

File by Mail Instructions for your Federal Amended Tax Return

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



Janee N Palmer
1723 Church St
Oakland, CA 94621-3439

Balance Due/Refund	Your federal amended tax return shows you are due a refund of \$4,039.00. 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 Fresno, CA 93888-0422</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	Total Payments/Credits Correct Amount	\$	5,181.00
	Amount to be Refunded	\$	4,039.00



Hi Janee,

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 2019 taxes:

Your federal refund is: \$ 4,039.00

You qualified for these important credits:

- Child Tax Credit
- Earned Income Credit

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** ☒ 2019 ☐ 2018 ☐ 2017 ☐ 2016**Other year.** Enter one: calendar year or fiscal year (month and year ended):

Your first name and middle initial

Janee N

Last name

Palmer

Your social security number

570-87-1050

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

Last name

Spouse's social security number

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

1723 Church St

Apt. no.

Your phone number

(510) 717-3604

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

Oakland CA 94621-3439

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 amended 2018 returns only, exempt).** If amending a 2019 return, leave blank. See instructions.☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Qualifying widow(er) (QW) ☒ Head of household (HOH)

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

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 2017 or earlier returns only). If changing, complete Part I on page 2 and enter the amount from line 29	4a		
b	Qualified business income deduction (amended 2018 or later 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 (amended 2018 or earlier returns only). See instructions	9			
10	Other taxes	10			
11	Total tax. Add lines 8, 9, and 10	11	0.	0.	0.

Payments

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12	174.	0.	174.
13	Estimated tax payments, including amount applied from prior year's return	13	0.	0.	0.
14	Earned income credit (EIC)	14	0.	4,039.	4,039.
15	Refundable credits from: <input checked="" 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	968.	0.	968.
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		5,181.	


Refund or Amount You Owe

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18		1,142.	
19	Subtract line 18 from line 17. (If less than zero, see instructions.)	19		4,039.	
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		4,039.	
22	Amount of line 21 you want refunded to you	22		4,039.	
23	Amount of line 21 you want applied to your (enter year): estimated tax	23			

Complete and sign this form on page 2.

Part I Exemptions and Dependents

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later 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 or later return).

	For amended 2018 or later 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 or later 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 or later 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 or later 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 (amended 2018 or later 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 1040-X.

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

I think i messed up because my final numbers are not the same as my accepted numbers

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

►	_____	_____	Hair Stylist
Your signature	Date	Your occupation	
►	_____	_____	_____
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer Use Only

►	_____	_____	Self-Prepared
Preparer's signature	Date	Firm's name (or yours if self-employed)	
Print/type preparer's name		Firm's address and ZIP code	

PTIN	<input type="checkbox"/> Check if self-employed	Phone number	EIN
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Filing Status ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☒ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial Janee N		Last name Palmer	Your social security number 570-87-1050	
If joint return, spouse's first name and middle initial		Last name	Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 1723 Church St			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Oakland CA 94621-3439				
Foreign country name		Foreign province/state/county	Foreign postal code	If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Tazhnae m	brooks	605-35-3317	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tyjhan j	palmer	620-55-9752	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jaeyla m	sanders	616-73-5684	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	8,955.		
2a	Tax-exempt interest	2a		b	Taxable interest. Attach Sch. B if required	2b	
3a	Qualified dividends	3a		b	Ordinary dividends. Attach Sch. B if required	3b	
4a	IRA distributions	4a		b	Taxable amount	4b	
c	Pensions and annuities	4c		d	Taxable amount	4d	
5a	Social security benefits	5a		b	Taxable amount	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here					6	
7a	Other income from Schedule 1, line 9					7a	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income					7b	8,955.
8a	Adjustments to income from Schedule 1, line 22					8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income					8b	8,955.
9	Standard deduction or itemized deductions (from Schedule A)	9	18,350.				
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10					
11a	Add lines 9 and 10					11a	18,350.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-					11b	0.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	0.	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	0.	
13a	Child tax credit or credit for other dependents	13a	0.	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	0.	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	0.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.	
16	Add lines 14 and 15. This is your total tax	16	0.	
17	Federal income tax withheld from Forms W-2 and 1099	17	174.	
18	Other payments and refundable credits:			
a	Earned income credit (EIC)	18a	4,039.	
b	Additional child tax credit. Attach Schedule 8812	18b	968.	
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	5,007.	
19	Add lines 17 and 18e. These are your total payments	19	5,181.	
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	5,181.	
	21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	5,181.	
Direct deposit? See instructions.	b Routing number 1 2 4 3 0 3 1 2 0 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d Account number 5 9 6 4 0 3 5 6 3 2 0 2			
	22 Amount of line 20 you want applied to your 2020 estimated tax	22		
Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23		
	24 Estimated tax penalty (see instructions)	24		

Third Party Designee

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☒ **No**Designee's name Phone no. Personal identification number (PIN) **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.

