Electronic Filing Instructions for your 2017 Federal Tax Return Important: Your taxes are not finished until all required steps are completed.



Thomas C Pichette & Jessica B McLaughlin 603 Pine Bluff Drive Summerville, SC 29483

the amount of \$1,346.00. Applical original refund amount of \$1,346 Because you chose to have your Tefund, you will receive e-mail transaction. Your tax refund will account. The account information	ble fees were 1.00. Your record civista 1 be direct 1.00 you entered	re deducted from you efund is now \$1,171 s deducted from you a Bank, which handle deposited into you d - Account Number:	ur .04. r es this					
The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2018. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com. If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.								
•		orm)						
Adjusted Gross Income Taxable Income Total Tax Total Payments/Credits Amount to be Refunded Effective Tax Rate	\$ \$ \$ \$ \$ \$	63,047.00 42,247.00 5,837.00 7,183.00 1,346.00 8.57%						
	the amount of \$1,346.00. Applica original refund amount of \$1,346 Because you chose to have your T refund, you will receive e-mail transaction. Your tax refund wil account. The account information 6746048473 Routing Transit Numbe The IRS issued more than 9 out of than 21 days last year. The same get your estimated refund date f www.turbotax.com. If you do not or the amount you get is not what Revenue Service directly at 1-80 www.irs.gov and select the "Wher Your Electronic Filing Instructi Printed copy of your federal ret Adjusted Gross Income Taxable Income Total Tax Total Payments/Credits Amount to be Refunded	the amount of \$1,346.00. Applicable fees were original refund amount of \$1,346.00. Your read because you chose to have your TurboTax fees refund, you will receive e-mail from Civistal transaction. Your tax refund will be direct account. The account information you entered 6746048473 Routing Transit Number: 062201601 The IRS issued more than 9 out of 10 refunds than 21 days last year. The same results are get your estimated refund date from TurboTax www.turbotax.com. If you do not receive your or the amount you get is not what you expect Revenue Service directly at 1-800-829-4477. www.irs.gov and select the "Where's my refund your Electronic Filing Instructions (this for Printed copy of your federal return Adjusted Gross Income \$ Taxable Income \$ Total Tax \$ Total Payments/Credits \$ Amount to be Refunded \$	than 21 days last year. The same results are expected in 2018. get your estimated refund date from TurboTax, log into My Turbo www.turbotax.com. If you do not receive your refund within 21 o or the amount you get is not what you expected, contact the Int Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link. Your Electronic Filing Instructions (this form) Printed copy of your federal return Adjusted Gross Income \$ 63,047.00 Taxable Income \$ 42,247.00 Total Tax \$ 5,837.00 Total Payments/Credits \$ 7,183.00 Amount to be Refunded \$ 1,346.00					



Hi Thomas and Jessica,

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 2017 taxes:

Your federal refund is: \$ 1,346.00

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 provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.

Form 1040EZ

Income Tax Return for Single and Joint Filers With No Dependents (99)

2017

1040EZ		Joir	nt Filers With N	No Depen	dents	(99)	201 <i>1</i>				OMB No.	1545-00	074
Your first name a	nd initia	al		Last name						Your s	ocial se	curity n	umber
Thomas C				Pichet	tte					362	2 08	468	37
If a joint return, sp	pouse's	first	name and initial	Last name						Spouse	's social	security	number
Jessica E	3			McLaud	ahlin					005	90	782	23
Home address (n	umber	and s	treet). If you have a P.O.	1 -	_				Apt. no.	1	Make su	ire the S	SSN(e)
603 Pine	Blu	ff	Drive									are cor	٠,
			nd ZIP code. If you have a f	oreign address, a	also complete	spaces below (se	ee instructions).			Preside	ential Elec	ction Ca	mpaign
Summervil	lle :	SC	29483							Check he	re if you, or	your spor	use if filing
Foreign country n					Foreign p	rovince/state/co	unty	Fore	eign postal code		ant \$3 to go ow will not		nd. Checking
										refund.	OW WIII 1100	You [Spouse
Income		1	Wages, salaries, and	tips. This sh	ould be sh	own in box 1	of your Form	(s) W-2.					
IIICOIIIC			Attach your Form(s)	•						1		63	,047.
Attach	-		•										•
Form(s) W-2 here.		2	Taxable interest. If t	he total is over	er \$1,500,	you cannot us	se Form 1040l	EZ.		2			
	-				. , , ,	<u>, </u>							
Enclose, but do not attach, any		3	Unemployment com	pensation and	d Alaska F	Permanent Fun	d dividends (see instr	uctions).	3			
payment.	-			.			(,					
		4	Add lines 1, 2, and 3	3. This is you	r adiusted	gross income	е.			4		63	,047.
	-	5	If someone can clair					lent, chec	ck				•
			the applicable box(e	-	-	-	_						
			You	Spouse									
			If no one can claim		spouse if a	ioint return).	enter \$10.400) if singl	e:				
			\$20,800 if married						-,	5		2.0	,800.
	-	6	Subtract line 5 from										,000.
			This is your taxable			, ,			•	6		42	,247.
		7	Federal income tax		i Form(s)	W-2 and 1099).			7			,183.
Payments,	-	8a	Earned income cre						No	8a			,100.
Credits,	-	b	Nontaxable combat				8b		110				
and Tax	-	9	Add lines 7 and 8a.		ır total na		<u> </u>			9		7	,183.
	-	10	Tax. Use the amoun					n the				<u> </u>	,
	-		instructions. Then, e			-				10		5	,401.
	1	11	Health care: individ				Full-year o	coverage		11			436.
	_	12	Add lines 10 and 11				Tun year e	coverage	<u> </u>	12		5	,837.
Defund		13a	If line 9 is larger tha				This is your	refund.					,037.
Refund		· · ·	If Form 8888 is attac			7	. 11115 15 your	1 Cruna.		13a		1	,346.
Have it directly deposited! See	-												7310.
instructions and	>	b	Routing number	0 6 2	2 0 1	6 0 1	► c Type:	X Check	ting Sav	ings			
fill in 13b, 13c, and 13d, or													
Form 8888.	>	d	Account number	6 7 4	6 0 4	8 4 7	3						
Amount	1	14	If line 12 is larger th	an line 9, subt	tract line 9	from line 12.	This is						
You Owe			the amount you owe						>	14			
	Do) VOLI	want to allow anothe	er person to di	iscuss this	return with the	e IRS (see ins	tructions	s)? Ye	s. Comp	lete bel	OW.	⊠ No
Third Party		•		porcon to a				il dolloric	, —			• • • • • • • • • • • • • • • • • • • •	
Designee	nai	signee me	: s ▶			Phone no.			Personal ident number (PIN)	incation	•		
Sign			enalties of perjury, I dec										
Here			ely lists all amounts and formation of which the pr				x year. Declarat	tion of pre	eparer (other t	han the ta	axpayer)	is base	d
Joint return? See			nature			Date	Your occupat	tion		Daytime	phone nu	umber	
instructions.		_					Data An	nalvst	_	(207)408-	7114	<u> </u>
Charles is mature of a joint valuum hatte mount sign						Date	Spouse's occ			If the IRS s			
Keep a copy for your records.	Weitness								PIN, enter	it			
Print/Tune preparation name Preparative						¬ F	PTIN						
Paid		, ~ ~ 1			g. 10.01 0			-5.0		Check believed self-emp	IT		
Preparer Firm's name ► Self-Prepared							Cinc.			,			
Use Only	Firm's		-	reharen				Firm's					
	Firm's	adar	€55 ▶					Phone	IIO.				

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your tax return electronically or by paper and obtain your refund <u>directly</u> from Internal Revenue Service ("IRS") <u>for free.</u> If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$34.99 (the "RPS fee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Civista Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balanceis delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (irs.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	FILING DISBURSEMENT ESTIMATED TIME TO					
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks 2	No additional cost.			
Service	Check mailed by IRS to address on tax return.					
ELECTRONIC FILING (E-FILE)	IRS direct deposit to your personal bank account.	Usually within 21 days ₂	No additional cost.			
No Refund Processing Service	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days 2				
ELECTRONIC FILING (E-FILE)	(a) Direct deposit to your personal bank account, or	Usually within 21 days 2	\$39.99			
Refund Processing Service	(b) Load to your prepaid card 1.					

¹ You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card. Bank is not affiliated with the issuer of the prepaid card.

Questions? Call 1-877-908-7228

²You may experience delays with your tax refund if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

We need your consent to process with this payment option

This is an IRS requirement

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

IRS regulations require the following statements:

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

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

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

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

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2017 return to determine whether a portion of the refund can be used to pay for tax preparation.

Thomas Pichette
First Name Last Name

Please type the date below:

04/10/2018

Date

Jessica McLaughlin

04/10/2018

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 Civista Bank of Sandusky, OH ('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 2017 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Thomas Pichette

Please type the date below:

04/10/2018

Date

Jessica McLaughlin

04/10/2018

CUSTOMER SERVICE: 877-908-7228 Santa Barbara Tax Products Group, LLC

and Civista Bank Refund Processing Agreement ("Agreement")

Name Thomas C Pichette & Jessica B McLaughlin

Social Security No. 362-08-4687

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Civista Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2017 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

- 1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically. YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$39.99 ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2017 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2018). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.
- 2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2017 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit. None of Intuit, Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	1,346.00
Less Processor Refund Processing Fee	39.99
Less TurboTax Fees	134.97
Less Additional Products and Services Purchased	
Expected Proceeds*	1,171.04

^{*}These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2017 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased plus applicable taxes. You also authorize Bank to deduct twenty dollars (\$20.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$25.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Bank and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If

the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Bank and/or Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Bank to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

- 5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2017 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.
- 6. <u>Truth in Savings Disclosure.</u> The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2017 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3, including the 39.99 Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$25.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at http://sbtpg.com.
- 7. <u>Disbursement Methods:</u> You agree that the disbursement method selected below will be used by Bank and Processor to disburse funds to you.
 - a Direct Deposit to Turbo(SM) Prepaid Visa(R) Card: If you choose this option, you authorize and request Processor to transfer the balance of your Deposit Account to Green Dot Bank, which issues the Turbo(SM) Prepaid Visa Card ("Card") you have obtained or are obtaining, so that Green Dot Bank may deposit the balance of your refund into your Card account. Additional fees may be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. Neither Bank nor Processor will be responsible for your funds once they have been deposited with Green Dot Bank.
 - **b** X Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

Savings		
RTN #	 	 062201601
Account #	 	 6746048473

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$20.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$25.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$45.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversions of tax refunds, we will not process any address or account changes. If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund is received by us, upon receipt of your federal tax refund from the IRS we will return your tax refund to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund to the IRS and you will need to work with the IRS directly for disbursement.

