



2019 IRS 1040 FORM SAMPLE

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Form 1040 Department of the Treasury - Internal Revenue Service (99) **2019** OMB No. 1545-0047 IRS Use Only - Do not write or stamp in this space.

U.S. Individual Income Tax Return

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

Your first name and middle initial Last name Your social security number
 If joint return, spouse's first name and middle initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
 Check here if you, or your spouse if filing jointly, want \$3 to go to the fund. Checking a box below will not change your tax or refund. Yes No Spouse

Foreign country name Foreign province/state/country Foreign postal code If more than four dependents, see instructions and Form 1040-SS.

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

Age/Blindness Your: Was born before January 2, 1953 Am blind Spouse: Was born before January 2, 1953 Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input type="checkbox"/> If qualifies for (see instructions): Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2	2a Tax-exempt interest	2b Taxable interest. Attach Sch. B if required	3 Qualified dividends	3a Dividend distributions. Attach Sch. B if required	3b Taxable amount
4a IRA distributions	4b Pensions and annuities	4c Social security benefits	5 Capital gain or (loss). Attach Schedule D if required. If not required, check here	6 Other income from Schedule 1, line 9	7a Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income
7b Adjustments to income from Schedule 1, line 22	8 Subtract line 7b from line 7a. This is your adjusted gross income	9 Standard deduction or itemized deductions from Schedule A	10 Qualified business income deduction. Attach Form 8885 or Form 8885-A	11a Add lines 9 and 10	11b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 112000 Form 1040 (2019)

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Form 1040 (2019) Page 2

12a Tax (see inst.) Check if any from Form(s): 1 8814 2 4972 3 **12a**

b Add Schedule 2, line 9, and line 12a and enter the total **12b**

13a Child tax credit or credit for other dependents **13a**

b Add Schedule 3, line 7, and line 13a and enter the total **13b**

14 Subtract line 13b from line 12b. If zero or less, enter -0- **14**

15 Other taxes, including self-employment tax, from Schedule 2, line 10 **15**

16 Add lines 14 and 15. This is your total tax **16**

17 Federal income tax withheld from Forms W-2 and 1099 **17**

18 Other payments and refundable credits:

a Eamed income credit (EIC)	18a
b Additional child tax credit. Attach Schedule 8812	18b
c American opportunity credit from Form 8863, line 9	18c
d Schedule 3, line 14	18d
e Add lines 18a through 18d. These are your total other payments and refundable credits	18e

19 Add lines 17 and 18e. These are your total payments **19**

Refund

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid **20**

21a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here **21a**

b Routing number **21b** Checking Savings

c Account number **21c**

22 Amount of line 20 you want applied to your 2020 estimated tax **22**

23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions **23**

24 Estimated tax penalty (see instructions) **24**

Third Party Designee (other than paid preparer) Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

Designee's name Phone no. Personal identification number (PIN)

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. Email address

Paid Preparer Use Only

Preparer's name Preparer's signature Date PTIN Check it: 3rd Party Designee Self-employed

Firm's name Phone no. Firm's address Firm's EIN

Go to www.irs.gov/Form1040 for instructions and the latest information. Form 1040 (2019)

SCHEDULE 1

SCHEDULE 1 (Form 1040 or 1040-SR) Department of the Treasury Internal Revenue Service	Additional Income and Adjustments to Income Attach to Form 1040 or 1040-SR. Go to www.irs.gov/Form1040 for instructions and the latest information.	OMB No. 1545-0074 2019 Attachment Sequence No. 01
Name(s) shown on Form 1040 or 1040-SR		Your social security number
At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Part I Additional Income		
1 Taxable refunds, credits, or offsets of state and local income taxes	1	
2a Alimony received	2a	
b Date of original divorce or separation agreement (see instructions) ▶		
3 Business income or (loss). Attach Schedule C	3	
4 Other gains or (losses). Attach Form 4797	4	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6 Farm income or (loss). Attach Schedule F	6	
7 Unemployment compensation	7	
8 Other income. List type and amount ▶	8	
9 Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	
Part II Adjustments to Income		
10 Educator expenses	10	
11 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12 Health savings account deduction. Attach Form 8889	12	
13 Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14 Deductible part of self-employment tax. Attach Schedule SE	14	
15 Self-employed SEP, SIMPLE, and qualified plans	15	
16 Self-employed health insurance deduction	16	
17 Penalty on early withdrawal of savings	17	
18a Alimony paid	18a	
b Recipient's SSN		
c Date of original divorce or separation agreement (see instructions) ▶		
19 IRA deduction	19	
20 Student loan interest deduction	20	
21 Tuition and fees. Attach Form 8917	21	
22 Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	

