

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

Your first name and initial  
Janee N

Last name  
Palmer

Your social security number  
570-87-1050

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

If joint return, spouse's first name and initial

Last name

Spouse's social security number

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☐ 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.  
1723 church st

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.  
oakland CA 94621

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
Tazhnae m	brooks	605-35-3317	Daughter	<input checked="" type="checkbox"/>	<input 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"/>

Sign Here

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

Your signature

Date

Your occupation  
caregiver

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

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

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

Paid Preparer Use Only

Preparer's name

Preparer's signature

PTIN

Firm's EIN

Firm's name ▶ Self-Prepared

Phone no.

Firm's address ▶

Check if:

☐ 3rd Party Designee

☐ Self-employed

Attach Form(s)  
W-2. Also attach  
Form(s) W-2G and  
1099-R if tax was  
withheld.

**Standard  
Deduction for —**  
• Single or married  
filing separately,  
\$12,000  
• Married filing  
jointly or Qualifying  
widow(er),  
\$24,000  
• Head of  
household,  
\$18,000  
• If you checked  
any box under  
Standard  
deduction,  
see instructions.

**Refund**

Direct deposit?  
See instructions.

**Amount You Owe**

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	4,829.
<b>2a</b>	Tax-exempt interest	<b>2a</b>	
<b>3a</b>	Qualified dividends	<b>3a</b>	
<b>4a</b>	IRAs, pensions, and annuities	<b>4a</b>	
<b>5a</b>	Social security benefits	<b>5a</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	<b>6</b>	4,829.
<b>7</b>	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	<b>7</b>	4,829.
<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>8</b>	18,000.
<b>9</b>	Qualified business income deduction (see instructions)	<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	<b>10</b>	0.
<b>11</b>	<b>a</b> Tax (see inst.) 0. (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )	<b>11</b>	0.
<b>12</b>	<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>	<b>12</b>	0.
<b>13</b>	<b>a</b> Child tax credit/credit for other dependents 0. <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>	<b>13</b>	0.
<b>14</b>	Subtract line 12 from line 11. If zero or less, enter -0-	<b>14</b>	0.
<b>15</b>	Other taxes. Attach Schedule 4	<b>15</b>	0.
<b>16</b>	Total tax. Add lines 13 and 14	<b>16</b>	69.
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	2,520.
<b>18</b>	Refundable credits: <b>a</b> EIC (see inst.) 2,171. <b>b</b> Sch. 8812 349. <b>c</b> Form 8863	<b>18</b>	2,589.
<b>19</b>	Add any amount from Schedule 5	<b>19</b>	2,589.
<b>20a</b>	Add lines 16 and 17. These are your total payments	<b>20a</b>	2,589.
<b>21</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>	<b>21</b>	
<b>22</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>22</b>	
<b>23</b>	<b>a</b> Routing number 1 2 4 3 0 3 1 2 0 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>23</b>	
<b>24</b>	<b>d</b> Account number 9 9 9 3 0 6 6 5 0 7 1 7	<b>24</b>	
<b>25</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b>	<b>25</b>	
<b>26</b>	<b>Amount you owe</b> . Subtract line 18 from line 15. For details on how to pay, see instructions	<b>26</b>	
<b>27</b>	Estimated tax penalty (see instructions)	<b>27</b>	

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

REV 01/07/19 Intuit.cq.cfp.sp

Form **1040** (2018)

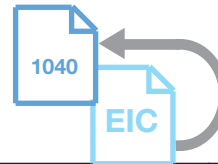
**SCHEDULE EIC**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Janee N Palmer

**Earned Income Credit**  
Qualifying Child Information

- ▶ **Complete and attach to Form 1040 only if you have a qualifying child.**
- ▶ **Go to [www.irs.gov/ScheduleEIC](http://www.irs.gov/ScheduleEIC) for the latest information.**



OMB No. 1545-0074

**2018**Attachment  
Sequence No. **43****Your social security number**

570-87-1050

**Before you begin:**

- See the instructions for Form 1040, line 17a, 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**