Your signature	Date	Your occupation Hair Stylist	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Phone no. Email address **Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name Self-Prepared	Phone no.			
Firm's address	Firm's EIN			

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

REV 04/05/20 TTO

Form **1040** (2019)

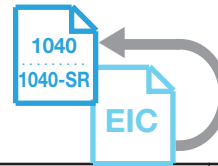
SCHEDULE EIC
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Earned Income Credit

Qualifying Child Information

- ▶ **Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**
- ▶ **Go to www.irs.gov/ScheduleEIC for the latest information.**



OMB No. 1545-0074

2019

Attachment
Sequence No. **43**

Name(s) shown on return

Janee N Palmer

Your social security number

570-87-1050

Before you begin:

- See the instructions for Form 1040 or 1040-SR, line 18a, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

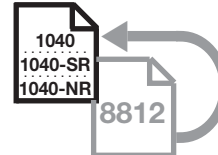
1 Child's name	First name	Last name	First name	Last name	First name	Last name
If you have more than three qualifying children, you have to list only three to get the maximum credit.	Tazhnae	M brooks	Tyjhan	J palmer	Jaeyla	M sanders
2 Child's SSN						
The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 18a, unless the child was born and died in 2019. If your child was born and died in 2019 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	605-35-3317		620-55-9752		616-73-5684	
3 Child's year of birth	Year <u>2</u> <u>0</u> <u>0</u> <u>2</u> <i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u>2</u> <u>0</u> <u>0</u> <u>6</u> <i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u>2</u> <u>0</u> <u>0</u> <u>8</u> <i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4 a	Was the child under age 24 at the end of 2019, a student, and younger than you (or your spouse, if filing jointly)? <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>		Was the child under age 24 at the end of 2019, a student, and younger than you (or your spouse, if filing jointly)? <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>		Was the child under age 24 at the end of 2019, a student, and younger than you (or your spouse, if filing jointly)? <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. Go to line 4b.</i>	
b	Was the child permanently and totally disabled during any part of 2019? <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>		Was the child permanently and totally disabled during any part of 2019? <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>		Was the child permanently and totally disabled during any part of 2019? <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5. The child is not a qualifying child.</i>	
5 Child's relationship to you	(for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.) Daughter		Son		Daughter	
6 Number of months child lived with you in the United States during 2019	<ul style="list-style-type: none"> • If the child lived with you for more than half of 2019 but less than 7 months, enter "7." • If the child was born or died in 2019 and your home was the child's home for more than half the time he or she was alive during 2019, enter "12." <u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>	

SCHEDULE 8812
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Additional Child Tax Credit

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Schedule8812 for instructions and the latest information.**



OMB No. 1545-0074

2019

Attachment
Sequence No. **47**

Name(s) shown on return

Janee N Palmer

Your social security number

570-87-1050

Part I All Filers

Caution: If you file Form 2555, **stop here;** you cannot claim the additional child tax credit.

1	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise: 1040 and 1040-SR filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Forms 1040 and 1040-SR, line 13a). 1040-NR filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040-NR, line 49).	1	4,500.
2	Enter the amount from Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49	2	0.
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit	3	4,500.
4	Number of qualifying children under 17 with the required social security number: <u>2</u> x \$1,400. Enter the result. If zero, stop here; you cannot claim this credit TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.	4	2,800.
5	Enter the smaller of line 3 or line 4	5	2,800.
6a	Earned income (see instructions) 6a 8,955.		
b	Nontaxable combat pay (see instructions) 6b		
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result 7 6,455.		
8	Multiply the amount on line 7 by 15% (0.15) and enter the result Next. On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> No. If line 8 is zero, stop here; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	8	968.

Part II Certain Filers Who Have Three or More Qualifying Children

9	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	9	
10	1040 and 1040-SR filers: Enter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR), line 14, and Schedule 2 (Form 1040 or 1040-SR), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040 or 1040-SR), line 8. 1040-NR filers: Enter the total of the amounts from Form 1040-NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	10	
11	Add lines 9 and 10	11	
12	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 18a, and Schedule 3 (Form 1040 or 1040-SR), line 11. 1040-NR filers: Enter the amount from Form 1040-NR, line 67.	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	
14	Enter the larger of line 8 or line 13 Next, enter the smaller of line 5 or line 14 on line 15.	14	

Part III Additional Child Tax Credit

15	This is your additional child tax credit	15	968.
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Enter this amount on
Form 1040, line 18b;
Form 1040-SR, line 18b; or
Form 1040-NR, line 64.

Before we finalize your card, we just need you to accept this disclosure agreement

This is an IRS requirement

To process your Turbo(SM) Premier Visa(R) Card, we need to send your personal info, date of birth, and Social Security number to Green Dot Bank (the issuer of the card).

What information are you sharing and why?

We're sharing the following info with Green Dot Bank (the issuer of the card) via secure SSL-encrypted transmission: name, address, Social Security number, date of birth, phone number, and email address.

We're sharing your info with Green Dot Bank so that they confirm that you qualify for the card. Also they will use your personal info to issue your card and manage your card account.

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 are requesting disclosure of personal information from a joint return, you are representing that we have consent for both parties on the return.

