

***Income Tax Fundamentals 2019 37th edition  
Whittenburg Solutions Manual***

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## CHAPTER 2

### GROSS INCOME AND EXCLUSIONS

#### Group 1 – Multiple Choice Questions

- |                                                          |                                                    |                                                                                 |
|----------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------|
| 1. C (LO 2.1)                                            | 14. D (LO 2.7)                                     | 27. D (LO 2.14)                                                                 |
| 2. C (LO 2.1)                                            | 15. C (LO 2.8)                                     | 28. D (LO 2.14)                                                                 |
| 3. A (LO 2.1)                                            | 16. A (LO 2.8)                                     | 29. C $(\$110,000 - (\$91,500 + \$11,000))/(\$15,000 \times \$2,000)$ (LO 2.14) |
| 4. D (LO 2.1)                                            | 17. C $\$500 \times 20\%$ (LO 2.9)                 | 30. C $(\$3,000 / \$5,000 \times \$1,500 = \$900)$ (LO 2.14)                    |
| 5. B (LO 2.1)                                            | 18. A (LO 2.9)                                     | 31. E (LO 2.15)                                                                 |
| 6. D (LO 2.3, 2.4, 2.11, 2.12)                           | 19. D (LO 2.10)                                    | 32. A (LO 2.16)                                                                 |
| 7. A (LO 2.3)                                            | 20. C (LO 2.11)                                    | 33. E (LO 2.16)                                                                 |
| 8. E (LO 2.4)                                            | 21. C (LO 2.12)                                    | 34. E $\$35,000$ each (LO 2.17)                                                 |
| 9. D (LO 2.5)                                            | 22. C $\$120 \times 12$ (LO 2.13)                  | 35. B (LO 2.17)                                                                 |
| 10. E (LO 2.5)                                           | 23. D (LO 2.13)                                    |                                                                                 |
| 11. E (LO 2.6)                                           | 24. B $(\$2,000/\$5,000 \times \$1,400)$ (LO 2.14) |                                                                                 |
| 12. D (LO 2.6)                                           | 25. B (LO 2.14)                                    |                                                                                 |
| 13. B $\$97,500/260 = \$375 \times 4 = \$1,500$ (LO 2.7) | 26. C (LO 2.14)                                    |                                                                                 |

#### Group 2 – Problems

- |                         |                      |                      |
|-------------------------|----------------------|----------------------|
| 1. a. Excluded (LO 2.1) | e. Excluded (LO 2.1) | i. Excluded (LO 2.1) |
| b. Included (LO 2.1)    | f. Included (LO 2.1) | j. Excluded (LO 2.1) |
| c. Included (LO 2.1)    | g. Included (LO 2.1) | k. Included (LO 2.1) |
| d. Included (LO 2.1)    | h. Excluded (LO 2.1) |                      |
2. The non-cash payment of a truck for services performed is includable income to Jane. The tax law states that gross income is “all income from whatever source derived.” There is no exception in the law for non-cash items received in exchange for services. The amount of gross income is the market value on the date of the payment which is \$6,000. Jane can probably also recognize the \$800 loss on the sale of the truck since it was business property. (LO 2.1)
3. a. **\$300.** Gross income includes “all income from whatever source derived.” The value of the hair styling is income to Larry for the performance of services. There is no gross income exception in the tax law for “barter” income.  
b. **\$300.** Gross income includes “all income from whatever source derived.” The value of the tax return is income to Sheila for the performance of services. There is no gross income exception in the tax law for “barter” income. (LO 2.1)
4. Illegal income is still taxable since there is no exception excluding it in the tax code. When there is not an explicit exception, gross income is “all income from whatever source derived.” (LO 2.1)
5. a. \$61,700. Taxable wages are taken from Box 1.  
b. It would appear that Kristen made \$3,500 of contributions toward her employer’s 401(k) plan. The health care and group term life does not create a difference between Box 1 and wages taxable for Social Security and Medicare in Boxes 3 and 5. (LO 2.2)
6. None of the cost of the insurance or amounts paid by the insurance company for surgery or treatment are taxable to Skyler. These amounts are specifically excluded from taxable income under the tax law. (LO 2.3)

7. **\$0.** Taxpayers may exclude the total amount received for payment or reimbursement of medical expenses. Premiums for health insurance paid by the taxpayer's employer are also excluded from the taxpayer's gross income. In addition, the \$1,500 (\$3,500 – \$2,000) not paid by the insurance company is deductible as an itemized deduction on Ellen's return, subject to the medical expense deduction limitations. (LO 2.3)
8. a. No. The meals are furnished by the employer on the business premises of the employer during working hours because the employer limits the employee to short meal periods.  
 b. No. The meals are furnished by the employer on the business premises of the employer during working hours because the taxpayer must be available for emergency calls.  
 c. Yes. The meals are not furnished for the convenience of the employer. (LO 2.4)
9. **\$4,850** = \$850 + \$4,000. The value of the airline tickets is excluded from gross income under the no additional cost services rule for employees and their families. The \$30 of personal typing is excluded under the de minimis fringe benefits rule. The \$850 worth of employee discount coupons for hotel rooms is included in gross income since the hotel division is a different line of business than that in which Linda is employed. The \$4,000 tuition payment must be included in gross income since Richard is working on a graduate degree and not providing teaching or research activities. (LO 2.5)
10. Yes. Tom will be better off reducing his taxable income by \$2,650 by using the health care flexible spending account. Since his income will be \$2,650 less, he will pay less tax than he would otherwise. (LO 2.5)
11. a. **\$6,400.**  
 b. **\$260.** A non-qualified plan award may only be excluded up to \$400; thus, \$260 is taxable.  
 c. **\$1,000,000.**  
 d. **\$30,000.** (LO 2.6)
12. a. **\$4,000.**  
 b. **\$14,500.**  
 c. **\$0.** (LO 2.6, 2.12)