You must notify Bank in writing 3 business days prior to the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford Bank a reasonable opportunity to act on your request. You may notify us in writing at: Civista Bank, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 days after the first deposit to the Deposit Account was made, (i) we may take up to 90 days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.
- **9.** <u>Compensation.</u> In addition to any fees paid directly by you to Intuit, Processor will pay compensation to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its refund processing services. Processor shall pay Bank for its banking services.
- **10. Governing Law.** The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Ohio.

- 11. Arbitration Provision. This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ("AAA") before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction over the dispute. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fees for you. By agreeing to arbitration, you and we are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word "disputes" is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision. You may choose to opt-out of this arbitration provision but only by following the process set forth below. If you do not wish to be subject to this arbitration provision, then you must notify us in writing within sixty (60) calendar days of the date of this Agreement at the following address: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037, Attn. Arbitration Opt-Out. Your written notice must include your name, address, Social Security Number, the date of this Agreement, and a statement that you wish to opt out of the arbitration provision. If you choose to opt out, then your choice will apply only to this Agreement.
- 12. <u>Customer Identity Validation Disclosure:</u> To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2017 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2017 TurboTaxfi User Agreement, (iii) You consent to the release of your 2017 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Questions?

Rev. 02/2015

Civista Bank Tax Product Privacy Policy

FACTS	What does Civista Bank do with	your personal information?								
Why?	Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.									
What?	The types of personal information that we collect and share depend on the product or service you have with us. This can include: Social Security number and account balances payment history and transaction history overdraft history and account transactions When you are no longer our customer, we continue to share your information as described in this notice.									
How? All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Civista Bank chooses to share and whether you can limit the sharing.										
I	Reasons we can share your personal information	Does Civista Bank Share?	Can you limit this sharing?							
such as to maintain y	veryday business purposes process your transaction, our account(s), respond to court d legal investigations, or report to eaus.	Yes No								
	narketing purposes — r products and services to you.	No	We don't share							
	marketing with other companies.	No	We don't share							
For our affiliates' everyday business purposes — No We don't share information about your transactions and experiences.										
business	For our affiliates' everyday business purposes — No We don't share information about your creditworthiness.									
For our at	ffiliates to market to you.	No	We don't share							
For non a	ffiliates to market to you.	No	We don't share							

Toll Free: 800-901-6663 or go to www.civistabank.com

Who is providing this notice?	Civista Bank
What we do	
How does Civista Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Civista Bank collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us., tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can't I limit all sharing?	 Sharing for affiliates everyday business purposes — information about your creditworthiness, Affiliates from using your information to market to you, Sharing for non affiliates to market to you. State laws and individual companies may give you additional rights to limit sharing.
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. Civista Bank does not share with our affiliates.
Non affiliates	Companies not related by common ownership or control. They can be financial or nonfinancial companies. Civista Bank does not share with non affiliates so they can market to you.
Joint Marketing	A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.
	Civista Bank does not jointly market.
Other Important Information	

Electronic Filing Instructions for your 2017 South Carolina Tax Return Important: Your taxes are not finished until all required steps are completed.



T C Pichette & J B McLaughlin 603 Pine Bluff Drive Summerville, SC 29483

Balance Due/ Refund	Your South Carolina state tax return (Solution of \$761.00. Your tax deposited into your account. The account Account Number: 6746048473 Routing Trans	refund will be direct t information you entered -
Where's My Refund?	Before you call the South Carolina Depart questions about your refund, give them the date your return is accepted. If the refund, or the amount is not what you expressed that the carolina Department of Revenue directly	21 days processing time from en you have not received your xpected, contact the South
What You Need to Sign	 Sign and date Form SC-8453 within 1 day married filing jointly, your spouse mus 	
Do Not Mail	Do not mail a paper copy of your tax re electronically, the South Carolina Depart your return.	-
What You Need to Keep	Your Electronic Filing Instructions (the - Form SC-8453 and attachment(s) Printed copy of your state and federal : EF Acknowledgement and General Info A printed copy of your tax return	
2017 South Carolina Tax Return Summary	Taxable Income Total Tax Total Payments/Credits Amount to be Refunded	\$ 33,123.00 \$ 1,822.00 \$ 2,153.00 \$ 761.00

1555

Use

Only

Firm name (or yours if self-employed) and address



STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

INDIVIDUAL INCOME TAX

(Rev. 3/6/15) KEEP FOR YOUR RECORDS employed

FEIN

ZIP code

REV 11/1:	3/17 TTO	DECL	ARAT	ION	I FC	RE	ELE	CTE	RON	NIC	FIL	.IN	G					32	299		
		ame and initial					Last	name	;						Your social security number						
	THOMAS	S C			PI	CHE	TTE									362	2-0	8-4	687		
Please		urn, spouse's first name and in	itial				La	ast na	ame, i	if diffe	erent					Spouse's social security number					
	JESSICA B MCLAUGHLIN											005	5-9	0-7	823						
type.	Home add	ress (number and street, apt. n	umber c	r RR)					Dayti	me te	lepho	one #	#				7	ax Ye	ear		
.,,,,,,		NE BLUFF DRIVE							(20	7)4	108	-7	11	4							
		or post office, state and ZIP co	de														20	017	1		
	SUMMERVILLE SC 29483											_	•								
Part I		eturn Information (W																			
		ncome (SC1040, line 1)														1			2,2		
		040, line 15)														2			1,3		
																3			1 0		00
		Vithheld (SC1040, lines 16														5			$\frac{1,8}{2}$		
		t (SC1040, line 21)	-													6			2,1		00
		line 30)														7			7		00
	•	(SC1040, line 34)													L	8			,		00
Part II		Deposit of Refund or E																			<u> </u>
	2000				1	1			<i>-</i>	1							hore	of th	e RTN	mus	-+
S O sand	9. Rou	ting transit number (RTN)	0) 6	2	2	0	1	6	0	1								ugh 32		5 L
OPIE 2(s) a ERE													Т					Т			\neg
STAPLE COPIES OF STATE W-2(s) and 1099(s) HERE		k account number (BAN)									6	7		4	6	0	4	8	4 7	7	3
STAP STAT	11. Typ	e of account: 🛛 🖾 C	hecking	g [] Sav	/ings															
		ndrawal Date								l Am	ount	\$_							_		
Part III	Declar	ation of Taxpayer (Sign	only a	after F	Part_	l is c	omp	lete	d.)												
	correct. b. I authori (paymer institutio	t that my refund be directly dif I have filed a joint return, this ze (1) the South Carolina Dep t) entry to my financial institution to debit the entry to my accorreceive confidential information	is an irr artment on accor unt. I als	evocal of Re unt de so auth	ble ap venue signa norize	point and ted in the f	ment of its de Part linanci	of the signa II for al ins	e other ated f paym stitution	er spo financ ent o ons ir	use a cial ag f my volve	as ar gent Sou ed in	n ag s to th C the	gent init Caro e pro	to rediate a lina ta ocess	ceive an El axes ing c	the rectron	efund. nic Fu I, and	nds W (2) my	ithdr fina	awal ncial
If I have fil remain liab	ed a baland ble for the ta	e due return, I understand that x liability and all applicable inte	t if the S erest and	C Dep	oartm Ilties.	ent of	Reve	nue	does	not re	eceive	e full	l an	nd tir	nely	paym	nent o	f my t	ax liab	ility,	l will
return origi	inator (ERC at my retur	ompared the information (inclu) and the amounts agree with n and accompanying schedule artment of Revenue. Do not s	the amo	ounts (on my ents b	/ SC t e sen	tax ret	turn. ie Int	To th ernal	e bes Reve	st of r	າy k Ser∖	nov vice	wled (IR	ge, n S) bv	ny re v mv	turn is ERO.	true and	and co	lamo	ete. I
Sign Her								_													_
	You	ır signature				Date		Sp	oouse	's sig	natur	e (If	joi	nt, B	ОТН	mus	t sign)	Da	ite	
Part IV	Declar	ation of Electronic Retu	urn Or	igina	tor	(ERC)) an	d P	aid l	Prep	are	r (S	ee	lns	struc	tion	s.)				
obtained the of all forms Pub. 1345 preparer, I they are to	ne taxpayer s and inforn Authorized declare tha rue and coi	eceived the above taxpayer's signature on this form before thation to be filed with the IRS at IRS e-file Providers of Individual I have examined the above applete. This declaration is base form and the supporting does	e submit and the ual Incor taxpaye sed on	ting th SC De ne Ta: r's retu all info	is reto epartn x Reto urn ar ormat	urn to nent o urns, nd acc ion of	the Sof Revenue and recompa	C De enue equire anyin	epartn , and emen g sch	nent o have ts spe edule	of Reverse followers for the f	venu wed d by d sta	ue. all the ater	I ha oth e SC men	ve pro er rec Dep ts, an	ovide quirer artm id to	ed the ments ent of the b	taxpa desc Reve	yer wi ribed in enue. If my kn	th a n the f I an lowle	copy IRS n the edge,
	ED0					[Date	1	Che	ck if		Cł	neck	k if		1		P	ΓIN		
ERO's	ERO signature	ż							also prep	paid		se	elf-	yed				- '			
Use	Firm nam								hich	J. 01		_	ΞΙΝ	,, cu							
Only		elf-employed) ———————										1		ZIP (code						
Paid Prepare	Prenar	er								Date		ifs	neck self-	k				Pī	ΓIN		





STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

SC1040

(Rev. 10/5/17) 3075

2017 INDIVIDUAL INCOME TAX RETURN

Your soc	ial security r	number	Check if	
362	08	4687	deceased	Ш
Spouse's s	ocial security	y number	Check if	
005	90	7823	deceased	
DO NO	T USE TH	IIS FORM T	O FILE A	
CORRE	CTED RE	TURN. SE	E SC1040	

INFORMATION.