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.

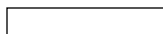
By entering your name and today's date, you're authorizing TurboTax, to disclose to Green Dot Bank (the issuer of the card) the personal information listed above in order to open and administer a new Turbo(SM) Prepaid Visa(R) Card Account.

Please type your name below:

Janee	Palmer
First Name	Last Name

Please type the date below:

02/08/2020
Date



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 and to evaluate your current and future eligibility for the Refund Processing Service.

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. 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. You specify that your consent is valid for three years from the date of this 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(s) 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 2019 return to determine whether a portion of the refund can be used to pay my fees and to evaluate my current and future eligibility for the Refund Processing Service.

Janee
First Name

Palmer
Last Name

Please type the date below:

02/08/2020

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 2019 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Janee

Palmer

Please type the date below:

02/08/2020

Date

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Janee N Palmer

Primary SSN: 570-87-1050

Federal Return Submitted: February 08, 2020 07:31 PM PST

Federal Return Acceptance Date: 02/08/2020

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 July 15, 2020. 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 July 15, 2020, your Intuit electronic postmark will indicate July 15, 2020, 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 July 15, 2020, and a corrected return is submitted and accepted before July 20, 2020. If your return is submitted after July 20, 2020, 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, 2020. 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, 2020, and the corrected return is submitted and accepted by October 20, 2020.

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.

Now we have to get your consent to use your tax info for this card

We need to check your age, address, and tax refund info to make sure you're eligible for the Turbo(SM) Prepaid Visa(R) Card.

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.

By entering your name and today's date, you consent for TurboTax to use the tax information listed above to determine your refund status and your eligibility for a Turbo(SM) Prepaid Visa(R) Card.

Janee
First Name

Palmer
Last Name

Please type the date below:

02/08/2020

Date



File by Mail Instructions for your 2019 California Amended Tax Return

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



Janee N Palmer
1723 Church St
Oakland, CA 94621-3439

Balance Due/Refund	<p>Your California state amended tax return shows no balance due or refund amount.</p>			
What You Need to Mail	<p>Your amended tax return - Amended Form 540 or Amended Form 540NR with Schedule X. Remember to sign and date the return.</p> <p>Attach the following to your California tax return:</p> <ul style="list-style-type: none">- a copy of your federal return- all revised forms, schedules, and documents supporting each change, such as corrected forms(s) W-2 or 1099, schedule(s) K-1, escrow statements and the Schedule X. <p>Mail your return and attachments to:</p> <p>Franchise Tax Board PO Box 942840 Sacramento, CA 94240-0001</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>			
2019 California Tax Return Summary	<table><tr><td>No Refund or Amount Due</td><td>\$</td><td>0.00</td></tr></table>	No Refund or Amount Due	\$	0.00
No Refund or Amount Due	\$	0.00		
Special Formatting	<p>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.</p>			

TAXABLE YEAR	California Online e-file Return Authorization for Individuals	FORM
2019		8453-OL

Your first name and initial JANEE N		Last name PALMER	Suffix	Your SSN or ITIN 570-87-1050
If filing jointly, spouse's/RDP's first name		Last name	Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 1723 CHURCH ST		Apt. no.	PMB/private mailbox	Daytime telephone number (510) 717-3604
City OAKLAND			State CA	ZIP code 94621-3439
Foreign country name		Foreign province/state/county		Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions	1 8,955.
2 Refund or no amount due. See instructions.	2 2,556.
3 Amount you owe. See instructions.	3

Part II Settle Your Account Electronically for Taxable Year 2019 (Payment due 4/15/2020)

4 ☒ Direct deposit of refund

5 ☐ Electronic funds withdrawal 5a Amount _____ 5b Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2020 These are not installment payments for the current amount you owe.

	First Payment Due 4/15/2020	Second Payment Due 6/15/2020	Third Payment Due 9/15/2020	Fourth Payment Due 1/15/2021
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 2,556.	12 The remaining amount of my refund for direct deposit
9 Routing number 124303120	13 Routing number
10 Account number 596403563202	14 Account number
11 Type of account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	15 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2019 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Your signature

Date

Spouse's/RDP's signature. If filing jointly, both must sign.

Date

It is unlawful to forge a spouse's/RDP's signature.

2019**California Resident Income Tax Return****540**

AMENDED 1

APE

ATTACH FEDERAL RETURN

570-87-1050 PALM
JANEE N PALMER

19

1723 CHURCH ST
OAKLAND CA 94621-3439

01-27-1986

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

Filing Status

1 ☐ Single 4 ☒ Head of household (with qualifying person). See instructions.2 ☐ Married/RDP filing jointly. See inst. 5 ☐ Qualifying widow(er). Enter year spouse/RDP died. See instructions. 3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst ☐► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