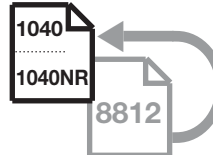
<b>1 Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name Tazhnae M brooks	First name Last name Tyjhan J palmer	First name Last name Jaeyla M sanders
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040, line 17a, unless the child was born and died in 2018. If your child was born and died in 2018 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
<b>3 Child's year of birth</b>	Year <u>2</u> <u>0</u> <u>0</u> <u>2</u> <i>If born after 1999 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 1999 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 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>
<b>4 a</b> Was the child under age 24 at the end of 2018, 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>b</b> Was the child permanently and totally disabled during any part of 2018?	<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.
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter	Son	Daughter
<b>6 Number of months child lived with you in the United States during 2018</b>  • If the child lived with you for more than half of 2018 but less than 7 months, enter "7."  • If the child was born or died in 2018 and your home was the child's home for more than half the time he or she was alive during 2018, 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)**

Department of the Treasury  
Internal Revenue Service (99)

**Additional Child Tax Credit**

► **Attach to Form 1040 or Form 1040NR.**  
► **Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.**



OMB No. 1545-0074

**2018**

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 or 2555-EZ, **stop here;** you cannot claim the additional child tax credit.

<p><b>1</b> 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:</p> <p><b>1040 filers:</b> Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040, line 12a).</p> <p><b>1040NR filers:</b> Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040NR, line 49).</p> <p><b>2</b> Enter the amount from Form 1040, line 12a, or Form 1040NR, line 49 . . . . .</p> <p><b>3</b> Subtract line 2 from line 1. If zero, <b>stop here;</b> you cannot claim this credit . . . . .</p> <p><b>4</b> Number of qualifying children under 17 with the required social security number: <u>3</u> X \$1,400. Enter the result. If zero, <b>stop here;</b> you cannot claim this credit . . . . .</p> <p><b>TIP:</b> 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.</p> <p><b>5</b> Enter the <b>smaller</b> of line 3 or line 4 . . . . .</p> <p><b>6a</b> Earned income (see separate instructions) . . . . .</p> <p><b>b</b> Nontaxable combat pay (see separate instructions) . . . . .</p> <p><b>7</b> Is the amount on line 6a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 6a. Enter the result . . . . .</p> <p><b>8</b> Multiply the amount on line 7 by 15% (0.15) and enter the result . . . . .</p> <p><b>Next.</b> On line 4, is the amount \$4,200 or more? <input type="checkbox"/> <b>No.</b> If line 8 is zero, <b>stop here;</b> you cannot claim this credit. Otherwise, skip Part II and enter the <b>smaller</b> of line 5 or line 8 on line 15. <input checked="" type="checkbox"/> <b>Yes.</b> 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.</p>	<p><b>1</b> 6,000.</p> <p><b>2</b> 0.</p> <p><b>3</b> 6,000.</p> <p><b>4</b> 4,200.</p> <p><b>5</b> 4,200.</p> <p><b>6a</b> 4,829.</p> <p><b>7</b> 2,329.</p> <p><b>8</b> 349.</p>
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**Part II Certain Filers Who Have Three or More Qualifying Children**

<p><b>9</b> 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 separate instructions . . . . .</p> <p><b>10</b> <b>1040 filers:</b> Enter the total of the amounts from Schedule 1 (Form 1040), line 27, and Schedule 4 (Form 1040), line 58, plus any taxes that you identified using code "UT" and entered on Schedule 4 (Form 1040), line 62.</p> <p><b>1040NR filers:</b> Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.</p> <p><b>11</b> Add lines 9 and 10 . . . . .</p> <p><b>12</b> <b>1040 filers:</b> Enter the total of the amounts from Form 1040, line 17a, and Schedule 5 (Form 1040), line 72.</p> <p><b>1040NR filers:</b> Enter the amount from Form 1040NR, line 67.</p> <p><b>13</b> Subtract line 12 from line 11. If zero or less, enter -0- . . . . .</p> <p><b>14</b> Enter the <b>larger</b> of line 8 or line 13 . . . . .</p> <p><b>Next,</b> enter the <b>smaller</b> of line 5 or line 14 on line 15.</p>	<p><b>9</b> 369.</p> <p><b>10</b> 0.</p> <p><b>11</b> 369.</p> <p><b>12</b> 2,171.</p> <p><b>13</b> 0.</p> <p><b>14</b> 349.</p>
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**Part III Additional Child Tax Credit**

<p><b>15</b> This is your additional child tax credit . . . . .</p>	<p><b>15</b> 349.</p>
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Enter this amount on  
Form 1040, line 17b, or  
Form 1040NR, line 64.