SCHEDULE 2

SCHEDULE 2 (Form 1040 or 1040-SR) Department of the Treasury Internal Revenue Service	Additional Taxes Attach to Form 1040 or 1040-SR. Go to www.irs.gov/Form1040 for instructions and the latest information.	OMB No. 1545-0074 2019 Attachment Sequence No. 02
Name(s) shown on Form 1040 or 1040-SR		Your social security number
Part I Tax		
1 Alternative minimum tax. Attach Form 6251	1	
2 Excess advance premium tax credit repayment. Attach Form 8962	2	
3 Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	
Part II Other Taxes		
4 Self-employment tax. Attach Schedule SE	4	
5 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 6919	5	
6 Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a Household employment taxes. Attach Schedule H	7a	
b Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9 Section 965 net tax liability installment from Form 965-A	9	
10 Add lines 4 through 9. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	
For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 2 (Form 1040 or 1040-SR) 2019		

SCHEDULE 3

SCHEDULE 3 (Form 1040 or 1040-SR) Department of the Treasury Internal Revenue Service	Additional Credits and Payments Attach to Form 1040 or 1040-SR. Go to www.irs.gov/Form1040 for instructions and the latest information.	OMB No. 1545-0074 2019 Attachment Sequence No. 03
Name(s) shown on Form 1040 or 1040-SR		Your social security number
Part I Nonrefundable Credits		
1 Foreign tax credit. Attach Form 1116 if required	1	
2 Credit for child and dependent care expenses. Attach Form 2441	2	
3 Education credits from Form 8863, line 19	3	
4 Retirement savings contributions credit. Attach Form 8880	4	
5 Residential energy credit. Attach Form 5695	5	
6 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8901 c <input type="checkbox"/>	6	
7 Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	
Part II Other Payments and Refundable Credits		
8 2019 estimated tax payments and amount applied from 2018 return	8	
9 Net premium tax credit. Attach Form 8962	9	
10 Amount paid with request for extension to file (see instructions)	10	
11 Excess social security and tier 1 RRRA tax withheld	11	
12 Credit for federal tax on fuels. Attach Form 4136	12	
13 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	13	
14 Add line 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	
For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 3 (Form 1040 or 1040-SR) 2019		

SCHEDULE C

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074
2019
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (IRS)

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor _____ Social security number (SSN) _____

A Principal business or profession, including product or service (see instructions) _____

B Enter code from instructions _____

C Business name, if no separate business name, leave blank _____

D Employer ID number (EIN) (see instructions) _____

E Business address (including suite or room no.) _____
City, town or post office, state, and ZIP code _____

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____

G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses _____ Yes No

H If you started or acquired this business during 2019, check here _____

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) _____ Yes No

J If "Yes," did you or will you file required Form 1099? _____ Yes No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked.	1
2	Returns and allowances	2
3	Subtract line 2 from line 1	3
4	Cost of goods sold (from line 42)	4
5	Gross profit. Subtract line 4 from line 3	5
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6
7	Gross income. Add lines 5 and 6	7

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	18	Office expense (see instructions)	18
9	Car and truck expenses (see instructions)	19	Pension and profit-sharing plans	19
10	Commissions and fees	20a	Rent or lease (see instructions)	20a
11	Contract labor (see instructions)	20b	Vehicle, machinery, and equipment	20b
12	Depletion	21	Other business property	21
13	Depreciation and section 179 expense deduction not included in Part II	22	Repairs and maintenance	22
14	Employee benefit programs (other than on line 15)	23	Supplies (not included in Part II)	23
15	Insurance (other than health)	24	Taxes and licenses	24
16	Interest (see instructions):	24a	Travel and meals:	24a
a Mortgage (paid to banks, etc.)	16a	a Travel	24a	
b Other	16b	b Deductible meals (see instructions)	24b	
17	Legal and professional services	25	Utilities	25
18	Legal and professional services	26	Wages (less employment credits)	26
19	Legal and professional services	27a	Other expenses (from line 48)	27a
20	Legal and professional services	27b	Reserved for future use	27b
21	Legal and professional services	28		28
22	Legal and professional services	29		29
23	Legal and professional services	30		30
24	Legal and professional services	31		31

31 Net profit or (loss). Subtract line 30 from line 7.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. If you checked the box on line 1, see the 31 instructions. Estates and trusts, enter on Form 1041, line 3.