For the year January 1 - Dec	cember 31, 2017, or fiscal tax ye	ar beginning	2017 and	d ending	2018					
Print your first name and initial			Last na	ame		Suff.				
Thomas C			Pic	Pichette						
Spouse's first name, if married filing jointly Last name										
Jessica B				aughlin						
Check ii	g address (number and street, Apt. no	or P. O. Box) Foreig	gn address, se	ee instructions		County code				
new address 603	Pine Bluff Driv	e				08				
City		State	9	Zip	Area code Daytim	e telephone				
Summerville		S	C	29483	(207)408-	-7114				
Check if address Foreig is outside US	n country address including Postal co	de (see instructions)								
Check this box if you are f	iling SC Schedule NR (Part-yea	ar/Nonresident) .								
Check this box ONLY if filing	a composite return on behalf of	a partnership or "S	" corporation	1. Do not check this bo	ox if you are an individua	il. 🕨 🗌				
Check this box if you have	filed a federal or state extensi	on				. 🕨 🗌				
Check this box if you serv	ed in a Military COMBAT ZONE	during the filing	period							
Enter the name of the com	bat zone:									
Check this box if this retur	rn is affected by a federally ded	lared DISASTER	AREA							
Enter the name of the disa	ster area:									
CHECK YOUR FEDERAL FILING STATE	(1) Single US (2) Married filing jointly	` / 🖳	• .	ately. Enter spous (5) Widow(el	e's SSN here: T) with dependent child	d				
Federal Exemptions										
	ions from your 2017 federal retur									
Enter the number of exempt	ions listed above that were unde	r the age of 6 year	s on Decemb	ber 31, 2017	•					
	ers age 65 or older, as of Decemb									
Dependents:										
First name	Last name	Social security nu	ımber F	Relationship	Date of birt	h (MM/DD/YYYY)				
1		1			1					



IN	COME AND ADJUSTMENTS		2017
1	Enter federal taxable income from your federal form. If zero or less, enter zero here.		Dollars
	Nonresident filers complete Schedule NR and enter total from line 50 on line 5 below	. 1	42,247 00
Αľ	DDITIONS TO FEDERAL TAXABLE INCOME		
	a State tax addback, if itemizing on federal return (See instructions)		
	b Out-of-state losses (See instructions) Type: b b]	
	c Expenses related to National Guard and Military Reserve income		
	d Interest income on obligations of states and political subdivisions other		
	than South Carolina		
	e Other additions to income. Attach an explanation (See instructions)		
2	Add lines a through e and enter the total here. These are your total additions	2	00
3	Add lines 1 and 2 and enter the total here	3	42,247 00
SL	JBTRACTIONS FROM FEDERAL TAXABLE INCOME		
	f State tax refund, if included on your federal return	1	Dollars
	g Total and permanent disability retirement income, if taxed on your federal return g 00	1	
	h Out-of-state income/gain – Do not include personal service income (See instructions) Check type of income/gain: Rental Business Other h		
	i 44% of net capital gains held for more than one year (See instructions)		
	j Volunteer deductions (See instructions) Type:		
	k Contributions to the SC College Investment Program ("Future Scholar")		
	or the SC Tuition Prepayment Program (See instructions)		
	Active Trade or Business Income deduction (See instructions)		
	m Interest income from obligations of the US government		
	n Certain nontaxable National Guard or Reserve Pay (See instructions)		
	o Social security and/or railroad retirement, if taxed on your federal return • 0		
	p Retirement Deduction (See instructions)		
	p-1 Taxpayer: date of birth		
	p-2 Spouse: date of birth p-2 p-2		
	p-3 Surviving spouse: date of birth of deceased spouse p-3 p-3		
	Military Retirement Deduction (See instructions)		
	p-4 Taxpayer: date of birth p-4 p-4	1	
	p-5 Spouse: date of birth p-5 p-5	_	
	p-6 Surviving spouse: date of birth of deceased spouse p-6 00	_	
	q Age 65 and older deduction (See instructions)		
	q-1 Taxpayer: date of birth q-1 Q0	1	
	q-2 Spouse: date of birth	-	
	r Negative amount of federal taxable income	-	
	s Subsistence allowance days @ \$8.00	-	
	t Dependents under the age of 6 years on December 31 of the tax year	-	
	u Consumer Protection Services	-	
	v Other subtractions (See instructions)	-	0 10400
4	Add lines f through v and enter here. These are your total subtractions	4	9,124 00
5	Residents subtract line 4 from line 3 and enter the difference. Nonresidents enter amount from Schedule NR,	_	22 122 00
_	line 50. If less than zero, enter zero here This is your South Carolina INCOME SUBJECT TO TAX	5	33,12300
6 7	TAX: enter tax from SOUTH CAROLINA tax tables	-	
8	V	1	
9	TAX on Active Trade or Business Income (Attach I-335)	1	
	Add lines 6 through 9 and enter the total here	10	1 022
	Child and Dependent Care (See instructions)	10	1,822 00
	Two Wage Earner Credit (See instructions) 12 164 00	1	
	Other non-refundable credits. Attach SC1040TC and other state return(s)	1	
	TOTAL non-refundable credits. Add lines 11 through 13 and enter the total here	14	43000
	SUBTRACT line 14 from line 10. Enter the difference BUT NOT LESS THAN ZERO here	15	1,39200
			_,

30752174 REV 11/13/17 TTO



<u>PA</u>	YMENTS A	AND REFUNDABLE	CREDITS									
1		ME TAX WITHHELD	0 150	1 1	Other refunda		` '					
	•	2 or SC41)	2,153	\vdash	22a. Anhydr (Attach	ous Amm I-333)	onia		0	וס		
		mated tax payments		00			h I-334) 🕨		00	ו		
		aid with extension		00			er Expenses		0(7		
		f real estate		00	22d Parenta	l Refunda	ble Credit (_	7		
	20 Other SC (Attach For	m 1099)		00	ECENO) 22 Total othe	C)		·	00)		
:	21 Tuition tax	x credit			credit(s).				0	<u>)</u>		
22		9)		00	` ,	Τ.					0 150	
24	f line 23 is LA	hrough 22 and enter the t ARGER than line 15, subt	ract line 15 from	line 23	3 and enter t	he OVF	se are your	TOTAL	PAYMENTS	24	2,153 761	_
		ARGER than line 23, subt									701	00
		e on internet, mail-order o							000			
		sed on your county's sales	•				, =-		0,00	4		
		that no use tax is due,					20011.					
		e 24 to be credited to you		· —			27		00	7		
		utions for Check-offs (Attac					: 		00	_		
		through 28 and enter the t	•				, 			29	0	00
		rger than line 24, go to line								1		
		BE REFUNDED TO YOU							EFUND)	30	761	00
ſ	REFUND OP	TIONS (subject to progr	am limitations)								, 0 1	
	30a Mark or	ne refund choice: 🕨 🔀	Direct Deposit	•	Debit Car	·d*	Paper	Check				
			DR Income Tax Re	fund P	 Prepaid Debit □	Card iss	ш -		са			
ľ	30b Direct [Deposit (for US Account	s Only) Type:	X	Checking		Savings					
						Must	ha 9 digits T	he first two	numbers of the	.		
	Routing	g Number (RTN)		(06220160)1 RTN r	nust be 01 thro	ough 12 or 2	21 through 32			
	Bank A	ccount Number (BAN)	674604847	73					1-17 digi	ts		
31	Tax Due: Add	l lines 25 and 29. If line 2	9 is larger than li	ine 24	, subtract line	e 24 fror	n line 29 an	d enter th	ne amount .	31		00
32 I	Late filing and	d/or late payment: Penalti	ies I	nteres	st	(See ins	tructions) Ent	ter total h	ere	32		00
		nderpayment of Estimated										
	(See	instructions and enter letter i	n box if applicable)	Ex	ception to Ur	nderpay	ment of Esti	imated Ta	ax 📗	33		00
34 /	Add lines 31 thr	ough 33 and enter the AMO	JNT YOU OWE he	re			B	BALAN	CE DUE >	34		00
_												-
Pay	electronicali	ly free of charge at MyD	ORWAY.dor.sc.	gov w	vith Visa, Ma	asterCa	rd or by Ele	ectronic I	Funds With	drawa	I (EFW).	
I de	clare that this	s return and all attachmen	ts are true, corre	ect and								
You	r signature				Dat	:e	Spouse's sig	nature (if r	married filing jo	ointly, E	OTH must sign)	
Tax	payer's Email					•						
12	uthorize the	Director of the SC Depar	tmont of Povon	uo or	dologato to			Preparer'	s printed nam	e.		
		rn, attachments and relate				Yes 🗆	No 🗌	I Toparor	o printod nam			
								<u> </u>				
<u> </u>	<u> </u>	person other than the tax	payer, his declar	ation i	is based on a				,			
Pa	ııu s	^{Preparer} ^{signature} Self prep	anad			ا ا	ate	Check if self-	, \square	IIN		
	opaioi o F	Firm name (or yours	<u>rai eu</u>					employed	FEIN			
Us	se Only if	f self-employed) and ———address and Zip Code							Phone No.			
<u></u>		iduress and Zip Code							FIIOHE NO.			
IV	MAIL TO:	REFUNDS OR ZE	RO TAX	S	C1040 Prod	cessing	g Center, F	РО Вох	101100, C	olum	bia, SC 29211-0100	

Taxable Processing Center, PO Box 101105, Columbia, SC 29211-0105

30753172 REV 11/13/17 TTO

BALANCE DUE





STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE 2017 TAX CREDITS

SC1040TC

(Rev. 10/5/17) 3913

NAME

YOUR SOCIAL SECURITY NUMBER

362-08-4687

T C Pichette & J B McLaughlin

Most of these credits are computed on separate forms. Attach the appropriate credit form(s) and/or SC1040TC Worksheet to the SC1040TC and SC1040. Credits may be disallowed if necessary schedules are not attached to your return. For lines 6-15, enter credit description and associated code from the following information, along with the dollar amount of the credit claimed.