TAXABLE YEAR

**2017****California Online e-file Return Authorization  
for Individuals**

FORM

**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	
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** 4,829.
- 2 Refund or no amount due. See instructions ..... **2** 1,846.
- 3 Amount you owe. See instructions ..... **3**

**Part II Settle Your Account Electronically for Taxable Year 2017** (Payment due 4/17/2018)

- 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 2018** These are not installment payments for the current amount you owe.

	First Payment Due 4/17/2018	Second Payment Due 6/15/2018	Third Payment Due 9/17/2018	Fourth Payment Due 1/15/2019
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 1,846    **12** The remaining amount of my refund for direct deposit \_\_\_\_\_
- 9 Routing number 124303120    **13** Routing number \_\_\_\_\_
- 10 Account number 999306650717    **14** Account number \_\_\_\_\_
- 11 Type of account: ☒ Checking    ☐ Savings    **15** Type of account: ☐ Checking    ☐ 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 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 2017 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.*

## 2018 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

570-87-1050 PALM  
JANEE N PALMER

18

1723 CHURCH ST  
OAKLAND CA 94621

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 amount you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

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

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

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

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

Exemptions

	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"/> 6 0 5-3 5-3 3 1 7	<input checked="" type="radio"/> 6 2 0-5 5-9 7 5 2	<input checked="" type="radio"/> 6 1 6-7 3-5 6 8 4
Dependent's relationship to you	<input checked="" type="radio"/> DAUGHTER	<input checked="" type="radio"/> SON	<input checked="" type="radio"/> DAUGHTER

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

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

Your name:

P A L M E R

Your SSN or ITIN:

570-87-1050

Taxable Income

- 12 State wages from your Form(s) W-2, box 16. • 12 4829.00
- 13 Enter federal adjusted gross income from Form 1040, line 7. • 13 4829.00
- 14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B • 14 0.00
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions • 15 4829.00
- 16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C. • 16 0.00
- 17 California adjusted gross income. Combine line 15 and line 16. • 17 4829.00
- 18 Enter the **larger of** { 
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**  
 Your California **standard deduction** shown below for your filing status:  
 • Single or Married/RDP filing separately. . . . . \$4,401  
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . . . \$8,802  
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . .
  • 18 8802.00
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- • 19 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 \$194,504, see instructions • 32 1219.00
- 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 0.00
- 35 Add line 33 and line 34 • 35 0.00

Special Credits

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

Other Taxes

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

Your name: P A L M E R

Your SSN or ITIN: 570-87-1050

Payments

71	California income tax withheld. See instructions . . . . .	● 71		.00
72	2018 CA estimated tax and other payments. See instructions . . . . .	● 72		.00
73	Withholding (Form 592-B and/or 593). See instructions . . . . .	● 73		.00
74	Excess SDI (or VPD) withheld. See instructions . . . . .	● 74		.00
75	Earned Income Tax Credit (EITC) . . . . .	● 75	1846	.00
76	Add lines 71 through 75. These are your total payments. See instructions . . . . .	⊙ 76	1846	.00

Use Tax

91	<b>Use Tax.</b> Do not leave blank. See instructions . . . . .	● 91	0	.00
If line 91 is zero, check if:				
	<input checked="" type="checkbox"/> No use tax is owed.			
	<input type="checkbox"/> You paid your use tax obligation directly to CDTFA.			