Exemptions

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ☒ 7 1 X \$122 = ☒ \$ 1228 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. ☒ 8 X \$122 = ☒ \$ 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ☒ 9 X \$122 = ☒ \$ 10 **Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name	<input checked="" type="radio"/> TAZHNAE M	<input checked="" type="radio"/> TYJHAN J	<input checked="" type="radio"/> JAEYLA M
Last Name	<input checked="" type="radio"/> BROOKS	<input checked="" type="radio"/> PALMER	<input checked="" type="radio"/> SANDERS
SSN	<input checked="" type="radio"/> 605353317	<input checked="" type="radio"/> 620559752	<input checked="" type="radio"/> 616735684
Dependent's relationship to you	<input checked="" type="radio"/> DAUGHTER	<input checked="" type="radio"/> SON	<input checked="" type="radio"/> DAUGHTER

Total dependent exemptions ☒ 10 3 X \$378 = ☒ \$ 1134

Your name: PALMER

Your SSN or ITIN: 570-87-1050

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

1256

Taxable Income

12 State wages from your federal Form(s) W-2, box 16 ● **12**

8955

.00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b ● **13**

8955

.00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. ● **14****15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions **15**

8955

.00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. ● **16****17** California adjusted gross income. Combine line 15 and line 16 ● **17**

8955

.00

18 Enter the **larger of** { Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status:

• Single or Married/RDP filing separately. \$4,537

• Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,074

If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions ● **18**

9074

.00

19 Subtract line 18 from line 17. This is your **taxable income**. ● **19**

If less than zero, enter -0-

0

.00

Tax

31 Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule● ☐ FTB 3800● ☐ FTB 3803 ● **31**

0

.00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$200,534, see instructions. ● **32**

1256

.00

33 Subtract line 32 from line 31. If less than zero, enter -0- ● **33**

0

.00

34 Tax. See instructions. Check the box if from: ● ☐ Schedule G-1 ● ☐ FTB 5870A ● **34****35** Add line 33 and line 34. ● **35**

0

.00

Special Credits

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

0

.00

Your name: PALMER

Your SSN or ITIN: 570-87-1050

Other Taxes

- 61 Alternative minimum tax. Attach Schedule P (540) ● 61 .00
- 62 Mental Health Services Tax. See instructions ● 62 .00
- 63 Other taxes and credit recapture. See instructions ● 63 .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax. ● 64 0 .00

Payments

- 71 California income tax withheld. See instructions ● 71 14 .00
- 72 2019 CA estimated tax and other payments. See instructions ● 72 .00
- 73 Withholding (Form 592-B and/or 593). See instructions ● 73 .00
- 74 Excess SDI (or VPD) withheld. See instructions ● 74 .00
- 75 Earned Income Tax Credit (EITC) ● 75 2542 .00
- 76 Young Child Tax Credit (YCTC). See instructions ● 76 .00
- 77 Add lines 71 through 76. These are your total payments.
See instructions ● 77 2556 .00

Use Tax

- 91 **Use Tax.** Do not leave blank. See instructions. ● 91 0 .00
- If line 91 is zero, check if: ☒ No use tax is owed.
- ☐ You paid your use tax obligation directly to CDTFA.

Overpaid Tax/Tax Due

- 92 Payments balance. If line 77 is more than line 91, subtract line 91 from line 77 ● 92 2556 .00
- 93 **Use Tax balance.** If line 91 is more than line 77, subtract line 77 from line 91 ● 93 .00
- 94 Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92. ● 94 2556 .00
- 95 Amount of line 94 you want applied to your **2020** estimated tax ● 95 .00
- 96 Overpaid tax available this year. Subtract line 95 from line 94 ● 96 2556 .00
- 97 Tax due. If line 92 is less than line 64, subtract line 92 from line 64 ● 97 .00

Your name:

PALMER

Your SSN or ITIN:

570-87-1050

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	● 400	<input type="text"/> .00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	<input type="text"/> .00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	<input type="text"/> .00
California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/> .00
California Firefighters' Memorial Fund	● 406	<input type="text"/> .00
Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/> .00
California Peace Officer Memorial Foundation Fund	● 408	<input type="text"/> .00
California Sea Otter Fund	● 410	<input type="text"/> .00
California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/> .00
School Supplies for Homeless Children Fund	● 422	<input type="text"/> .00
State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/> .00
Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	● 431	<input type="text"/> .00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/> .00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/> .00
Rape Kit Backlog Voluntary Tax Contribution Fund	● 440	<input type="text"/> .00
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	<input type="text"/> .00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	<input type="text"/> .00
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/> .00
Suicide Prevention Voluntary Tax Contribution Fund	● 444	<input type="text"/> .00
110 Add code 400 through code 444. This is your total contribution	● 110	<input type="text"/> .00

Your name: PALMER

Your SSN or ITIN: 570-87-1050

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **111**Pay Online – Go to **ftb.ca.gov/pay** for more information.Amount
You Owe

.00

Interest
and
Penalties**112** Interest, late return penalties, and late payment penalties **112**

.00

113 Underpayment of estimated tax.Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● **113**

.00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment **114**

.00

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

2556

.00

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

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

● Routing number ☐ Type
☐ Checking
☐ Savings

● Account number

● **116** Direct deposit amount

.00

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

● Routing number ☐ Type
☐ Checking
☐ Savings

● Account number

● **117** Direct deposit amount

.00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

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

● Your email address. Enter only one email address.