	Credit Description			Code			Amount
	Attach To SC1040						
1.	Total Credit for taxes paid to another state (Attach SC1040TC worksheet for each state)	1.		_100		\$ _	266 .00
2.	Carryover of unused qualified credits	2.		101		\$ _	.00
3.	Excess Insurance Premium Credit	3.		044		\$ _	.00
4.	New Jobs Credit	4.		004		\$ _	.00
5.	Qualified Conservation Contribution Credit	5.		019		\$ _	.00
6.		6.	•			\$ _	.00
7.		7.	•			\$_	.00
8.		8.				\$ _	.00
9.		9.				\$ _	.00
10.		10.	•			\$ _	.00
11.		11.				\$ _	.00
12.		12.	•			\$ _	.00
13.		13.				\$ _	.00
14.		14.	•			\$ _	.00
15.		15.				\$ _	.00
16.	Total Non-refundable Tax Credits. Add amounts from lines 1-15	5			16.	\$ _	266 .00
17.	Enter the tax from SC1040, line 10				17.	\$_	1,822.00
18.	Enter the lesser of line 16 or 17. Also, enter this amount on the SC ² If filing a Fiduciary income tax return, enter this amount on SC1041	1040, , line	line	13.	18.	\$_	266 .00

SC 1040 Filers: Attach this form and a complete copy of your federal return to your SC1040. If claiming credit for taxes paid to another state, also include a copy of each of the other state's tax return.

SC1041 or SC1065 Filers: Attach this form to your Fiduciary income tax return SC1041 or your Partnership return of income SC1065.





STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE

SC1040TC Worksheet Credit for Taxes Paid to Another State

SC1040TC

(Rev. 10/5/17) 3913

2017

	buth Carolina Residents/Part-Year Residents Only. Complete a separate worksheet for each state. S	See	SC1040TC instructions.	
	tach SC1040TC and SC1040TC Worksheet to the SC1040.		Maine	
	itel Hame of State.	L	Maine	
		Γ	Dollars	Cents
1	Enter amount of income from line E of worksheet from instructions	. 1	53,923	00
2	The portion of line 1 above which was taxed by another state. (See line 2 instructions)	2	9,124	00
3	Percentage. (Divide the amount on line 2 by the amount on line 1, not to exceed 100%. Carry the percentage to the second decimal place.)	3	16.92	%
4	Amount of South Carolina Tax from SC1040, line 10	. 4	1,822	00
5	Tentative credit. (Percentage on line 3 times the amount on line 4.)	5	308	00
6	Net amount of tax calculated as due the other state on the income shown on line 2. (See line 6 instructions) (Do not use withholding amounts from your other state's W-2s.)	6	266	00
7	Allowable credit. Enter the lesser of the tax on line 5 or line 6. Also enter this amount on SC1040TC, line 1. (If more than one worksheet is needed, total all amounts from line 7 of each worksheet enter on SC1040TC, line 1)	7	266	00
A	Credit for Taxes Paid to Another State outh Carolina Residents/Part-Year Residents Only. Complete a separate worksheet for each state. Stach SC1040TC and SC1040TC Worksheet to the SC1040. oter name of state.		SC1040TC instructions.	
_	tier name of state.	L		
			Dollars	Cents 00
	Enter amount of income from line E of worksheet from instructions	. 1		00
2	The portion of line 1 above which was taxed by another state. (See line 2 instructions)	2		00
3	Percentage. (Divide the amount on line 2 by the amount on line 1, not to exceed 100%. Carry the percentage to the second decimal place.)	3		%
4	Amount of South Carolina Tax from SC1040, line 10	. 4		00
5	Tentative credit. (Percentage on line 3 times the amount on line 4.)	5		00
6	Net amount of tax calculated as due the other state on the income shown on line 2. (See line 6 instructions) (Do not use withholding amounts from your other state's W-2s.)	6		00
7	Allowable credit. Enter the lesser of the tax on line 5 or line 6. Also enter this amount on SC1040TC, line 1. (If more than one worksheet is needed, total all amounts from line 7 of each worksheet enter on SC1040TC, line 1)	7		00

REV 11/14/17 TTO

Form 1040EZ

Income Tax Return for Single and Joint Filers With No Dependents (99)

2017

1040EZ		Joir	nt Filers With N	No Depen	dents	(99)	201 <i>1</i>				OMB No.	1545-00	074
Your first name a	nd initia	al		Last name						Your s	ocial se	curity n	umber
Thomas C				Pichet	tte					362	2 08	468	37
If a joint return, sp	pouse's	first	name and initial	Last name						Spouse	's social	security	number
Jessica E	3			McLaud	ahlin					005	90	782	23
Home address (n	umber	and s	treet). If you have a P.O.	1 -	_				Apt. no.	1	Make su	ire the S	SSN(e)
603 Pine	Blu	ff	Drive									are cor	٠,
			nd ZIP code. If you have a f	oreign address, a	also complete	spaces below (se	ee instructions).			Preside	ential Elec	ction Ca	mpaign
Summervil	lle :	SC	29483							Check he	re if you, or	your spor	use if filing
Foreign country n					Foreign p	rovince/state/co	unty	Fore	eign postal code		ant \$3 to go ow will not		nd. Checking
										refund.	OW WIII 1100	You [Spouse
Income		1	Wages, salaries, and	tips. This sh	ould be sh	own in box 1	of your Form	(s) W-2.					
IIICOIIIC			Attach your Form(s)	•						1		63	,047.
Attach	-		•										•
Form(s) W-2 here.	2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.												
	-	= Tallacto interest if the total is over \$1,000, you cannot use I offit I violet.											
Enclose, but do not attach, any		3	Unemployment com	pensation and	d Alaska F	Permanent Fun	d dividends (see instr	uctions).	3			
payment.	-			.			(,					
		4	Add lines 1, 2, and 3	3. This is you	r adiusted	gross income	е.			4		63	,047.
	-	5	If someone can clair					lent, chec	ck				•
			the applicable box(e	-	-	-	_						
			You	Spouse									
			If no one can claim		spouse if a	ioint return).	enter \$10.400) if singl	e:				
			\$20,800 if married						-,	5		2.0	,800.
	-	6	Subtract line 5 from										,000.
			This is your taxable			, ,			•	6		42	,247.
		7	Federal income tax		i Form(s)	W-2 and 1099).			7			,183.
Payments,	-	8a	Earned income cre						No	8a			,100.
Credits,	-	b	Nontaxable combat				8b		110				
and Tax	-	9	Add lines 7 and 8a.		ır total na		<u> </u>			9		7	,183.
	-	10	Tax. Use the amoun					n the				<u> </u>	,
	-		instructions. Then, e			-				10		5	,401.
	1	11	Health care: individ				Full-year o	coverage		11			436.
	_	12	Add lines 10 and 11				Tun year e	coverage	<u> </u>	12		5	,837.
Defund		13a	If line 9 is larger tha				This is your	refund.					,037.
Refund		· · ·	If Form 8888 is attac			7	. 11115 15 your	1 Cruna.		13a		1	,346.
Have it directly deposited! See	-												7310.
instructions and	>	b	Routing number	0 6 2	2 0 1	6 0 1	► c Type:	X Check	ting Sav	ings			
fill in 13b, 13c, and 13d, or													
Form 8888.	>	d	Account number	6 7 4	6 0 4	8 4 7	3						
Amount	1	14	If line 12 is larger th	an line 9, subt	tract line 9	from line 12.	This is						
You Owe			the amount you owe						>	14			
	Do) VOLI	want to allow anothe	er person to di	iscuss this	return with the	e IRS (see ins	tructions	s)? Ye	s. Comp	lete bel	OW.	⊠ No
Third Party		•		porcon to a				il dolloric	, —			• • • • • • • • • • • • • • • • • • • •	
Designee	nai	signee me	: s ▶			Phone no.			Personal ident number (PIN)	incation	•		
Sign			enalties of perjury, I dec										
Here			ely lists all amounts and formation of which the pr				x year. Declarat	tion of pre	eparer (other t	han the ta	axpayer)	is base	d
Joint return? See			nature			Date	Your occupat	tion		Daytime	phone nu	umber	
instructions.		_					Data An	nalvst	_	(207)408-	7114	<u> </u>
Veen a conv for	\overline{Sp}	ouse'	s signature. If a joint retu	urn, both must s	sign.	Date	Spouse's occ			·			
Keep a copy for your records.			<u>.</u>		-		. Waitres	•		If the IRS sent you an Identity Protection PIN, enter it			
Daid	Print/	Туре г	oreparer's name	Preparer's sig	anature	<u> </u>		Date		here (see ir	¬ F	PTIN	
Paid		, ~ ~ 1			g. 10.01 0			-5.0		Check believed self-emp	IT		
Preparer	Cine-1	. no	o ► Colf-D	repared				Cinc.			,		
Use Only	Firm's		-	reharen				Firm's					
	Firm's	adar	€55 ▶					Phone	IIO.				