If a loss, you must go to line 32.

If you checked 32b, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. If you checked the box on line 1, see the 31 instructions. Estates and trusts, enter on Form 1041, line 3.

If you checked 32c, you must attach Form 6199. Your loss may be limited.

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11334P Schedule C (Form 1040 or 1040-SR) 2019

SCHEDULE E

SCHEDULE E
(Form 1040 or 1040-SR)

Supplemental Income and Loss

OMB No. 1545-0074
2019
Attachment
Sequence No. **10**

Department of the Treasury
Internal Revenue Service (IRS)

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

Name of proprietor _____ Your social security number _____

Part I Amount of Loss From Real Estate Rental Activities and Royalties. Note: If you are in the business of selling personal property, see Schedule C (see instructions). If you are an individual, report farm rental income or loss from Form 986 (page 6, line 6).

A Did you make any payments in 2019 that would require you to file required Form 1099? _____ Yes No

B If "Yes," did you or will you file required Form 1099? _____ Yes No

Part II Type of property rented or sold. If you sold real estate, report the number of net units sold. If you sold real estate, report the number of net units sold. If you sold real estate, report the number of net units sold.

Type of property	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11334P Schedule E (Form 1040 or 1040-SR) 2019

SCHEDULE D

SCHEDULE D
(Form 1040 or 1040-SR)

Capital Gains and Losses

OMB No. 1545-0074
2019
Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (IRS)

Go to www.irs.gov/ScheduleD for instructions and the latest information.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 6b, 8, and 10.

Name(s) shown on return _____ Your social security number _____

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.
This form may be easier to complete if you round off cents to whole dollars.

	(a) Proceeds (less cost)	(b) Cost (or other basis)	(c) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(d) Gain or (loss) (subtract column (b) from column (a) and combine the result with column (c))
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.			
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked			
2	Totals for all transactions reported on Form(s) 8949 with Box B checked			
3	Totals for all transactions reported on Form(s) 8949 with Box C checked			
4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in column (d). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			7

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.
This form may be easier to complete if you round off cents to whole dollars.

	(a) Proceeds (less cost)	(b) Cost (or other basis)	(c) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(d) Gain or (loss) (subtract column (b) from column (a) and combine the result with column (c))
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.			
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked			
9	Totals for all transactions reported on Form(s) 8949 with Box E checked			
10	Totals for all transactions reported on Form(s) 8949 with Box F checked			
11	Gain from Form 4797, Part I; long-term gain from Forms 2430 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12
13	Capital gain distributions. See the instructions			13
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14
15	Net long-term capital gain or (loss). Combine lines 8a through 14 in column (d). Then go to Part III on the back			15

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 11334P Schedule D (Form 1040 or 1040-SR) 2019



2019 IRS TAX RETURN TRANSCRIPT SAMPLE

Sample Tax Return Transcript: Marcos and Carolina Tamez



Internal Revenue Service United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 08-30-2020
Response Date: 08-30-2020
Tracking Number: XXXXXXXXXX
Tax Return Transcript
SSN Provided: XXX-XX-4672
Tax Period Ending: Dec. 31, 2019

The following items reflect the amount as shown on the return (PR), and the amount as adjusted (PC), if applicable. They do not show subsequent activity on the account.

NAME(S) SHOWN ON RETURN: CARO MARCO TAMEZ
ADDRESS: 0741 W

1040: p.1 FILING STATUS: Married Filing Joint
FORM NUMBER: 1040
CYCLE POSTED: 20201603
RECEIVED DATE: Apr. 15, 2020
REMITTANCE: \$0.00
EXEMPTION NUMBER: 04
OTHER DEPENDENT CREDIT TOTAL ELIGIBLE PER COMPUTER: 00
OTHER DEPENDENT CREDIT TOTAL ELIGIBLE VERIFIED: 00
EXEMPTION NUMBER: 4
1040: p.1 DEPENDENT 1 NAME CTRL: TAMEZ
DEPENDENT 1 SSN: XXX-XX-6772
DEPENDENT 2 NAME CTRL: TAMEZ
DEPENDENT 2 SSN: XXX-XX-6534
DEPENDENT 3 NAME CTRL:
DEPENDENT 3 SSN:
DEPENDENT 4 NAME CTRL:
DEPENDENT 4 SSN:
PTIN:
PREPARER EIN:

Income

1040: 1	WAGES, SALARIES, TIPS, ETC:	\$131,638.00
1040: 2a	TAXABLE INTEREST INCOME: SCH B:	\$1,590.00
1040: 2a	TAX-EXEMPT INTEREST:	\$0.00
1040: 2a	ORDINARY DIVIDEND INCOME: SCH B:	\$0.00
1040: 2a	QUALIFIED DIVIDENDS:	\$0.00
1040: 2a	REBUND OF STATE/LOCAL TAXES:	\$0.00
1040: 2a	ALIMONY RECEIVED:	\$0.00
Sch 1: 3	BUSINESS INCOME OR LOSS (Schedule C):	\$0.00
Sch 1: 3	BUSINESS INCOME OR LOSS: SCH C PER COMPUTER:	\$0.00
Sch 1: 3	CAPITAL GAIN OR LOSS: (Schedule D):	\$0.00
Sch 1: 3	CAPITAL GAIN OR LOSS: SCH D PER COMPUTER:	\$0.00
Sch 1: 3	OTHER GAINS OR LOSSES (Form 4797):	\$0.00
1040: 4a	TOTAL IRA DISTRIBUTIONS:	\$0.00
1040: 4b	TAXABLE IRA DISTRIBUTIONS:	\$0.00
1040: 4c	TOTAL PENSIONS AND ANNUITIES:	\$0.00
1040: 4d	TAXABLE PENSION/ANNUITY AMOUNT:	\$0.00
1040: 4d	ADDITIONAL INCOME:	\$0,124.00
1040: 4d	ADDITIONAL INCOME PER COMPUTER:	\$0,124.00
1040: 4d	REFUNDABLE CREDITS PER COMPUTER:	\$0.00
1040: 4d	REFUNDABLE EDUCATION CREDIT PER COMPUTER:	\$0.00

*Income earned from work: IRS Form 1040-Line 1, Schedule 1-lines 3 and 6, Schedule E-1 (IRS Form 1040)-Box 14 (Code A). If any individual earning item is reported, do not include that item in your calculation.