● Preferred phone number

5107173604

**Sign
Here**It is unlawful
to forge a
spouse's/
RDP's
signature.Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

SELF-PREPARED

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

● PTIN

Firm's address

● Firm's FEIN

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

Print Third Party Designee's Name

Telephone Number

California Explanation of Amended Return Changes

2 0 1 9**X**

Attach this schedule to amended Form 540, Form 540 2EZ, or Form 540NR

Name(s) as shown on amended tax return

Your SSN or ITIN

JANEE N PALMER

570871050

Part I Financial Adjustments – Reconciliation

1	Enter the amount you owe, as shown on the amended tax return	<input checked="" type="radio"/> 1		00
2	Overpaid tax, if any, as shown on original tax return or as previously adjusted by the FTB. See instructions . . .	<input checked="" type="radio"/> 2	2,556.	00
3	Add line 1 and line 2	<input checked="" type="radio"/> 3	2,556.	00
4	Enter the refund, as shown on the amended tax return. See instructions	<input checked="" type="radio"/> 4	2,556.	00
5	Tax paid with original tax return plus additional tax paid after it was filed. Do not include penalties and interest	<input checked="" type="radio"/> 5		00
6	Add line 4 and line 5	<input checked="" type="radio"/> 6	2,556.	00
7	AMOUNT YOU OWE. If line 3 is more than line 6, subtract line 6 from line 3. See instructions.	<input checked="" type="radio"/> 7		00
8	Penalties/Interest. See instructions: Penalties 8a _____ Interest 8b _____	<input checked="" type="radio"/> 8c		00
9	Refund subtotal. If line 6 is more than line 3, subtract line 3 from line 6.	<input checked="" type="radio"/> 9	0.	00
10	Amount of line 9 you want applied to your 2020 estimated tax. See instructions.	<input checked="" type="radio"/> 10		00
11	REFUND. See instructions.	<input checked="" type="radio"/> 11	0.	00

Part II Reason(s) for Amending

1 Check all that apply:

- | | | |
|---|---|---|
| <input checked="" type="radio"/> a <input type="checkbox"/> Protective claim for refund | <input checked="" type="radio"/> f <input type="checkbox"/> NOL carryback. See instructions. | <input checked="" type="radio"/> k <input type="checkbox"/> Military HR 100 |
| <input checked="" type="radio"/> b <input type="checkbox"/> Reservation source income adjustments | <input checked="" type="radio"/> g <input checked="" type="checkbox"/> Error on original return | <input checked="" type="radio"/> l <input type="checkbox"/> Informal claim |
| <input checked="" type="radio"/> c <input type="checkbox"/> Pass-through entity adjustments | <input checked="" type="radio"/> h <input type="checkbox"/> Credit adjustment | <input checked="" type="radio"/> m <input type="checkbox"/> Other |
| <input checked="" type="radio"/> d <input type="checkbox"/> Federal audit and/or adjustments | <input checked="" type="radio"/> i <input type="checkbox"/> Earned income tax credit | |
| <input checked="" type="radio"/> e <input type="checkbox"/> FTB audit contact | <input checked="" type="radio"/> j <input type="checkbox"/> Disaster loss | |

2 Provide further explanation of reason(s) for amending below. If needed, attach a separate sheet that includes your name and SSN or ITIN.

2019

2019 California Earned Income Tax Credit**3514**

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

Name(s) as shown on tax return

SSN

JANEE N PALMER

570871050

Before you begin:

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

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

If you qualify for the California EITC you may also qualify for the Young Child Tax Credit (YCTC). See instructions for additional information.

Follow Step 1 through Step 9 in the instructions to determine if you meet the requirements, to complete this form, and to figure the amount of the credit(s).**Part I Qualifying Information** See Specific Instructions.

- 1 a** Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? ☒ ☐ Yes ☒ No
- b** Has the Franchise Tax Board (FTB) previously disallowed your California EITC? ☒ ☐ Yes ☒ No
- 2** Federal AGI (federal Form 1040 or 1040-SR, line 8b) **2**
- 3** Federal EIC (federal Form 1040 or 1040-SR, line 18a). . . . **3**