MAINE INDIVIDUAL INCOME TAX **FORM 1040ME**



01 01 **2017** to 12 31 2017

See instructions. Print neatly in blue or black ink only.

Check here if this is an AMENDED return.

Foreign postal code

THOMAS C 362 08 4687 Your First Name MI Your Social Security Number PICHETTE 005 90 7823 Your Last Name Spouse's Social Security Number **JESSICA** В Spouse's First Name MI Home Phone Number 207 408 7114 MCLAUGHLIN Spouse's Last Name Work Phone Number 603 PINE BLUFF DRIVE SUMMERVILLE SC 29483 Current Mailing Address (PO Box, number, street and apartment number) ZIP Code City or Town State

Maine Property Tax Fairness Credit / Maine Sales Tax Fairness Credit - Maine residents and part-year residents only - see Schedule PTFC/STFC. Check this box if you are filing a return only to claim the Property Tax Fairness Credit on line 25d and/or the Sales Tax Fairness Credit on line 25e. Otherwise, leave this box blank. Follow the instructions on Schedule PTFC/STFC.

Spouse

1 Maine Clean Election Fund. Maine Residents Only. Check

here if you, or your spouse, if filing jointly, want \$3 to go to this fund.

You

2 Check here if you were engaged in COMMERCIAL FARMING OR FISHING during 2017.....

FILING STATUS (Check one)

3 **S**ingle

Married filing jointly

Foreign country name

(Even if only one had income)

5 Married filing separately. Enter spouse's social security number and full name above 6

Head of household (With qualifying person)

Qualifying widow(er) with dependent child 7 (Year spouse died

> Composite Return (Pass-through **Entities ONLY)**

Foreign province/state/county

DECIDENCY CTATUS (Charles and

	R	ESIDENCY STATUS	(Check	one)									
8		Resident	8a		"Safe H	arbor" R	esident			Check h	nere if you	u are	
9		Part-Year Resident	10	×	Nonresi	dent	11	Nonresident Alie	n	filing Sc	hedule N	NRH	
12	СНЕ	CK IF: You were:	12a	65	or over	12b	blind	Spouse was:	12c	65 or over	12d	blind	
13	Ente	r the TOTAL number o	f EXEM	PTION	/S claimed	on your	federal return					13	2
me	14	FEDERAL ADJUST	ED GRO	oss II	NCOME			14				63047	.00
e Income	15	INCOME MODIFICA	TIONS.	(Fror	n Schedul	e 1, line	3.)	15				•	.00
Taxable	16 MAINE ADJUSTED GROSS INCOME. (Line 14 plus or minus line 15.)							.00					
Your	17	DEDUCTION. X	S tand	lard (S	See page 3	3 of the ir	nstructions.)	17				23200	.00
culate	18 EXEMPTION. (See instructions.)							.00					

Continue on page 2 1555 REV 12/28/17 TTO

2017 FORM 1040ME, Page 2



1702101

				1/02101
	20	TAXABLE INCOME. (Line 16 minus lines 17 and 18.)		31747.00 1841.00
retun		available at www.maine.gov/revenue/forms.	20	1041.00
no Dr	20a	TAX CREDIT RECAPTURE AMOUNTS (Enclose worksheet(s) - see instructions)	. 20a	.00
. Іах аг	21	TOTAL TAX. (Line 20 plus line 20a)	21	1841.00
You	22	TAX CREDITS. (From Maine Schedule A, line 23.)	22	0.00
Calculate		NONRESIDENT CREDIT. (For part-year residents, nonresidents and "Safe Harbor" residents only.) From Schedule NR, line 9 or NRH, line 11(You MUST attach a copy of your federal return and TDY papers, if applicable.)	. 23	1575.00
	24	NET TAX . (Subtract lines 22 and 23 from line 21.) (Nonresidents see instructions.)	24	266.00
cilinali	25	TAX PAYMENTS. a Maine income tax withheld. (Enclose W-2, 1099 and 1099ME forms.) ■	→ 25a	571.00
ias rayillellis/helulluable cledits		b 2017 estimated tax payments and 2016 credit carried forward, extension payments and payments with original return. (Include any REAL ESTATE WITHHOLDING tax payments.)	. 25b	.00
1/61113/1		c REFUNDABLE TAX CREDITS (from Maine Schedule A, line 7)	25c	.00
lax ray		d Property Tax Fairness Credit (Schedule PTFC/STFC, line 13). (See instructions.) (For Maine residents and part-year residents only)	25d	.00
		e Sales Tax Fairness Credit (Schedule PTFC/STFC, line 14 or 14a)	25e	.00
		f TOTAL. (Add lines 25a, b, c, d, and e.)	. 25f	571 .00
		If this is an amended return, enter overpayment, if any, on original return or as previously adjusted	. 26	.00
		Line 25f minus line 26. (If negative, enter a minus sign in the box to the left of the number.)	. 27	571.00
		INCOME TAX OVERPAID. If line 27 is larger than line 24, enter amount overpaid. (Line 27 minus line 24 - if line 24 is negative, enter line 27 here.)	28	305.00
		INCOME TAX UNDERPAID. If line 24 is larger than line 27, enter amount underpaid. (Line 24 minus line 27 - see instructions.)	. 29	.00
an Drie	30	USE TAX (SALES TAX). (See instructions.)	30	0.00
	30a	SALES TAX ON CASUAL RENTALS OF LIVING QUARTERS. (See instructions.)	30a	.00
	31	CHARITABLE CONTRIBUTIONS and PARK PASSES. (From Maine Schedule CP, line 10	.) 31	.00
		NET OVERPAYMENT. (Line 28 minus lines 30, 30a and 31.) – NOTE: If total of lines 30, 30a and 31 is greater than line 28, enter as amount due on line 34a.	32	305.00
Calculate Ose Tax / Voluntary Commissions / Refund Due	33	Amount of line 32 to be CREDITED to 2018 estimated tax 33a 0.00 REFUND	33b	305.00
ax / vo		OU WOULD LIKE YOUR REFUND SENT DIRECTLY TO YOUR BANK ACCOUNTY TO BE SEND TO YOUR BANK ACCOUNTY TO YOUR BANK AC	JNT (\$20,000 or less), see p	age 5 of the instructions and fill
3		Check here if this refund will go to an account outside the United 33c Routing Number	062201601	
9			6746048473	
		States 33d Account Number	0/400404/3	

1555 REV 12/28/17 TTO Continue on page 3

Name(s) as shown on Form 1040ME

Your Social Security Number

362 08 4687 THOMAS C PICHETTE & JESSI 34a TAX DUE. (Add lines 29, 30, 30a and 31) - NOTE: If total of lines 30, 30a and 31 is greater than line 28, enter the difference as an amount due on this line **b** Underpayment Penalty. (Attach Form 2210ME.) TAX DUE Check here if you checked the box on Form 2210, line 17 34b

c TOTAL AMOUNT DUE. (Add lines 34a and 34b.) (Pay in full with return.)

.00

.00

.00

EZ PAY at www.maine.gov/revenue or ENCLOSE CHECK payable to: Treasurer, State of Maine. DO NOT SEND CASH

IMPORTANT NOTE

If taxpaver is deceased. enter date of death.

(Year)

If spouse is deceased. enter date of death.

(Month) (Day) (Year)

Third Party Do you want to allow another person to discuss this return with Maine Revenue Services? **Designee**

(Month)

Yes (complete the following).

X No.

(See page 5 of the instructions)

Designee's name

Phone no.

(Day)

Personal identification #:

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.

SIGN HERE Keep a copy of this return	Your signature	Date signed	DATA ANALYST Your occupation
for your records	Spouse's signature (If joint return, both must sign)	Date signed	WAITRESS Spouse's occupation
	Opouse's signature (ii joint return, both must sign)	Date signed	Spouse's occupation
	SELF PREPARED		
Paid Preparer's Use	Preparer's signature	Date	Preparer's phone number
Only	Print preparer's name and name of business		Preparer's SSN or PTIN

Avoid errors that delay processing of returns:

- Use black or blue ink. Do not use red ink.
- Be sure to enter amounts on correct lines.
- Line A. Check the Property Tax Fairness Credit/Sales Tax Fairness Credit box, if it applies.
- Lines 12 and 17. If you are over 65 and/or blind, see the instructions on page 4 and claim the additional amount as allowed.
 - Line 20. Use the correct column from the tax table for your filing status.
 - Refund. If you overpaid your tax, enter the amount you want to be refunded on line 33b.
 - Double check social security numbers, filing status, and number of exemptions.
 - Double check mathematical calculations.
 - Be sure to sign your return.
 - Enclose W-2 forms with the return.

If requesting a REFUND, mail to: Maine Revenue Services, P.O. Box 1066, Augusta, ME 04332-1066 If NOT requesting a refund, mail to: Maine Revenue Services, P.O. Box 1067, Augusta, ME 04332-1067

Payment Injured Spouse Plan

DO NOT SEND PHOTOCOPIES OF RETURNS

1555 REV 12/28/17 TTO THOMAS C PICHETTE & JESSICA B MCLAUGHLIN

3,6,2,-0,8,-4,6,8,7,

Attachment Sequence No. 12

WORKSHEET A - Residency Information Worksheet for Part-year Residents/Nonresidents/"Safe Harbor" Residents

Enclose with your Form 1040ME

The following individuals must complete Worksheet A: 1) All part-year residents whether moving into or out of Maine during the tax year; 2) nonresidents and "Safe Harbor" residents who are filing a Maine return for the first time, and 3) former Maine residents who are filing as nonresidents or "Safe Harbor" residents for the first time. Failure to enclose a completed Worksheet A with your 1040ME may delay processing of your return.