Overpaid Tax/Tax Due

92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76 . . . . .	⊙ 92	1846	.00
93	<b>Use Tax balance.</b> If line 91 is more than line 76, subtract line 76 from line 91 . . . . .	⊙ 93		.00
94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 . . . . .	⊙ 94	1846	.00
95	Amount of line 94 you want applied to your <b>2019</b> estimated tax . . . . .	● 95		.00
96	Overpaid tax available this year. Subtract line 95 from line 94 . . . . .	● 96	1846	.00
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64 . . . . .	⊙ 97		.00

Contributions

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



Your name:

P A L M E R

Your SSN or ITIN:

570-87-1050

## Contributions

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

Your name: P A L M E R

Your SSN or ITIN: 570-87-1050

Amount  
You Owe

**111 AMOUNT YOU OWE.** If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD**

**PO BOX 942867**

**SACRAMENTO CA 94267-0001**

111 .00

Pay online – Go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay) for more information.

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 line 110, line 112 and line 113 from line 96. See instructions.

Mail to: **FRANCHISE TAX BOARD**

**PO BOX 942840**

**SACRAMENTO CA 94240-0001**

115 1 8 4 6 .00

Refund and Direct Deposit

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:

Type

Routing number

☒ Checking

Account number

116 Direct deposit amount

1 2 4 3 0 3 1 2 0

☐ Savings

9 9 9 3 0 6 6 5 0 7 1 7

1 8 4 6 .00

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

Type

Routing number

☐ Checking

Account number

117 Direct deposit amount

☐ Savings

.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](http://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)

**Sign  
Here**

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

Joint tax return?  
(See instructions)

☒ Your email address. Enter only one email address.

☒ Preferred phone number

( 5 1 0 ) 7 1 7 - 3 6 0 4

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

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

Print Third Party Designee's Name

Telephone Number

( )

**2018 California Earned Income Tax Credit****3514**

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

Name(s) as shown on tax return

SSN

JANEE N PALMER

5 7 0 8 7 1 0 5 0

**Before you begin:**

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

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

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

**Part I Qualifying Information** See Specific Instructions.

- 1 a** Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? . . . . ☒ ☐ Yes ☒ No
- b** Has the Franchise Tax Board (FTB) previously disallowed your California EITC? . . . . ☒ ☐ Yes ☒ No
- 2** Federal AGI (federal Form 1040, line 7) . . . . **2** 4829.00
- 3** Federal EIC (federal Form 1040, line 17a) . . . . **3** 2171.00

**Part II Investment Income Information**

- 4** Investment Income. See instructions for Step 2 – Investment Income . . . . **4** .00

**Part III Qualifying Child Information**You 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**

- |   |   |   |
|---|---|---|
| <b>5</b> First name . . . . . <input checked="" type="radio"/> TAZHNAE  | <input checked="" type="radio"/> TYJHAN   | <input checked="" type="radio"/> JAEYLA   |
| <b>6</b> Last name . . . . . <input checked="" type="radio"/> BROOKS  | <input checked="" type="radio"/> PALMER   | <input checked="" type="radio"/> SANDERS  |
| <b>7</b> SSN . . . . . <input checked="" type="radio"/> 6 0 5 3 5 3 3 1 7   | <input checked="" type="radio"/> 6 2 0 5 5 9 7 5 2  | <input checked="" type="radio"/> 6 1 6 7 3 5 6 8 4  |
| <b>8</b> Date of birth (mm/dd/yyyy). If born after 1999 <b>and</b> 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"/> 0 8 2 5 2 0 0 2   | <input checked="" type="radio"/> 0 2 1 4 2 0 0 6  | <input checked="" type="radio"/> 1 2 0 2 2 0 0 8  |
| <b>9 a</b> Was the child under age 24 at the end of 2018, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions. . . . . <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Was the child permanently and totally disabled during any part of 2018? If yes, go to line 10. If no, stop here. The child is not a qualifying child. . . . . <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No                                    | <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>10</b> Child's relationship to you. See instructions. . . . . <input checked="" type="radio"/> DAUGHTER  | <input checked="" type="radio"/> SON  | <input checked="" type="radio"/> DAUGHTER   |
| <b>11</b> Number of days child lived with you in California during 2018. 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
<b>12 a</b> Child's physical address during 2018 (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>b</b> City. . . . .	<input type="radio"/> OAKLAND	<input type="radio"/> OAKLAND	<input type="radio"/> OAKLAND
<b>c</b> State. . . . .	<input type="radio"/> CA	<input type="radio"/> CA	<input type="radio"/> CA
<b>d</b> ZIP code. . . . .	<input type="radio"/> 94621	<input type="radio"/> 94621	<input type="radio"/> 94621