Part II Investment Income Information

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

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

- | | | | | | |
|--|-----------|--|-----------|--|-----------|
| 5 First name <input checked="" type="radio"/> | TAZHNAE | <input checked="" type="radio"/> | TYJHAN | <input checked="" type="radio"/> | JAEYLA |
| 6 Last name. <input checked="" type="radio"/> | BROOKS | <input checked="" type="radio"/> | PALMER | <input checked="" type="radio"/> | SANDERS |
| 7 SSN <input checked="" type="radio"/> | 605353317 | <input checked="" type="radio"/> | 620559752 | <input checked="" type="radio"/> | 616735684 |
| 8 Date of birth (mm/dd/yyyy). If born after 2000 and the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10. <input checked="" type="radio"/> | 08252002 | <input checked="" type="radio"/> | 02142006 | <input checked="" type="radio"/> | 12022008 |
| 9 a Was the child under age 24 at the end of 2019, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions. <input checked="" type="radio"/> Yes <input type="checkbox"/> No | | <input checked="" type="radio"/> Yes <input type="checkbox"/> No | | <input checked="" type="radio"/> Yes <input type="checkbox"/> No | |
| b Was the child permanently and totally disabled during any part of 2019? If yes, go to line 10. If no, stop here. The child is not a qualifying child. <input checked="" type="radio"/> Yes <input type="checkbox"/> No | | <input checked="" type="radio"/> Yes <input type="checkbox"/> No | | <input checked="" type="radio"/> Yes <input type="checkbox"/> No | |
| 10 Child's relationship to you. See instructions. <input checked="" type="radio"/> | DAUGHTER | <input checked="" type="radio"/> | SON | <input checked="" type="radio"/> | DAUGHTER |
| 11 Number of days child lived with you in California during 2019. Do not enter more than 365 days. See instructions. <input checked="" type="radio"/> | 365 | <input checked="" type="radio"/> | 365 | <input checked="" type="radio"/> | 365 |

	Child 1	Child 2	Child 3
12 a Child's physical address during 2019 (number, street, and apt. no./ste. no.). See instructions. . . .	<input type="radio"/> 1723 CHURCH ST	<input type="radio"/> 1723 CHURCH ST	<input type="radio"/> 1723 CHURCH ST
b City.	<input type="radio"/> OAKLAND	<input type="radio"/> OAKLAND	<input type="radio"/> OAKLAND
c State.	<input type="radio"/> CA	<input type="radio"/> CA	<input type="radio"/> CA
d ZIP code.	<input type="radio"/> 94621-3439	<input type="radio"/> 94621-3439	<input type="radio"/> 94621-3439

Part IV California Earned Income

13 Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions. . . .	13	8955	.00
14 IHSS payments. See instructions.	14		.00
15 Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions.	15		.00
16 Subtract line 14 and line 15 from line 13.	16	8955	.00
17 Nontaxable combat pay. See instructions.	17		.00
18 Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions.	18		.00
a Business name. <input type="radio"/> <input type="text"/>			
b Business address. <input type="radio"/> <input type="text"/>			
City, state, and ZIP code. <input type="radio"/> <input type="text"/>			
c Business license number. <input type="radio"/> <input type="text"/>			
d SEIN. <input type="radio"/> <input type="text"/>			
e Business code. <input type="radio"/> <input type="text"/>			
19 California Earned Income. Add line 16, line 17, and line 18.	19	8955	.00

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

20 California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, line 23.	20	2542	.00
--	-----------	------	-----

22 Nonresident or Part-Year Resident EITC. Multiply line 20 by line 21. 22
 This amount should also be entered on Form 540NR, line 85. .00

23 California Earned Income. Enter the amount from form FTB 3514, line 19. 23 .00

24 Available Young Child Tax Credit. 24 1,000 .00

- If the amount on line 23 is \$25,000 or less, also enter \$1,000 on line 28 and skip lines 25 through 27. If applicable, complete lines 29 and 30.
- If the amount on line 23 is greater than \$25,000, complete lines 25 through 28. If applicable, complete lines 29 and 30.

25 Excess Earned Income over threshold. Subtract \$25,000 from line 23..... **25** .00

26 Divide line 25 by 100. Enter the result as a decimal out to two decimal places, **do not** round. 26

27 Reduction amount. Multiply line 26 by \$20. Enter the result as a decimal out to two decimal places, **do not** round. 27

28 Young Child Tax Credit.

- If you did not need to complete lines 25 through 27, your credit is the \$1,000 from line 24.
- If you completed lines 25 through 27, to compute your credit, subtract line 27 from line 24. If your credit amount is between \$0 and \$1, enter \$1. If your credit amount is over \$1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 76; or Form 540 2EZ, line 24. ● **28** .00

29 CA Exemption Credit Percentage from Form 540NR, line 38. See instructions . . . **29**

30 **Nonresident or Part-Year Resident YCTC.** Multiply line 29 by line 28.
This amount should also be entered on Form 540NR, line 86. **30**



2019 Head of Household Filing Status Schedule**3532**

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on tax return

SSN or ITIN

JANEE N PALMER

570871050

Part I – Marital Status**1** Check one box below to identify your marital status. See instructions.

- a** Not legally married/RDP during 2019 ☒ **1a** ☒
- b** Widow/widower (my spouse/RDP died before 01/01/2019) ☒ **1b** ☐
- c** Marriage/RDP was annulled. ☒ **1c** ☐
- d** Received final decree of divorce, legal separation, dissolution, or termination of marriage/RDP by 12/31/2019. ☒ **1d** ☐
- e** Legally married/RDP and did not live with spouse/RDP during 2019. ☒ **1e** ☐
- f** Legally married/RDP and lived with spouse/RDP during 2019. List the beginning and ending dates for each period when you lived together ☒ **1f** ☐

(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

From: ☒ To: ☒ From: ☒ To: ☒

Part II – Qualifying Person**2** Check one box below to identify the relationship of the person that qualifies you for the head of household filing status. See instructions.