			REV 11/13/17 110
		Yourself	Spouse
1. NAME			
a. Social security number			005 90 7823
b. Date of birth			02 15 1990
c. Occupation	. 1c.	DATA ANALYST	WAITRESS
During 2017: Unless otherwise indicated, enter "Yes" or "No" on each line.			
2. I was domiciled in (Enter state(s))			
3. I was in the military and stationed in (Enter state or country)	. 3.	ME	
a. My designated state of legal residence was (Enter state)	. 3a.	SC	
4. The number of days I spent in Maine (for any purpose) was	. 4.	45	0
5. I own(ed) a home/real property in Maine	. 5.	No	No
a. If yes, in what municipality was the property located?	. 5a.		
b. Did you ever apply for a Homestead or Veterans property tax exemption?			
c. Have you disposed of the property?			
If yes, when? (Yourself: Spouse:)			
6. I became a Maine resident on (Enter Date)	. 6.		
a. Enter state of prior residence			
b. Registered to vote in Maine			
If yes, when? (Yourself: Spouse:)			
c. Purchased a home in Maine	. 6c.		
If yes, when? (Yourself: Spouse:)			
d. Obtained a driver's license in Maine	. 6d.	·	
If yes, when? (Yourself: Spouse:) e. Registered an auto or other vehicle in Maine	66		
If yes, when? (Yourself: Spouse:)	. 00.		
7. I moved from Maine and became a nonresident (I established a legal residence in another state) (Enter date of move)			
a. Enter new state of residence			
b. Registered to vote in my new state of residence	. 7b.	·	
If yes, when? (Yourself: Spouse:)	_		
c. Purchased a home in my new state of residence	. /C.		
If yes, when? (Yourself: Spouse:) d. Obtained a driver's license in my new state of residence	74		
If yes, when? (Yourself: Spouse:)	. <i>1</i> u.	·	
e. Registered an auto or other vehicle in my new state of residence	. 7e.		
If yes, when? (Yourself: Spouse:)			
f. If married, did your spouse and dependent children (if any) move to your new	_,		
state of residence?	. 7t .		
8. During period of nonresidency, have you:			
a. Performed any work or services in Maine	. 8a.	·	
If yes, list employer. (Yourself: Spouse:)	٠.		
b. Registered an auto or other vehicle in Maine			
c. Renewed a Maine driver's license			
d. Voted in Maine, in person or by absentee ballot			
e. Attended or sent your children (if any) to a Maine school			
f. Purchased a Maine resident hunting or fishing license			
g. Listed Maine as your legal residence for any purpose			
h. Obtained or renewed any Maine trade or professional licenses or union memberships	. 8h.	·	
9. If you answered "yes" to question 5 but have not disposed of the property, what use do you intend to make of it and how often (Attach a separate sheet if necessary)?			
10. If you answered "no" to question 7(f) please explain the circumstances (Attach a separate she			

THOMAS C PICHETTE & JESSICA B MCLAUGHLIN

3,6,2,-0,8,-4,6,8,7,

Attachment Sequence No. 13

WORKSHEET B

Income Allocation Worksheet for Part-Year Residents/Nonresidents/"Safe Harbor" Residents (See instructions at www.maine.gov/revenue/forms) - Enclose with your Form 1040ME

Part-year residents, Nonresidents and "Safe Harbor" residents **must** complete this worksheet before completing Schedule NR.

	OTE: Married persons filing separate tincome tax returns must complete		Federal Income		ident Period esidents only)	Nonresident Period (Part-year residents, Nonresidents and "Safe Harbor" residents)			
	parate worksheets for each spouse)		Column A Income from federal return	Column B Income from Column A for this period	Column C* Income from Column B earned outside of Maine	Column D Income from Column A for this period	Column E Income from Column D from Maine sources		
1.	Wages, salaries, tips, other compensation**	1	63,047.			63,047.	9,124.		
2.	Taxable interest	2							
3.	Ordinary dividends	3							
4.	Alimony received	4							
5.	Business income/loss	5							
6.	Capital gain/loss	6							
7.	Other gains/losses	7							
8. 9.	Taxable amount of IRA distributions Taxable amount of pensions and annuities	8							
10	Rental real estate, royalties, partnerships, S corporations, and trusts, etc	10							
11.	Farm income/loss	11							
12	Unemployment Compensation	12							
	Taxable amount of social security benefits	13							
14	Other income (including lump-sum distributions, but excluding state income tax refunds)	14							
15	Add lines 1 through 14	15	63,047.			63,047.	9,124.		

*Part-year residents must make an entry in Column C if period of Maine residency. Enter below the name of each those jurisdictions. Use a separate sheet if additional space is	other jurisdiction and the dates the ir	
Name of other jurisdiction	Period (mm/yy) From	То
Name of other jurisdiction	Period (mm/yy) From	То
Name of other jurisdiction	Period (mm/yy) From	То
You must attach a copy of the income tax i	eturn(s) filed with the other jurisdiction	1

NOTE: See instructions at www.maine.gov/revenue/forms on how to use Worksheet B, line 15 entries to complete line 1 of Schedule NR.

1555 REV 11/13/17 TTO

^{**}If necessary, use Worksheet C (Employee Apportionment Worksheet) for Part-Year Residents/Nonresidents/"Safe Harbor" Residents to calculate the amount for line 1, Column E. For a copy of Worksheet C, go to the Maine Revenue Services website at: www.maine.gov/revenue/forms or call (207) 624-7894 (to order).

SCHEDULE NR FORM 1040ME

2017

Name(s) as shown on Form 1040ME

Attachment Sequence No. 10

SCHEDULE for CALCULATING the NONRESIDENT CREDIT PART-YEAR RESIDENTS, NONRESIDENTS and "SAFE HARBOR" RESIDENTS ONLY

This schedule must be enclosed with your completed Form 1040ME.

If part-year resident, enter dates you were a Maine Resident from _______to _____.

Your Social Security Number

	THOMAS C PICHETTE & JESSICA B MCLAUG		3,	<u>6,2,- 0</u>	_8	<u>4,6,</u>	8,7,
M	HO MUST FILE SCHEDULE NR? Part-year resident, nonresident and "Safaine return, but have income <u>not</u> taxable by Maine and use the same filing see reverse side for instructions.						
	O NOT FILE SCHEDULE NR IF: All your income is taxable by Maine or if your file "Single" on the Maine return (use Schedule NRH available at www.maine.						ou elec
	OU MUST ENCLOSE A COMPLETE COPY OF YOUR FEDERAL TAX RETUR opies of W-2 forms from other states or temporary duty (TDY) papers to s				worksh	ieets. E	nclose
	IMPORTANT: If required, complete Worksheets A and B ava before completing Schedu		vw.ma	ine.gov/re	<u>/enue/</u> 1	orms	
1	555					REV 11/13/	/17 TTO
1	available at www.maine.gov/revenue/forms): Box A - From Worksheet B, line 15, column A	BOX A DERAL		Box B WAINE	Box C NON-MAINE		
	Box B - From Worksheet B, line 15, column B plus column E Box C - From Worksheet B, line 15, column D minus column E	63047	\$	9124	\$	5392	23
2	RATIO OF INCOME: Divide line 1, Box C by line 1, Box A and enter the result non-Maine source income (line 1, Box C) is negative, enter 0.0000 or if line 1 and Maine source income (line 1, Box B) is negative, enter 1.0000	I, Box C is po	sitive	0	8	<u> </u>	5 3
	COMPLETE THIS SECTION ONLY IF YOU HAVE FEDERAL INCOME ADJU	JSTMENTS					
3	FEDERAL INCOME ADJUSTMENTS — NON-MAINE-SOURCE ONLY: Multi-Form 1040, line 36, or Form 1040A, line 20 by the percentage listed on line 20						
4	FEDERAL ADJUSTED GROSS INCOME — NON-MAINE-SOURCE ONLY: Line 1, Box C		3 from			53	3923
	COMPLETE THIS SECTION ONLY IF YOU HAVE INCOME MODIFICATION	S (Form 104	OME, lir	ne 15)			
5	INCOME MODIFICATIONS — NON-MAINE-SOURCE ONLY:						
	a Additions — Specify						
	b Subtractions — Specify						
	c Total Modifications: line 5a minus line 5b (may be a negative amount)			······ <u> </u>			
6	NON-MAINE ADJUSTED GROSS INCOME: Add or, if negative, subtract lin	e 5c to or fro	m line 4	····· _		53	923
7	RATIO OF MAINE ADJUSTED GROSS INCOME: Divide line 6 by the amounte 16 and enter result here. Except, if line 6 is negative, enter 0.0000 or if I amount on Form 1040ME, line 16, enter 1.0000	ine 6 is great	er than	the	<u> </u>	3 <u>5</u> <u></u> 5	<u>5</u> <u>3</u>
8	MAINE INCOME TAX: Enter from Form 1040ME, line 20			<u> </u>		1	841
9	NONRESIDENT CREDIT: Multiply amount on line 8 by line 7.					4	
	Enter result here and on Form 1040MF, line 23						575

Electronic Filing Instructions for your 2017 Maine Tax Return Important: Your taxes are not finished until all required steps are completed.



Thomas C Pichette & Jessica B McLaughlin 603 PINE BLUFF DRIVE Summerville, SC 29483

Duninci VIIIC,	be 27103									
Balance Due/ Refund	Your Maine state tax return (Form 1040ME) shows a refund due to you in the amount of \$305.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 6746048473 Routing Transit Number: 062201601.									
Where's My Refund?										
No Signature Document Needed	No signature form is required since you signed your return electronically.									
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns									
2017 Maine Tax Return Summary	Taxable Income									

MAINE INDIVIDUAL INCOME TAX **FORM 1040ME**



01 01 **2017** to 12 31 2017

See instructions. Print neatly in blue or black ink only.

Check here if this is an AMENDED return.

