



Filing Status, Age & License Information

Additional Filing Information

Filing Status 2

Locality 059

Federal Head of Household

Name or Filing Status Change

DOB - You 10021969

Address Change X

VA Driver's License ID - You A60881242

VA Return Not Filed Last Year

VA Driver's License - Iss. Date - You 02162013

Dependent on Another's Return

Spouse Name (Filing Status 3 Only)

Farmer / Fisherman / Merchant Seaman

DOB - Spouse 06291971

Amended

VA Driver's License ID - Spouse A60891360

NOL

VA Driver's License - Iss. Date - Spouse 06062014

Overseas on Due Date

Federal EIC & Amount

Deceased Indicator

Exemptions (A)

Exemptions (B)

You 1 65 & Over - You

No Sales & Use Tax Due Indicator X

Spouse 1 65 & Over - Spouse

Refund - Direct Bank Deposit X

Dependents 1 Blind - You

Total (A) 3 Blind - Spouse

Refund - Check

Total (B)

Obtain Electronic 1099G

ID Theft PIN

Contact Information

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You _____ Date

Phone - You 3233789751

Signature - Spouse _____ Date

Phone - Spouse

Signature - Preparer SELF - PREPARED Date

Phone - Preparer

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information 7

File by May 1, 2019

Include Page 1, Page 2 and all supporting 760CG documents.

2018 Schedule INC/CG

521671185

Report all W-2s, 1099s & VK-1s with VA Withholding



TAE S YOON

SEON Y YOON

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
521671185	W	6174.	362513626	30362513626F001	117783.

Total VA Withholding	SSN	VA Withholding
You	521671185	6174.
Spouse		

Total # of W-2s, 1099s & VK-1s	01
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To avoid delays - be sure to enter all information, including the Employer's FEIN.

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

Your first name and initial: **tae S** Last name: **yoon** Your social security number: **521-67-1185**

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: **seon Y** Last name: **yoon** Spouse's social security number: **232-49-9304**

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. **13625 AIR AND SPACE MUSEUM PKWY** 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. **HERNDON VA 20171** 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
julia L	yoon	235-49-0041	Daughter	<input checked="" 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	Your occupation	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.)
		software engineer	
		home maker	

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	1 117,783.
2a Tax-exempt interest	2b
3a Qualified dividends	3b
4a IRAs, pensions, and annuities	4b
5a Social security benefits	5b
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6 117,783.
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	7 117,783.
8 Standard deduction or itemized deductions (from Schedule A)	8 24,000.
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 93,783.
11 a Tax (see inst.) <u>12,510.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11 12,510.
b Add any amount from Schedule 2 and check here ▶ <input type="checkbox"/>	12 2,049.
12 a Child tax credit/credit for other dependents <u>2,000.</u> b Add any amount from Schedule 3 and check here ▶ <input checked="" type="checkbox"/>	13 10,461.
13 Subtract line 12 from line 11. If zero or less, enter -0-	14 0.
14 Other taxes. Attach Schedule 4	15 10,461.
15 Total tax. Add lines 13 and 14	16 12,404.
16 Federal income tax withheld from Forms W-2 and 1099	17
17 Refundable credits: a EIC (see inst.) <u>No</u> b Sch. 8812 <u> </u> c Form 8863 <u> </u>	18 12,404.
Add any amount from Schedule 5	19 1,943.
18 Add lines 16 and 17. These are your total payments	20a 1,943.
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>1 2 1 0 0 0 3 5 8</u> ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
▶ d Account number <u>0 0 0 3 1 1 5 1 1 5 5 9</u>	
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 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

tae S & seon Y yoon

Your social security number

521-67-1185

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	
	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 checked="" type="checkbox"/> 8396	54	49 .
55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55	49 .	

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

REV 12/21/18 Intuit.cq.cfp.sp

Schedule 3 (Form 1040) 2018

Health Savings Accounts (HSAs)

▶ Attach to Form 1040 or Form 1040NR.

▶ Go to www.irs.gov/Form8889 for instructions and the latest information.