- a** Son, daughter, stepson, or stepdaughter ☒ **2a** ☒
- b** Grandchild, brother, sister, half brother, half sister, stepbrother, stepsister, nephew, or niece ☒ **2b** ☐
- c** Eligible foster child. ☒ **2c** ☐
- d** Father, mother, stepfather, or stepmother ☒ **2d** ☐
- e** Grandfather, grandmother, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, uncle, or aunt ☒ **2e** ☐

Part III – Qualifying Person Information**3** Information about your qualifying person. See instructions.

- First Name ☒ TAZHNAE M
- Last Name ☒ BROOKS
- SSN ☒ 605353317
- DOB (mm/dd/yyyy) If your qualifying person is age 19 or older in 2019, go to line 3a. If not, go to line 4. ☒ 08/25/2002
- a** Was your qualifying person a full time student under age 24 in 2019? ☒ **3a** ☐ Yes ☐ No
- b** Was your qualifying person permanently and totally disabled in 2019? ☒ **3b** ☐ Yes ☐ No
- 4** Enter qualifying person's gross income in 2019. See instructions. ☒ 0.
- 5** Number of days your qualifying person lived with you during 2019. See instructions. ☒ 365

When calculating the total number of days your qualifying person lived with you, you may include any days your qualifying person was temporarily absent from your home. For example, illness, education, business, vacation, military service, and incarceration. In the event of a birth or death of your qualifying person during the year, enter 365 days.



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** ☒ 2019 ☐ 2018 ☐ 2017 ☐ 2016**Other year.** Enter one: calendar year or fiscal year (month and year ended):

Your first name and middle initial

Jane N

Last name

Palmer

Your social security number

570-87-1050

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

Last name

Spouse's social security number

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

1723 Church St

Apt. no.

Your phone number

(510) 717-3604

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

Oakland CA 94621-3439

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.☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Qualifying widow(er) (QW) ☒ Head of household (HOH)

If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

☐ **Full-year health care coverage (or, for amended 2018 returns only, exempt).** If amending a 2019 return, leave blank. 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 2017 or earlier returns only). If changing, complete Part I on page 2 and enter the amount from line 29	4a		
b	Qualified business income deduction (amended 2018 or later 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 (amended 2018 or earlier returns only). See instructions	9		
10	Other taxes	10		
11	Total tax. Add lines 8, 9, and 10	11	0.	0.

Payments

12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12	174.	0.	174.
13	Estimated tax payments, including amount applied from prior year's return	13	0.	0.	0.
14	Earned income credit (EIC)	14	0.	4,039.	4,039.
15	Refundable credits from: <input checked="" 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	968.	0.	968.
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			5,181.


Refund or Amount You Owe

18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18		1,142.
19	Subtract line 18 from line 17. (If less than zero, see instructions.)	19		4,039.
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		4,039.
22	Amount of line 21 you want refunded to you	22		4,039.
23	Amount of line 21 you want applied to your (enter year):	23	estimated tax	

Complete and sign this form on page 2.

Part I Exemptions and Dependents

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later 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 or later return).

	For amended 2018 or later 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
	Note: See the Forms 1040 and 1040-SR, or Form 1040A, instructions for the tax year being amended. See also the Form 1040-X instructions.				
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 or later 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 or later 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 or later 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 (amended 2018 or later 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 1040-X.

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

I think i messed up because my final numbers are not the same as my accepted numbers

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

►	_____	_____	Hair Stylist
Your signature	Date		Your occupation
►	_____	_____	
Spouse's signature. If a joint return, both must sign.	Date		Spouse's occupation

Paid Preparer Use Only

►	_____	_____	Self-Prepared
Preparer's signature	Date		Firm's name (or yours if self-employed)
Print/type preparer's name		Firm's address and ZIP code	

PTIN	<input type="checkbox"/> Check if self-employed	Phone number	EIN
------	---	--------------	-----

Filing Status ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☒ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box.
If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial Jane N		Last name Palmer		Your social security number 570-87-1050	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 1723 Church St				Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Oakland CA 94621-3439				Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name		Foreign province/state/county		Foreign postal code	
				If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>	