Sch 1: 6	QUALIFIED BUSINESS INCOME DEDUCTION:	\$0.00
Sch 1: 6	RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E):	\$0.00
Sch 1: 6	RENT/ROYALTY/PARTNERSHIP/ESTATE (Schedule E) PER COMPUTER:	\$0.00
Sch 1: 6	RENT/ROYALTY INCOME/LOSS PER COMPUTER:	\$0.00
Sch 1: 6	ESTATE/TRUST INCOME/LOSS PER COMPUTER:	\$0.00
Sch 1: 6	PARTNERSHIP/S-CORP INCOME/LOSS PER COMPUTER:	\$0.00
Sch 1: 6	FARM INCOME OR LOSS (Schedule F):	\$0.00
Sch 1: 6	FARM INCOME OR LOSS (Schedule F) PER COMPUTER:	\$0.00
Sch 1: 6	UNEMPLOYMENT COMPENSATION:	\$0.00
Sch 1: 6	TOTAL SOCIAL SECURITY BENEFITS:	\$0.00
Sch 1: 6	TAXABLE SOCIAL SECURITY BENEFITS:	\$0.00
Sch 1: 6	TAXABLE SOCIAL SECURITY BENEFITS PER COMPUTER:	\$0.00
Sch 1: 6	OTHER INCOME:	\$8,154.00
Sch 1: 6	SCHEDULE EIC OR INCOME PER COMPUTER:	\$0.00
Sch 1: 6	SCHEDULE EIC EARNED INCOME PER COMPUTER:	\$0.00
Sch 1: 6	SCH EIC DISQUALIFIED INC COMPUTER:	\$0.00
Sch 1: 6	QUALIFIED BUSINESS INCOME DEDUCTION:	\$0.00
Sch 1: 6	PS 995 QUALIFIED BUSINESS INCOME DEDUCTION COMPUTER:	\$0.00
Sch 1: 6	PS 995 NET CAPITAL GAINS COMPUTER:	\$0.00
Sch 1: 6	TOTAL INCOME:	\$143,352.00
Sch 1: 6	TOTAL INCOME PER COMPUTER:	\$143,352.00
Adjustments to Income		
Sch 1: 12	EDUCATOR EXPENSES:	\$0.00
Sch 1: 12	EDUCATOR EXPENSES PER COMPUTER:	\$0.00
Sch 1: 12	RETRIBUT AND OTHER BUSINESS EXPENSES:	\$0.00
Sch 1: 12	HEALTH SAVING ACCT DEDUCTION PER COMPT:	\$0.00
Sch 1: 12	HEALTH SAVING ACCT DEDUCTION PER COMPUTER:	\$0.00
Sch 1: 12	MOVING EXPENSES: PS903:	\$0.00
Sch 1: 12	SELF EMPLOYMENT TAX DEDUCTION:	\$0.00
Sch 1: 12	SELF EMPLOYMENT TAX DEDUCTION PER COMPUTER:	\$0.00
Sch 1: 12	SELF EMPLOYMENT TAX DEDUCTION VERIFIED:	\$0.00
Sch 1: 10	KROGH/SEP CONTRIBUTION DEDUCTION:	\$0.00
Sch 1: 10	SELF-IMP HEALTH INS DEDUCTION:	\$0.00
Sch 1: 10	EARLY WITHDRAWAL OF SAVINGS PENALTY:	\$0.00
Sch 1: 10	ALIMONY PAID SSN:	\$0.00
Sch 1: 10	ALIMONY PAID:	\$0.00
Sch 1: 10	IRA DEDUCTION:	\$0.00
Sch 1: 10	IRA DEDUCTION PER COMPUTER:	\$0.00
Sch 1: 10	STUDENT LOAN INTEREST DEDUCTION:	\$0.00
Sch 1: 10	STUDENT LOAN INTEREST DEDUCTION PER COMPUTER:	\$0.00
Sch 1: 10	STUDENT LOAN INTEREST DEDUCTION VERIFIED:	\$0.00
Sch 1: 10	TUITION AND FEES DEDUCTION:	\$0.00
Sch 1: 10	TUITION AND FEES DEDUCTION PER COMPUTER:	\$0.00
Sch 1: 10	DOMESTIC PRODUCTION ACTIVITIES DEDUCTION:	\$0.00
Sch 1: 10	DOMESTIC PRODUCTION ACTIVITIES DEDUCTION PER COMPUTER:	\$0.00
Sch 1: 10	OTHER ADJUSTMENTS:	\$0.00
Sch 1: 10	ARCHER MSA DEDUCTION:	\$0.00
Sch 1: 10	ARCHER MSA DEDUCTION PER COMPUTER:	\$0.00
Sch 1: 10	TOTAL ADJUSTMENTS:	\$0.00
Sch 1: 10	TOTAL ADJUSTMENTS PER COMPUTER:	\$0.00
Sch 1: 10	ADJUSTED GROSS INCOME:	\$143,352.00
Sch 1: 10	ADJUSTED GROSS INCOME PER COMPUTER:	\$143,352.00
Tax and Credits		
Sch 1: 10	E5-OR-OVER:	\$0.00
Sch 1: 10	BLIND:	\$0.00
Sch 1: 10	SPOUSE E5-OR-OVER:	\$0.00
Sch 1: 10	SPOUSE BLIND:	\$0.00
Sch 1: 10	STANDARD DEDUCTION PER COMPUTER:	\$0.00
Sch 1: 10	STANDARD DEDUCTION:	\$0.00
Sch 1: 10	ADDITIONAL STANDARD DEDUCTION PER COMPUTER:	\$0.00
Sch 1: 10	TAX TABLE INCOME PER COMPUTER:	\$107,638.00
Sch 1: 10	REMITTANCE AMOUNT PER COMPUTER:	\$0.00
Sch 1: 10	TAXABLE INCOME:	\$107,638.00
Sch 1: 10	TAXABLE INCOME PER COMPUTER:	\$107,638.00
Sch 1: 10	TOTAL POSITIVE INCOME PER COMPUTER:	\$143,352.00
Sch 1: 10	TERMINATE TAX:	\$15,397.00
Sch 1: 10	TERMINATE TAX PER COMPUTER:	\$15,397.00