Name(s) shown on Form 1040 or Form 1040NR

tae S yoon

Social security number of HSA
beneficiary. If both spouses have
HSAs, see instructions ▶

521-67-1185

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2018 (see instructions) ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2018 (or those made on your behalf), including those made from January 1, 2019, through April 15, 2019, that were for 2018. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions)	2	0.
3	If you were under age 55 at the end of 2018, and on the first day of every month during 2018, you were, or were considered, an eligible individual with the same coverage, enter \$3,450 (\$6,900 for family coverage). All others , see the instructions for the amount to enter	3	6,900.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2018 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2018, also include any amount contributed to your spouse's Archer MSAs	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	6,900.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2018, see the instructions for the amount to enter	6	6,900.
7	If you were age 55 or older at the end of 2018, married, and you or your spouse had family coverage under an HDHP at any time during 2018, enter your additional contribution amount (see instructions)	7	
8	Add lines 6 and 7	8	6,900.
9	Employer contributions made to your HSAs for 2018	9	1,200.
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	1,200.
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	5,700.
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), line 25, or Form 1040NR, line 25	13	0.

Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions).**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2018 from all HSAs (see instructions)	14a	1,250.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	1,250.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	1,250.
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount	16	0.
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HSA" and the amount on the line next to the box	17b	

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21. On the dotted line next to Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21, enter "HSA" and the amount	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 4 (Form 1040), line 62, or Form 1040NR, line 60. Check box c on Schedule 4 (Form 1040), line 62, or box b on Form 1040NR, line 60. Enter "HDHP" and the amount on the line next to the box	21	

Mortgage Interest Credit(For Holders of Qualified Mortgage Credit Certificates Issued by
State or Local Governmental Units or Agencies)► Go to www.irs.gov/Form8396 for the latest information.

► Attach to Form 1040 or 1040NR.

2018Attachment
Sequence No. **138**

Name(s) shown on your tax return

tae S & seon Y yoon

Your social security number

521-67-1185

Enter the address of your main home to which the qualified mortgage certificate relates if it is different from the address shown on your tax return.

13625 air and space museum pkwy herndon VA 20171

Name of Issuer of Mortgage Credit Certificate

Virginia Houseing Development Authority

Mortgage Credit Certificate Number

MCC0016777

Issue Date

12/28/2018

Before you begin Part I, figure the amounts of any of the following credits you are claiming: Credit for the elderly or the disabled, alternative motor vehicle credit, and qualified plug-in electric drive motor vehicle credit.**Part I Current Year Mortgage Interest Credit**

1	Interest paid on the certified indebtedness amount. If someone else (other than your spouse if filing jointly) also held an interest in the home, enter only your share of the interest paid	1	247 .
2	Enter the certificate credit rate shown on your mortgage credit certificate . Do not enter the interest rate on your home mortgage	2	20.00 %
3	If line 2 is 20% or less, multiply line 1 by line 2. If line 2 is more than 20%, or you refinanced your mortgage and received a reissued certificate, see the instructions for the amount to enter You must reduce your deduction for home mortgage interest on Schedule A (Form 1040) by the amount on line 3.	3	49 .
4	Enter any 2015 credit carryforward from line 16 of your 2017 Form 8396	4	
5	Enter any 2016 credit carryforward from line 14 of your 2017 Form 8396	5	
6	Enter any 2017 credit carryforward from line 17 of your 2017 Form 8396	6	
7	Add lines 3 through 6	7	49 .
8	Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet (see instructions)	8	11,910 .
9	Current year mortgage interest credit. Enter the smaller of line 7 or line 8. Also include this amount in the total on Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51. Check box c on that line and enter "8396" in the space next to that box	9	49 .

Part II Mortgage Interest Credit Carryforward to 2019. (Complete **only** if line 9 is less than line 7.)

10	Add lines 3 and 4	10	
11	Enter the amount from line 7	11	
12	Enter the larger of line 9 or line 10	12	
13	Subtract line 12 from line 11	13	
14	2017 credit carryforward to 2019. Enter the smaller of line 6 or line 13	14	
15	Subtract line 14 from line 13	15	
16	2016 credit carryforward to 2019. Enter the smaller of line 5 or line 15	16	
17	2018 credit carryforward to 2019. Subtract line 9 from line 3. If zero or less, enter -0-	17	