**Part IV California Earned Income**

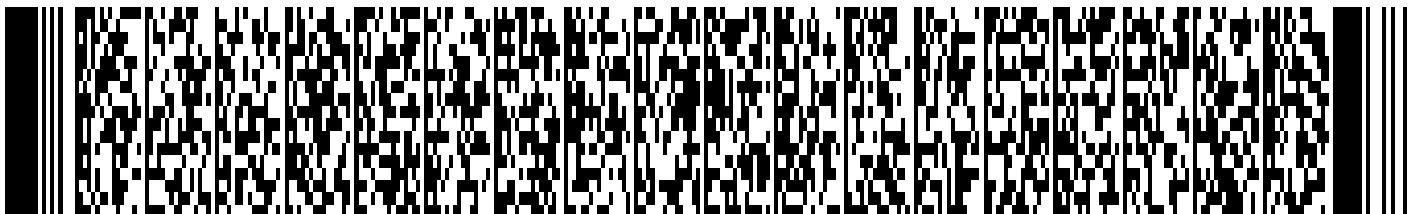
<b>13</b> Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions. . . .	<b>13</b>	4829	.00
<b>14</b> IHSS payments. See instructions. . . . .	<b>14</b>		.00
<b>15</b> Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions. . . . .	<b>15</b>		.00
<b>16</b> Subtract line 14 and line 15 from line 13. . . . .	<b>16</b>	4829	.00
<b>17</b> Nontaxable combat pay. See instructions. . . . .	<b>17</b>		.00
<b>18</b> Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions. . . . .	<b>18</b>		.00
<b>a</b> Business name. . . . . <input type="radio"/> <input type="text"/>			
<b>b</b> Business address. . . . . <input type="radio"/> <input type="text"/>			
City, state, and zip code . . . . . <input type="radio"/> <input type="text"/>			
<b>c</b> Business license number . . . . . <input type="radio"/> <input type="text"/>			
<b>d</b> SEIN. . . . . <input type="radio"/> <input type="text"/>			
<b>e</b> Business code . . . . . <input type="radio"/> <input type="text"/>			
<b>19 California Earned Income.</b> Add line 16, line 17, and line 18. . . . .	<b>19</b>	4829	.00

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

<b>20 California EITC.</b> 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 . . . . .	<b>20</b>	1846	.00
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**Part VI Nonresident or Part-Year Resident California Earned Income Tax Credit**

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



**2018 Head of Household Filing Status Schedule****3532**

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

Name(s) as shown on tax return

JANEE N PALMER

SSN or ITIN

5 7 0 8 7 1 0 5 0

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

- a** Not legally married/RDP during 2018 ..... ☒ **1a** ☒
- b** Widow/widower (my spouse/RDP died before 01/01/2018) ..... ☒ **1b** ☐
- c** Marriage/RDP was annulled. .... ☒ **1c** ☐
- d** Received final decree of divorce, legal separation, dissolution, or termination of marriage/RDP by 12/31/2018. .... ☒ **1d** ☐
- e** Legally married/RDP and did not live with spouse/RDP during 2018. .... ☒ **1e** ☐
- f** Legally married/RDP and lived with spouse/RDP during 2018. List the beginning and ending dates for each period when you lived together. .... ☒ **1f** ☐

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 ..... ☒ JAEYLA M

Last Name ..... ☒ SANDERS

SSN ..... ☒ 6 1 6 7 3 5 6 8 4

DOB (MM/DD/YYYY) If your qualifying person is age 19 or older in 2018, go to line 3a. If not, go to line 4. .... ☒ 12/02/2008

- a** Was your qualifying person a full time student under age 24 in 2018? ..... ☒ **3a** ☐ Yes ☐ No
- b** Was your qualifying person permanently and totally disabled in 2018? ..... ☒ **3b** ☐ Yes ☐ No

**4** Enter qualifying person's gross income in 2018. See instructions. .... ☒ 0.**5** Number of days your qualifying person lived with you during 2018. 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.