FORM 8814 ADDITIONAL TAX AMOUNT	00.00
TAX ON INCOME LESS SEC INC INCOME PER COMPUTER	00.00
FORM 6251 ALTERNATIVE MINIMUM TAX	00.00
FORM 6251 ALTERNATIVE MINIMUM TAX PER COMPUTER	00.00
FOREIGN TAX CREDIT	00.00
FOREIGN TAX CREDIT PER COMPUTER	00.00
FOREIGN INCOME EXCLUSION PER COMPUTER	00.00
FOREIGN INCOME EXCLUSION TAX PER COMPUTER	00.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT AMOUNT	00.00
EXCESS ADVANCE PREMIUM TAX CREDIT REPAYMENT VERIFIED AMOUNT	00.00
CHILD & DEPENDENT CARE CREDIT	58.80
CHILD & DEPENDENT CARE CREDIT PER COMPUTER	00.00
CREDIT FOR ELDERLY AND DISABLED	00.00
CREDIT FOR ELDERLY AND DISABLED PER COMPUTER	00.00
EDUCATION CREDIT	00.00
EDUCATION CREDIT PER COMPUTER	00.00
GROSS EDUCATION CREDIT PER COMPUTER	00.00
RETIREMENT SAVINGS CONTR CREDIT	00.00
RETIREMENT SAVINGS CONTR CREDIT PER COMPUTER	00.00
PRM RET SAV CONTR: F880 INGA	00.00
SEC RET SAV CONTR: F880 INGA	00.00
TOTAL RETIREMENT SAVINGS CONTRIBUTION: F880 CONTR	00.00
RESIDENTIAL ENERGY CREDIT	00.00
RESIDENTIAL ENERGY CREDIT PER COMPUTER	00.00
CHILD AND OTHER DEPENDENT CREDIT	4,000.00
CHILD AND OTHER DEPENDENT CREDIT PER COMPUTER	4,000.00
ADOPTION CREDIT	00.00
ADOPTION CREDIT PER COMPUTER	00.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT	00.00
FORM 8396 MORTGAGE CERTIFICATE CREDIT PER COMPUTER	00.00
F880, F881 AND OTHER CREDIT AMOUNT	00.00
FORM 3800 GENERAL BUSINESS CREDITS	00.00
FORM 3800 GENERAL BUSINESS CREDITS PER COMPUTER	00.00
PRIOR YR MIN TAX CREDIT: F881	00.00
PRIOR YR MIN TAX CREDIT: F881 PER COMPUTER	00.00
F926 ELECTRIC MOTOR VEHICLE CREDIT AMOUNT	00.00
F926 ELECTRIC MOTOR VEHICLE CREDIT PER COMPUTER	00.00
F920 ALTERNATIVE MOTOR VEHICLE CREDIT AMOUNT	00.00
F920 ALTERNATIVE MOTOR VEHICLE CREDIT PER COMPUTER	00.00
OTHER CREDITS	4,059.00
TOTAL CREDITS PER COMPUTER	4,059.00
TOTAL TAX AFTER CREDITS PER COMPUTER	11,338.00

1040: 14 ***Income Tax After Credits Per Computer*** \$11,338.00
 Sch 2: 2 ***Excess Advance Premium Tax Credit Repayment Amount*** 0.00
 Income Tax Paid \$11,338.00

Other Taxes	
SE TAX	00.00
SE TAX PER COMPUTER	00.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS	00.00
SOCIAL SECURITY AND MEDICARE TAX ON UNREPORTED TIPS PER COMPUTER	00.00
TAX ON QUALIFIED PLANS F5329 (PR)	00.00
TAX ON QUALIFIED PLANS F5329 PER COMPUTER	00.00
TRAP TAX PER COMPUTER	00.00
TP TAX FIGURES (REDUCED BY TRAP) PER COMPUTER	11,338.00
DMF TOTAL TAX (REDUCED BY TRAP) PER COMPUTER	11,338.00
TOTAL OTHER TAXES PER COMPUTER	00.00
UNPAID FICA ON REPORTED TIPS	00.00
F885-890 OTHER TAXES	00.00
TOTAL OTHER TAXES	00.00
RECAPTURE TAX: F8611	00.00
HOUSEHOLD EMPLOYMENT TAXES	00.00
HOUSEHOLD EMPLOYMENT TAXES PER COMPUTER	00.00
HEALTH CARE RESPONSIBILITY PENALTY	00.00
HEALTH CARE RESPONSIBILITY PENALTY VERIFIED	00.00
HEALTH COVERAGE RECAPTURE: F8605	00.00
RECAPTURE TAXES	00.00
TOTAL ASSESSMENT PER COMPUTER	11,338.00