Foreign postal code

THOMAS C 362 08 4687 Your First Name MI Your Social Security Number PICHETTE 005 90 7823 Your Last Name Spouse's Social Security Number **JESSICA** В Spouse's First Name MI Home Phone Number 207 408 7114 MCLAUGHLIN Spouse's Last Name Work Phone Number 603 PINE BLUFF DRIVE SUMMERVILLE SC 29483 Current Mailing Address (PO Box, number, street and apartment number) ZIP Code City or Town State

Maine Property Tax Fairness Credit / Maine Sales Tax Fairness Credit - Maine residents and part-year residents only - see Schedule PTFC/STFC. Check this box if you are filing a return only to claim the Property Tax Fairness Credit on line 25d and/or the Sales Tax Fairness Credit on line 25e. Otherwise, leave this box blank. Follow the instructions on Schedule PTFC/STFC.

Spouse

1 Maine Clean Election Fund. Maine Residents Only. Check

here if you, or your spouse, if filing jointly, want \$3 to go to this fund.

You

2 Check here if you were engaged in COMMERCIAL FARMING OR FISHING during 2017.....

FILING STATUS (Check one)

3 **S**ingle

Married filing jointly

Foreign country name

(Even if only one had income)

5 Married filing separately. Enter spouse's social security number and full name above 6

Head of household (With qualifying person)

Qualifying widow(er) with dependent child 7 (Year spouse died

> Composite Return (Pass-through **Entities ONLY)**

Foreign province/state/county

DECIDENCY CTATUS (Charles and

	R	ESIDENCY STATUS	(Check	one)												
8	Resident 8a				"Safe H	safe Harbor" Resident					Check here if you are					
9		Part-Year Resident	10	×	Nonresi	dent	11	Nonresident Alie	filing Sc	filing Schedule NRH						
12	СНЕ	CK IF: You were:	12a	65	or over	12b	blind	Spouse was:	12c	65 or over	12d	blind				
13	Ente	er the TOTAL number o	f EXEM	PTION	/S claimed	on your f	federal return					13	2			
me	14	FEDERAL ADJUST	ED GRO	oss II	NCOME			14				63047	.00			
e Income	15	INCOME MODIFICA	TIONS.	(Fror	n Schedul	e 1, line	3.)	15				•	.00			
Taxable	16	6 MAINE ADJUSTED GROSS INCOME. (Line 14 plus or minus line 15.)									63047.00					
Your	17	DEDUCTION. X	S tand	lard (S	See page 3	3 of the ir	nstructions.)	17				23200	.00			
			I temiz	zed (S	ee Maine	Schedule	e 2 and page 3	3 of the instructions.)								
culate	18	EXEMPTION . (See in	nstruction	ıs.)						. 18	8100.00					

Continue on page 2 1555 REV 12/28/17 TTO

2017 FORM 1040ME, Page 2



1702101

			1/02101
0	INCOME TAX. (Find the tax for the amount on line 19 in the tax table in this booklet or compute your tax using the tax table or tax rate schedules		31747.00 1841.00
	available at www.maine.gov/revenue/forms	. 20	1041.00
0a	TAX CREDIT RECAPTURE AMOUNTS (Enclose worksheet(s) - see instructions)	. 20a	.00
1	TOTAL TAX. (Line 20 plus line 20a)	. 21	1841.00
2	TAX CREDITS. (From Maine Schedule A, line 23.)	. 22	0.00
		. 23	1575.00
4	NET TAX . (Subtract lines 22 and 23 from line 21.) (Nonresidents see instructions.)	. 24	266.00
	TAX PAYMENTS. a Maine income tax withheld. (Enclose W-2, 1099 and 1099ME forms.) ■	▶ 25a	571.00
	b 2017 estimated tax payments and 2016 credit carried forward, extension payments and payments with original return. (Include any REAL ESTATE WITHHOLDING tax payments.)	. 25b	.00
	c REFUNDABLE TAX CREDITS (from Maine Schedule A, line 7)	. 25c	.00
	d Property Tax Fairness Credit (Schedule PTFC/STFC, line 13). (See instructions.) (For Maine residents and part-year residents only)	. 25d	.00
	e Sales Tax Fairness Credit (Schedule PTFC/STFC, line 14 or 14a)	. 25e	.00
	f TOTAL. (Add lines 25a, b, c, d, and e.)	. 25f	571.00
		. 26	.00
		. 27	571 .00
		. 28	305 .00
	,	. 29	.00
0	USE TAX (SALES TAX). (See instructions.)	. 30	0.00
0a \$	SALES TAX ON CASUAL RENTALS OF LIVING QUARTERS. (See instructions.)	30a	.00
1	CHARITABLE CONTRIBUTIONS and PARK PASSES. (From Maine Schedule CP, line 10).) 31	.00
	lines 30, 30a and 31 is greater than line 28, enter as amount due on line 34a.	32	305.00
	to be CREDITED to 2018 estimated tax 33a 0.00 REFUND	33b	305.00
		UNT (\$20,000 or less), see p	page 5 of the instructions and fill
	Check here if this refund will go to an account 33c Routing Number	062201601	
	outside the United States	6746048473	
	7.000dili Nambol	0,100101,5	
	0 0a 1 2 3 4 5 0 0a 1 2 3 IF Yin th	on INCOME TAX. (Find the tax for the amount on line 19 in the tax table in this booklet or compute your tax using the tax table or tax rate schedules available at www.maine.gov/revenue/forms	0 MCOME TAX. (Find the tax for the amount on line 19 in the tax table in this booklet or compute your tax using the tax table or tax rate schedules available at www.maine.gov/revenue/forms

1555 REV 12/28/17 TTO Continue on page 3

Name(s) as shown on Form 1040ME

Your Social Security Number

362 08 4687 THOMAS C PICHETTE & JESSI 34a TAX DUE. (Add lines 29, 30, 30a and 31) - NOTE: If total of lines 30, 30a and 31 is greater than line 28, enter the difference as an amount due on this line **b** Underpayment Penalty. (Attach Form 2210ME.) TAX DUE Check here if you checked the box on Form 2210, line 17 34b

c TOTAL AMOUNT DUE. (Add lines 34a and 34b.) (Pay in full with return.)

.00

.00

.00

EZ PAY at www.maine.gov/revenue or ENCLOSE CHECK payable to: Treasurer, State of Maine. DO NOT SEND CASH

IMPORTANT NOTE

If taxpaver is deceased. enter date of death.

(Year)

If spouse is deceased. enter date of death.

(Month) (Day) (Year)

Third Party Do you want to allow another person to discuss this return with Maine Revenue Services? **Designee**

(Month)

Yes (complete the following).

X No.

(See page 5 of the instructions)

Designee's name

Phone no.

(Day)

Personal identification #:

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.

SIGN HERE Keep a copy of this return	Your signature	Date signed	DATA ANALYST Your occupation				
for your records	Spouse's signature (If joint return, both must sign)	Date signed	WAITRESS Spouse's occupation				
	Opouse's signature (ii joint return, both must sign)	Date signed	Spouse's occupation				
	SELF PREPARED						
Paid Preparer's	Preparer's signature	Date	Preparer's phone number				
Use Only	Print preparer's name and name of business	Print preparer's name and name of business					

Avoid errors that delay processing of returns:

- Use black or blue ink. Do not use red ink.
- Be sure to enter amounts on correct lines.
- Line A. Check the Property Tax Fairness Credit/Sales Tax Fairness Credit box, if it applies.
- Lines 12 and 17. If you are over 65 and/or blind, see the instructions on page 4 and claim the additional amount as allowed.
 - Line 20. Use the correct column from the tax table for your filing status.
 - Refund. If you overpaid your tax, enter the amount you want to be refunded on line 33b.
 - Double check social security numbers, filing status, and number of exemptions.
 - Double check mathematical calculations.
 - Be sure to sign your return.
 - Enclose W-2 forms with the return.

If requesting a REFUND, mail to: Maine Revenue Services, P.O. Box 1066, Augusta, ME 04332-1066 If NOT requesting a refund, mail to: Maine Revenue Services, P.O. Box 1067, Augusta, ME 04332-1067

Payment Injured Spouse Plan

DO NOT SEND PHOTOCOPIES OF RETURNS

1555 REV 12/28/17 TTO THOMAS C PICHETTE & JESSICA B MCLAUGHLIN

3,6,2,-0,8,-4,6,8,7,

Attachment Sequence No. 12

WORKSHEET A - Residency Information Worksheet for Part-year Residents/Nonresidents/"Safe Harbor" Residents

Enclose with your Form 1040ME

The following individuals must complete Worksheet A: 1) All part-year residents whether moving into or out of Maine during the tax year; 2) nonresidents and "Safe Harbor" residents who are filing a Maine return for the first time, and 3) former Maine residents who are filing as nonresidents or "Safe Harbor" residents for the first time. Failure to enclose a completed Worksheet A with your 1040ME may delay processing of your return.