Filing status:

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

Your first name and initial

Janee N

Last name

Palmer

Your social security number

570-87-1050

Your standard deduction:

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

If joint return, spouse's first name and initial

Last name

Spouse's social security number

Spouse standard deduction:

☐ Someone can claim your spouse as a dependent
☐ Spouse was born before January 2, 1954
☐ 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.

1723 church st

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.

oakland CA 94621

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
Tazhnae m	brooks	605-35-3317	Daughter	<input checked="" type="checkbox"/>	<input 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"/>

Sign Here

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

Your signature

Date

Your occupation

caregiver

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

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

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

Paid Preparer Use Only

Preparer's name

Preparer's signature

PTIN

Firm's EIN

Check if:

☐ 3rd Party Designee
☐ Self-employed

Firm's name

Self-Prepared

Phone no.

Firm's address

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

BAA

REV 01/07/19 Intuit.cpf.sp

Form 1040 (2018)

Attach Form(s)  
W-2. Also attach  
Form(s) W-2G and  
1099-R if tax was  
withheld.

**Standard  
Deduction for —**

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

**Refund**

Direct deposit?  
See instructions.

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	4,829.
<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	
<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	
<b>4a</b>	IRAs, pensions, and annuities . . . . .	<b>4a</b>	
<b>5a</b>	Social security benefits . . . . .	<b>5a</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 . . . . .	<b>6</b>	4,829.
<b>7</b>	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 . . . . .	<b>7</b>	4,829.
<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>8</b>	18,000.
<b>9</b>	Qualified business income deduction (see instructions) . . . . .	<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- . . . . .	<b>10</b>	0.
<b>11</b>	<b>a</b> Tax (see inst.) 0. (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> )	<b>11</b>	0.
<b>12</b>	<b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>	<b>12</b>	0.
<b>13</b>	<b>a</b> Child tax credit/credit for other dependents 0. <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>	<b>13</b>	0.
<b>14</b>	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	<b>14</b>	0.
<b>15</b>	Other taxes. Attach Schedule 4 . . . . .	<b>15</b>	0.
<b>16</b>	Total tax. Add lines 13 and 14 . . . . .	<b>16</b>	69.
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>17</b>	2,520.
<b>18</b>	Refundable credits: <b>a</b> EIC (see inst.) 2,171. <b>b</b> Sch. 8812 349. <b>c</b> Form 8863 . . . . .	<b>18</b>	2,589.
<b>19</b>	Add any amount from Schedule 5 . . . . .	<b>19</b>	2,589.
<b>20a</b>	Add lines 16 and 17. These are your total payments . . . . .	<b>20a</b>	2,589.
<b>21</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b> . . . . .	<b>21</b>	
<b>22</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>22</b>	
<b>23</b>	<b>a</b> Routing number 1 2 4 3 0 3 1 2 0 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>23</b>	
<b>24</b>	<b>d</b> Account number 9 9 9 3 0 6 6 5 0 7 1 7	<b>24</b>	
<b>25</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b> . . . . .	<b>25</b>	
<b>26</b>	<b>Amount you owe.</b> Subtract line 18 from line 15. For details on how to pay, see instructions . . . . .	<b>26</b>	
<b>27</b>	Estimated tax penalty (see instructions) . . . . .	<b>27</b>	

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

REV 01/07/19 Intuit.cq.cfp.sp

Form **1040** (2018)

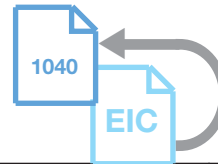
**SCHEDULE EIC**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Janee N Palmer