*****Income Tax Due & Installment Arrangements*****

TOTAL TAX LIABILITY TP FIGURES: \$11,338.00
 TOTAL TAX LIABILITY TP FIGURES PER COMPUTER: \$11,338.00

Payments

FEDERAL INCOME TAX WITHHELD	11,291.00
HEALTH CARE: INDIVIDUAL RESPONSIBILITY	00.00
HEALTH CARE FULL-YEAR COVERAGE INDICATOR	0
ESTIMATED TAX PAYMENTS	00.00
OTHER PAYMENT CREDIT	00.00
REFUNDABLE EDUCATION CREDIT	00.00
REFUNDABLE EDUCATION CREDIT PER COMPUTER	00.00
REFUNDABLE EDUCATION CREDIT VERIFIED	00.00
REFUNDABLE CREDITS	00.00
EARNED INCOME CREDIT	00.00
EARNED INCOME CREDIT PER COMPUTER	00.00
EARNED INCOME CREDIT NONAPPLICABLE COMBAT PAY	00.00
SCHEDULE 8012 NONAPPLICABLE COMBAT PAY	00.00
SCHEDULE 8012 TOT SS/MEDICARE WITHHELD	00.00
SCHEDULE 8012 ADDITIONAL CHILD TAX CREDIT	00.00
SCHEDULE 8012 ADDITIONAL CHILD TAX CREDIT PER COMPUTER	00.00
SCHEDULE 8012 ADDITIONAL CHILD TAX CREDIT VERIFIED	00.00
AMOUNT PAID WITH FORM 4852	00.00
FORM 2439 REGULATED INVESTMENT COMPANY CREDIT	00.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS	00.00
FORM 4136 CREDIT FOR FEDERAL TAX ON FUELS PER COMPUTER	00.00
HEALTH COVERAGE TX CR: F8825	00.00
SEC 945 TAX LIABILITY	00.00
SEC 945 TAX LIABILITY PER COMPUTER	00.00
PREMIUM TAX CREDIT AMOUNT	00.00
PREMIUM TAX CREDIT VERIFIED AMOUNT	00.00
PRIMARY NAF FIRST TIME HOME BUYER INSTALLMENT AMT	00.00
SECONDARY NAF FIRST TIME HOME BUYER INSTALLMENT AMT	00.00
FIRST TIME HOMEBUYER CREDIT REPAYMENT AMOUNT	00.00
FORM 5405 TOTAL HOMEBUYERS CREDIT REPAYMENT PER COMPUTER	00.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER	00.00
SMALL EMPLOYER HEALTH INSURANCE PER COMPUTER (2)	00.00
FORM 2439 AND OTHER CREDITS	00.00
TOTAL PAYMENTS	11,291.00
TOTAL PAYMENTS PER COMPUTER	11,291.00

Refund or Amount Owed

AMOUNT YOU OWE	47.00
APPLIED TO NEXT YEAR'S ESTIMATED TAX	00.00
ESTIMATED TAX PENALTY	00.00
TAX ON INCOME LESS STATE REFUND PER COMPUTER	00.00
HAL DSR/OVER PMT USING TP FIG PER COMPUTER	47.00
HAL DSR/OVER PMT USING COMPUTER FIGURES	47.00
FORM 8869 TOTAL REFUND PER COMPUTER	00.00

Third Party Designee

THIRD PARTY DESIGNER ID NUMBER:
 AUTHORIZATION INDICATOR:
 THIRD PARTY DESIGNER NAME:

Schedule A--Itemized Deductions

MEDICAL AND DENTAL EXPENSES	00.00
ADJUSTED GROSS INCOME PERCENTAGE	10,601.00
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 10 PERCENT	00.00
ADJUSTED GROSS INCOME PERCENTAGE PER COMPUTER 7.5 PERCENT	10,601.00
NET MEDICAL DEDUCTION	00.00
NET MEDICAL DEDUCTION PER COMPUTER	00.00