			Yourself		Spouse
	IAME				
	Social security number				90 7823
	Date of birth1				5 1990
	. Occupation1	Ic.	DATA ANALYST	WAIT	RESS
	ng 2017: Unless otherwise indicated, enter "Yes" or "No" on each line.				
	was domiciled in (Enter state(s))				
3. I	was in the military and stationed in (Enter state or country)	3.	ME		
а	. My designated state of legal residence was (Enter state)	За.	SC		
4 . T	he number of days I spent in Maine (for any purpose) was	4.	45		0
5 .	own(ed) a home/real property in Maine	5.	No		No
а	. If yes, in what municipality was the property located?	ōа.			
	Did you ever apply for a Homestead or Veterans property tax exemption?				
	. Have you disposed of the property?				
	If yes, when? (Yourself: Spouse:)				
6. I	became a Maine resident on (Enter Date)	6.			
	. Enter state of prior residence				
	Registered to vote in Maine				
	If yes, when? (Yourself: Spouse:)				
С	Purchased a home in Maine	ŝс.			
	If yes, when? (Yourself:)				
d	Obtained a driver's license in Maine	ôd.			
_	If yes, when? (Yourself: Spouse:) Registered an auto or other vehicle in Maine	20			
е	If yes, when? (Yourself:)	Je.			
7 1	moved from Maine and became a nonresident (I established a legal residence in				
	nother state) (Enter date of move)	7			
	Enter new state of residence				
	Registered to vote in my new state of residence				
~	If yes, when? (Yourself: Spouse:)			-	
С	Purchased a home in my new state of residence	7c.			
	If yes, when? (Yourself:)				
d	Obtained a driver's license in my new state of residence	7d.			
_	If yes, when? (Yourself: Spouse:)	7 -			
е	Registered an auto or other vehicle in my new state of residence	e.			
f	If married, did your spouse and dependent children (if any) move to your new				
•	state of residence?	7f.			
8. D	During period of nonresidency, have you:				
	Performed any work or services in Maine	За.			
	If yes, list employer. (Yourself: Spouse:)				
b	Registered an auto or other vehicle in Maine	3b.			
	Renewed a Maine driver's license				
d	. Voted in Maine, in person or by absentee ballot				
е	Attended or sent your children (if any) to a Maine school				
f.	Purchased a Maine resident hunting or fishing license				
q					
_	Obtained or renewed any Maine trade or professional licenses or union memberships				
	you answered "yes" to question 5 but have not disposed of the property, what use do				
	ou intend to make of it and how often (Attach a separate sheet if necessary)?				
	()				

THOMAS C PICHETTE & JESSICA B MCLAUGHLIN

3,6,2,-0,8,-4,6,8,7,

Attachment Sequence No. 13

WORKSHEET B

Income Allocation Worksheet for Part-Year Residents/Nonresidents/"Safe Harbor" Residents (See instructions at www.maine.gov/revenue/forms) - Enclose with your Form 1040ME

Part-year residents, Nonresidents and "Safe Harbor" residents **must** complete this worksheet before completing Schedule NR.

	OTE: Married persons filing separate tincome tax returns must complete		Federal Income		ident Period esidents only)	Nonresident Period (Part-year residents, Nonresidents and "Safe Harbor" residents)			
	parate worksheets for each spouse)		Column A Income from federal return	Column B Income from Column A for this period	Column C* Income from Column B earned outside of Maine	Column D Income from Column A for this period	Column E Income from Column D from Maine sources		
1.	Wages, salaries, tips, other compensation**	1	63,047.			63,047.	9,124.		
2.	Taxable interest	2							
3.	Ordinary dividends	3							
4.	Alimony received	4							
5.	Business income/loss	5							
6.	Capital gain/loss	6							
7.	Other gains/losses	7							
8. 9.	Taxable amount of IRA distributions Taxable amount of pensions and annuities	8							
10	Rental real estate, royalties, partnerships, S corporations, and trusts, etc	10							
11.	Farm income/loss	11							
12	Unemployment Compensation	12							
	Taxable amount of social security benefits Other income (including lump-sum	13							
14	distributions, but excluding state income tax refunds)	14							
15	Add lines 1 through 14	15	63,047.			63,047.	9,124.		

*Part-year residents must make an entry in Column C if income was earned in another jurisdiction during the period of Maine residency. Enter below the name of each other jurisdiction and the dates the income was earned in those jurisdictions. Use a separate sheet if additional space is needed.										
Name of other jurisdiction	Period (mm/yy) From	То								
Name of other jurisdiction	Period (mm/yy) From	То								
Name of other jurisdiction	Period (mm/yy) From	То								
You must attach a copy of the income tax return(s) filed with the other jurisdiction										

NOTE: See instructions at www.maine.gov/revenue/forms on how to use Worksheet B, line 15 entries to complete line 1 of Schedule NR.

1555 REV 11/13/17 TTO

^{**}If necessary, use Worksheet C (Employee Apportionment Worksheet) for Part-Year Residents/Nonresidents/"Safe Harbor" Residents to calculate the amount for line 1, Column E. For a copy of Worksheet C, go to the Maine Revenue Services website at: www.maine.gov/revenue/forms or call (207) 624-7894 (to order).

SCHEDULE NR FORM 1040ME

2017

Name(s) as shown on Form 1040ME

Attachment Sequence No. 10

SCHEDULE for CALCULATING the NONRESIDENT CREDIT PART-YEAR RESIDENTS, NONRESIDENTS and "SAFE HARBOR" RESIDENTS ONLY

This schedule must be enclosed with your completed Form 1040ME.

If part-year resident, enter dates you were a Maine Resident from _______to _____.

Your Social Security Number

	THOMAS C PICHETTE & JESSICA B MCLAUG		_3_	<u>6,2,-</u> 0	. 8	4,6	<u>.8,7</u> ,
M	HO MUST FILE SCHEDULE NR? Part-year resident, nonresident and "Saine return, but have income <u>not</u> taxable by Maine and use the same filing the reverse side for instructions.						
	O NOT FILE SCHEDULE NR IF: All your income is taxable by Maine or if your file "Single" on the Maine return (use Schedule NRH available at						

Form 1040EZ

Income Tax Return for Single and Joint Filers With No Dependents (99)

2017

1040EZ		Joir	nt Filers With N	lo Depen	dents	(99)	201 <i>1</i>				OMB No.	1545-00	074
Your first name a	nd initia	al		Last name						Your s	ocial se	curity n	umber
Thomas C				Pichet	tte					362	2 08	468	37
If a joint return, sp	pouse's	first	name and initial	Last name						Spouse	's social	security	number
Jessica E	3			McLaud	ahlin					005	5 90	782	23
Home address (n	umber	and st	treet). If you have a P.O.	_	_				Apt. no.	1	Make su	ire the S	SSN(e)
603 Pine	Blu	ff	Drive									are cor	٠,
			nd ZIP code. If you have a f	oreign address, a	also complete	spaces below (se	ee instructions).			Preside	ential Elec	ction Ca	mpaign
Summervil	lle s	SC	29483							Check he	re if you, or	your spor	use if filing
Foreign country n					Foreign p	rovince/state/co	unty	Fore	eign postal code		ant \$3 to go ow will not		nd. Checking
										refund.	OW WIII 1100	You	Spouse
Income		1	Wages, salaries, and	tips. This she	ould be sh	own in box 1	of your Form	(s) W-2.				J L	
IIICOIIIC			Attach your Form(s)	•			j			1		63	,047.
Attach	-												•
Form(s) W-2 here.		2	Taxable interest. If t	he total is ove	er \$1,500,	you cannot us	se Form 1040l	EZ.		2			
	-				. , , ,	<u>, </u>							
Enclose, but do not attach, any		3	Unemployment com	pensation and	d Alaska F	Permanent Fun	d dividends (see instr	uctions).	3			
payment.	-			T			(,					
		4	Add lines 1, 2, and 3	B. This is you	r adiusted	gross income	е.			4		63	,047.
	-	5	If someone can clair					lent, che	ck				•
			the applicable box(e		-	-	_						
			You	Spouse									
			If no one can claim		spouse if a	ioint return).	enter \$10.400) if sing l	e:				
			\$20,800 if married						-,	5		2.0	,800.
	-	6	Subtract line 5 from										,000.
			This is your taxable			, ,			•	6		42	,247.
		7	Federal income tax v		Form(s)	W-2 and 1099).			7			,183.
Payments,	-	8a	Earned income cre						No	8a			,100.
Credits,	-	b	Nontaxable combat				8b		110				
and Tax	-	9	Add lines 7 and 8a.		ır total na					9		7	,183.
	_	0	Tax. Use the amoun					n the				<u> </u>	,
	-	. 0	instructions. Then, e			-				10		5	,401.
	1	1	Health care: individu				Full-year o	coverage		11			436.
	_	2	Add lines 10 and 11				Tun year c	coverage	<u> </u>	12		5	,837.
Defund		3a	If line 9 is larger tha				This is your	refund.					,037.
Refund			If Form 8888 is attac			7	. 11115 15 7041	Teruna		13a		1	,346.
Have it directly deposited! See	-												7310.
instructions and	>	b	Routing number	0 6 2	2 0 1	6 0 1	► c Type:	X Check	ting Sav	ings			
fill in 13b, 13c, and 13d, or													
Form 8888.	>	d	Account number	6 7 4	6 0 4	8 4 7	3						
Amount	1	4	If line 12 is larger that	an line 9, subt	tract line 9	from line 12.	This is						
You Owe			the amount you owe	,					•	14			
Third Doots	Do	vou	want to allow anothe	r person to di	iscuss this	return with the	e IRS (see ins	tructions	s)? Ye	s. Comp	lete bel	ow.	⊠ No
Third Party		•		. po. co to a.			o to (000o		Personal ident				
Designee	nar	signee ne	· S ▶			Phone no.			number (PIN)	incation	•		
Sign			enalties of perjury, I dec										
Here			ely lists all amounts and formation of which the pr				x year. Declarat	tion of pre	eparer (other t	han the ta	axpayer)	is base	d
Joint return? See			nature			Date	Your occupat	tion		Daytime	phone nu	ımber	
instructions.		_					Data An	nalvst	_	(207)408-	7114	<u> </u>
Keen a conv for								(207)408-7114 If the IRS sent you an Identity Protection					
Keep a copy for your records.	Maitreag							PIN, enter	it				
Daid	Print/	Гуре г	oreparer's name	Preparer's sig	anature	<u> </u>	1	Date		here (see ir	- F	PTIN	
Paid		, 1			,					Check L self-emp	IT	-	
Preparer	Firm's	nom	Self-Da	repared				Firm's			-		
Use Only	Firm's Firm's			- crar ca									
	THITTS	auur	533 ₹					Phone	IIU.				