**Earned Income Credit**  
Qualifying Child Information

- ▶ **Complete and attach to Form 1040 only if you have a qualifying child.**
- ▶ **Go to [www.irs.gov/ScheduleEIC](http://www.irs.gov/ScheduleEIC) for the latest information.**



OMB No. 1545-0074

**2018**Attachment  
Sequence No. **43****Your social security number**

570-87-1050

**Before you begin:**

- See the instructions for Form 1040, line 17a, 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**

<b>1 Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name Tazhnae M brooks	First name Last name Tyjhan J palmer	First name Last name Jaeyla M sanders
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040, line 17a, unless the child was born and died in 2018. If your child was born and died in 2018 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
<b>3 Child's year of birth</b>	Year <u>2</u> <u>0</u> <u>0</u> <u>2</u> <i>If born after 1999 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 1999 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 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>
<b>4 a</b> Was the child under age 24 at the end of 2018, 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>b</b> Was the child permanently and totally disabled during any part of 2018?	<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.
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter	Son	Daughter
<b>6 Number of months child lived with you in the United States during 2018</b>  • If the child lived with you for more than half of 2018 but less than 7 months, enter "7."  • If the child was born or died in 2018 and your home was the child's home for more than half the time he or she was alive during 2018, 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>

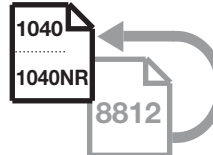


**SCHEDULE 8812**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Additional Child Tax Credit**

► **Attach to Form 1040 or Form 1040NR.**  
► **Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.**



OMB No. 1545-0074

**2018**

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 or 2555-EZ, **stop here;** you cannot claim the additional child tax credit.

<b>1</b>	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: <b>1040 filers:</b> Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040, line 12a). <b>1040NR filers:</b> Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040NR, line 49).	<b>1</b>	6,000.
<b>2</b>	Enter the amount from Form 1040, line 12a, or Form 1040NR, line 49 . . . . .	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop here;</b> you cannot claim this credit . . . . .	<b>3</b>	6,000.
<b>4</b>	Number of qualifying children under 17 with the required social security number: <u>3</u> X \$1,400. Enter the result. If zero, <b>stop here;</b> you cannot claim this credit . . . . .	<b>4</b>	4,200.
<b>5</b>	Enter the <b>smaller</b> of line 3 or line 4 . . . . .	<b>5</b>	4,200.
<b>6a</b>	Earned income (see separate instructions) . . . . . <b>6a</b> 4,829.		
<b>b</b>	Nontaxable combat pay (see separate instructions) . . . . . <b>6b</b>		
<b>7</b>	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 6a. Enter the result . . . . .	<b>7</b>	2,329.
<b>8</b>	Multiply the amount on line 7 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 4, is the amount \$4,200 or more? <input type="checkbox"/> <b>No.</b> If line 8 is zero, <b>stop here;</b> you cannot claim this credit. Otherwise, skip Part II and enter the <b>smaller</b> of line 5 or line 8 on line 15. <input checked="" type="checkbox"/> <b>Yes.</b> 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.	<b>8</b>	349.

**Part II Certain Filers Who Have Three or More Qualifying Children**

<b>9</b>	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 separate instructions . . . . .	<b>9</b>	369.
<b>10</b>	<b>1040 filers:</b> Enter the total of the amounts from Schedule 1 (Form 1040), line 27, and Schedule 4 (Form 1040), line 58, plus any taxes that you identified using code "UT" and entered on Schedule 4 (Form 1040), line 62. <b>1040NR filers:</b> Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	<b>10</b>	0.
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>	369.
<b>12</b>	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, line 17a, and Schedule 5 (Form 1040), line 72. <b>1040NR filers:</b> Enter the amount from Form 1040NR, line 67.	<b>12</b>	2,171.
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	<b>13</b>	0.
<b>14</b>	Enter the <b>larger</b> of line 8 or line 13 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 5 or line 14 on line 15.	<b>14</b>	349.

**Part III Additional Child Tax Credit**

<b>15</b>	This is your additional child tax credit . . . . .	<b>15</b>	349.
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Enter this amount on  
Form 1040, line 17b, or  
Form 1040NR, line 64.