TAXES PAID	
STATE AND LOCAL INCOME OR SALES TAXES:	\$6,206.00
STATE INCOME OR SALES TAX:	\$0.00
REAL ESTATE TAXES:	\$14,736.00
PERSONAL PROPERTY TAXES:	\$784.00
OTHER TAXES AMOUNT:	\$0.00
SCH A TAX DEDUCTIONS:	\$10,000.00
SCH A TAX PER COMPUTER:	\$10,000.00
INTEREST PAID	
MORTGAGE INTEREST (FINANCIAL):	\$23,169.00
MORTGAGE INTEREST (INDIVIDUAL):	\$0.00
DEDUCTIBLE POINTS:	\$0.00
QUALIFIED MORTGAGE INSURANCE PREMIUMS:	\$0.00
DEDUCTIBLE INVESTMENT INTEREST:	\$0.00
TOTAL INTEREST DEDUCTIONS:	\$23,169.00
TOTAL INTEREST DEDUCTION PER COMPUTER:	\$23,169.00
CHARITABLE CONTRIBUTIONS	
CASH CONTRIBUTIONS:	\$230.00
OTHER THAN CASH: FORM 8281:	\$315.00
CARRYOVER FROM PRIOR YEAR:	\$0.00
SCH A TOTAL CONTRIBUTIONS:	\$545.00
SCH A TOTAL CONTRIBUTIONS PER COMPUTER:	\$545.00
CASUALTY AND THEFT LOSS	
CASUALTY OR THEFT LOSS:	\$0.00
JOBS AND MISCELLANEOUS	
UNREIMBURSED EMPLOYEE EXPENSE AMOUNT:	\$0.00
TOTAL LIMITED MISC EXPENSES:	\$0.00
NET LIMITED MISC DEDUCTION:	\$0.00
NET LIMITED MISC DEDUCTION PER COMPUTER:	\$0.00
OTHER MISCELLANEOUS	
OTHER THAN GAMBLING AMOUNT:	\$0.00
OTHER MISC DEDUCTIONS:	\$0.00
TOTAL ITEMIZED DEDUCTIONS	
TOTAL ITEMIZED DEDUCTIONS:	\$33,714.00
TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:	\$33,714.00
RECOMPUTED TOTAL ITEMIZED DEDUCTIONS PER COMPUTER:	\$0.00
ELECT ITEMIZED DEDUCTION INDICATOR:	
SCH A ITEMIZED PERCENTAGE PER COMPUTER:	\$0.00
Interest and Dividends	
GROSS SCHEDULE B INTEREST:	\$1,590.00
TAXABLE INTEREST INCOME:	\$1,590.00
EXCLUDABLE SAVINGS FROM BOND INT:	\$0.00
GROSS SCHEDULE B DIVIDENDS:	\$0.00
DIVIDEND INCOME:	\$0.00
FOREIGN ACCOUNTS INT:	None
REQUIRED TO FILE FINCHN FORM 114:	None

Form 2441--Child and Dependent Care Expenses	
PROV NAME CTRL:	CHILD
CARE PROV SSN:	XXX-XX-2419
DEPENDENT CARE EMPLOYER BENEFITS AMT:	\$0.00
QUALIFIED EXPENSES EMPLOYER INCURRED AMT:	\$294.00
DEPENDENT CARE EXCLUSION AMOUNT:	\$0.00
PART II CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES	
NUMBER OF QUALIFYING PERSONS:	2
SSNs NOT REQ'D INDI:	0
CHILD 1 NAME CONTROL:	TAMR
CHILD 1 SSN:	XXX-XX-6772
CHILD 1 QUALIFIED EXPENSE:	\$294.00
CHILD 2 NAME CONTROL:	TAMR
CHILD 2 SSN:	XXX-XX-8534
CHILD 2 QUALIFIED EXPENSE:	\$0.00
AMOUNT OF QUALIFIED EXPENSES:	\$294.00
EARNED INCOME-PRIMARY:	\$53,686.00
EARNED INCOME-SECONDARY:	\$77,950.00
PRIOR YEAR CHILD CARE EXPENSES:	\$0.00
PRIOR YEAR CHILD CARE EXPENSES PER COMPUTER:	\$0.00
CHILD AND DEPENDENT CARE BASE AMOUNT PER COMPUTER:	\$294.00
PART III DEPENDENT CARE BENEFITS	
DEPENDENT CARE EMPLOYER BENEFITS:	\$0.00
QUALIFIED EXPENSES EMPLOYER INCURRED:	\$294.00
DEPENDENT CARE EXCLUDED BENEFITS:	\$0.00
GROSS CHILD CARE CREDIT PER COMPUTER:	\$58.00
TOTAL QUALIFYING EXPENSES PER COMPUTER:	\$294.00
Form 8863 - Education Credits (Hope and Lifetime Learning Credits)	
PART III - ALLOWABLE EDUCATION CREDITS	
GROSS EDUCATION CR PER COMPUTER:	\$0.00
TOTAL EDUCATION CREDIT AMOUNT:	\$0.00
TOTAL EDUCATION CREDIT AMOUNT PER COMPUTER:	\$0.00
This Product Contains Sensitive Taxpayer Data	

Please Note: This is a sample and depending on what schedules were filed it may include additional pages, please upload every page front and back.