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Tazhnae m	brooks	605-35-3317	Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tyjhan j	palmer	620-55-9752	Son	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jaeyla m	sanders	616-73-5684	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1 8,955.
2a Tax-exempt interest	2a	2b
3a Qualified dividends	3a	3b
4a IRA distributions	4a	4b
c Pensions and annuities	4c	4d
5a Social security benefits	5a	5b
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		6
7a Other income from Schedule 1, line 9		7a
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶		7b 8,955.
8a Adjustments to income from Schedule 1, line 22		8a
b Subtract line 8a from line 7b. This is your adjusted gross income ▶		8b 8,955.
9 Standard deduction or itemized deductions (from Schedule A)	9 18,350.	
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a Add lines 9 and 10		11a 18,350.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-		11b 0.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	0.
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	0.
13a	Child tax credit or credit for other dependents	13a	0.
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	0.
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	0.
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.
16	Add lines 14 and 15. This is your total tax	16	0.
17	Federal income tax withheld from Forms W-2 and 1099	17	174.
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	4,039.
b	Additional child tax credit. Attach Schedule 8812	18b	968.
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	5,007.
19	Add lines 17 and 18e. These are your total payments	19	5,181.
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	5,181.
	21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	5,181.
Direct deposit? See instructions.	b Routing number 1 2 4 3 0 3 1 2 0 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 5 9 6 4 0 3 5 6 3 2 0 2		
	22 Amount of line 20 you want applied to your 2020 estimated tax	22	
Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	
	24 Estimated tax penalty (see instructions)	24	

Third Party Designee

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☒ **No**Designee's name Phone no. Personal identification number (PIN) **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.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<input type="text"/>	<input type="text"/>	Hair Stylist	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone no. Email address **Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name <input type="text"/>	Firm's address <input type="text"/>		Phone no. <input type="text"/>	Firm's EIN <input type="text"/>

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

BAA

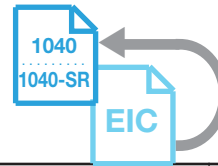
REV 04/05/20 TTO

Form **1040** (2019)

SCHEDULE EIC
(Form 1040 or 1040-SR)Department of the Treasury
Internal Revenue Service (99)**Earned Income Credit**

Qualifying Child Information

- ▶ **Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**
- ▶ **Go to www.irs.gov/ScheduleEIC for the latest information.**



OMB No. 1545-0074

2019Attachment
Sequence No. **43**

Name(s) shown on return

Janee N Palmer

Your social security number

570-87-1050

Before you begin:

- See the instructions for Form 1040 or 1040-SR, line 18a, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information**Child 1****Child 2****Child 3**

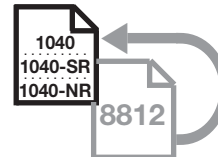
	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	Tazhnae M	brooks	Tyjhan J	palmer	Jaeyla M	sanders
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 18a, unless the child was born and died in 2019. If your child was born and died in 2019 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	605-35-3317		620-55-9752		616-73-5684	
3 Child's year of birth	Year <u>2</u> <u>0</u> <u>0</u> <u>2</u> <i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u>2</u> <u>0</u> <u>0</u> <u>6</u> <i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u>2</u> <u>0</u> <u>0</u> <u>8</u> <i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4 a Was the child under age 24 at the end of 2019, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> <i>Go to line 4b.</i>		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> <i>Go to line 4b.</i>		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> <i>Go to line 4b.</i>	
b Was the child permanently and totally disabled during any part of 2019?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child.		<input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child.	
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter		Son		Daughter	
6 Number of months child lived with you in the United States during 2019 • If the child lived with you for more than half of 2019 but less than 7 months, enter "7." • If the child was born or died in 2019 and your home was the child's home for more than half the time he or she was alive during 2019, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>	

SCHEDULE 8812
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Additional Child Tax Credit

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Schedule8812 for instructions and the latest information.**



OMB No. 1545-0074

2019

Attachment
Sequence No. **47**

Name(s) shown on return

Janee N Palmer

Your social security number

570-87-1050

Part I All Filers

Caution: If you file Form 2555, **stop here;** you cannot claim the additional child tax credit.

1	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise: 1040 and 1040-SR filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Forms 1040 and 1040-SR, line 13a). 1040-NR filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040-NR, line 49).	1	4,500.
2	Enter the amount from Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49	2	0.
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit	3	4,500.
4	Number of qualifying children under 17 with the required social security number: <u>2</u> x \$1,400. Enter the result. If zero, stop here; you cannot claim this credit TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.	4	2,800.
5	Enter the smaller of line 3 or line 4	5	2,800.
6a	Earned income (see instructions) 6a		8,955.
b	Nontaxable combat pay (see instructions) 6b		
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result 7		6,455.
8	Multiply the amount on line 7 by 15% (0.15) and enter the result Next. On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> No. If line 8 is zero, stop here; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	8	968.

Part II Certain Filers Who Have Three or More Qualifying Children

9	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	9	
10	1040 and 1040-SR filers: Enter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR), line 14, and Schedule 2 (Form 1040 or 1040-SR), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040 or 1040-SR), line 8. 1040-NR filers: Enter the total of the amounts from Form 1040-NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	10	
11	Add lines 9 and 10	11	
12	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 18a, and Schedule 3 (Form 1040 or 1040-SR), line 11. 1040-NR filers: Enter the amount from Form 1040-NR, line 67.	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	
14	Enter the larger of line 8 or line 13 Next, enter the smaller of line 5 or line 14 on line 15.	14	

Part III Additional Child Tax Credit

15	This is your additional child tax credit	15	968.
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Enter this amount on
Form 1040, line 18b;
Form 1040-SR, line 18b; or
Form 1040-NR, line 64.