13. SIMPLIFIED METHOD WORKSHEET

- |                                                                                                                                                                                                 |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1) Enter total amount received this year.                                                                                                                                                       | 1) \$ 7,000        |
| 2) Enter cost in the plan at the annuity starting date.                                                                                                                                         | 2) <u>\$48,300</u> |
| 3) Age at annuity starting date                                                                                                                                                                 |                    |
| <u>Enter</u>                                                                                                                                                                                    |                    |
| 55 and under                                                                                                                                                                                    | 360                |
| 56–60                                                                                                                                                                                           | 310                |
| 61–65                                                                                                                                                                                           | 260                |
| 66–70                                                                                                                                                                                           | 210                |
| 71 and older                                                                                                                                                                                    | 160                |
| 4) Divide line 2 by line 3.                                                                                                                                                                     | 4) \$ <u>230</u>   |
| 5) Multiply line 4 by the number of monthly payments this year. If the annuity starting date was before 1987, also enter this amount on line 8; and skip lines 6 and 7. Otherwise go to line 6. | 5) \$ <u>1,610</u> |
| 6) Enter the amount, if any, recovered tax free in prior years                                                                                                                                  | 6) \$ <u>0</u>     |
| 7) Subtract line 6 from line 2.                                                                                                                                                                 | 7) <u>\$48,300</u> |
| 8) Enter the smaller of line 5 or 7.                                                                                                                                                            | 8) <u>\$ 1,610</u> |
| 9) Taxable amount this year: Subtract line 8 from line 1. Do not enter less than zero. (LO 2.7)                                                                                                 | 9) \$ <u>5,390</u> |
14. **\$61,000** = \$100,000 – \$27,000 – \$12,000. Since the policy was transferred for valuable consideration, the proceeds are taxable to the extent that they exceed the sum of the cash value at the time of transfer plus the premiums paid. (LO 2.8)

15. **\$500.** A beneficiary, must include the entire amount of interest received with respect to the policy proceeds in gross income. The \$9,000 principal amount may be excluded from gross income. (LO 2.8)
16. David has received an accelerated death benefit or viatical settlement which is excluded from taxable income. (LO 2.8)
17. None of the payment is taxable. Life insurance proceeds are generally considered to be tax-free and specifically excluded from taxable income. (LO 2.8)
18. Qualified dividends are taxed at either 0%, 15%, or 20% depending on income and filing status. For example, a single taxpayer with income below \$36,800 has a capital gain rate of 0%. Income over \$38,600 but below \$425,800 pays at 15% and the capital gains rate is 20% for income above that. A 3.8% Medicare tax on net investment income will be added to the rates for certain high-income taxpayers. (LO 2.9)
19. The taxpayer can either (1) report the interest in the year the bonds are cashed or in the year they mature, whichever is earlier (no election is required to use this method), or (2) the taxpayer may elect to report the increase in redemption value each year. (LO 2.9)
20. See Schedule B on Page 42. (LO 2.9)
21. **6.00%** =  $4.5\% \div (100\% - 25\%)$ . (LO 2.10)
22. The tax-exempt municipal bond has the same 5% before and after-tax rate of return. The corporate bond has an after-tax return of 4.55% ( $7\% \times (1 - 35\%)$ ). Karen should invest in the tax-exempt bond due to the higher after-tax rate of return. (LO 2.10)
23. **\$5,600.** Inheritances are excluded from taxable income; however, subsequent earnings on inherited property must be included in income. (LO 2.11)
24. \$10,000 is taxable. This gift is clearly bonus income in a business setting so it does not qualify for tax-free gift treatment, even if Gwen's client calls the payment a gift. (LO 2.11)
25. None of the gift is taxable. Gifts are excluded from the taxable income of the person receiving the gift. (LO 2.11)
26. \$12,000 is taxable since there is no exclusion for payments made for room and board. \$8,000 is not taxable, since scholarships for tuition are specifically excluded from taxable income. (LO 2.12)
27. a. (1) **\$450.**                      b. (1) **\$0.**  
       (2) **\$450.**                      (2) **\$425,000.**  
       (3) **\$0.**                        (3) **\$0.** (LO 2.13)
28. Arlen may deduct the alimony of \$2,000 per month on his tax return. He cannot deduct the child support. Jane must report the alimony as income on her tax return. The child support is not taxable income to her. (LO 2.13)
29. No gain is taxable to Cindy on the transfer of the house since it is part of a property settlement related to a divorce. Allen has a basis of \$90,000 in the house for calculating tax on any future sale of the house. (LO 2.13)
30. **\$11,947;** Tuition, room and board, and books. (LO 2.14)
31. **\$0;** All distributions are used for qualifying expenses. (LO 2.14)
32. **\$3,250.** Unemployment benefits received are included in gross income. (LO 2.15)
33. As calculated on the worksheet on Page 43. (LO 2.16)
34. a. **Yes.** Tax-free municipal bond income is added to AGI in the formula to determine the amount of taxable Social Security.  
       b. **Zero.** The taxpayer's income is below the threshold amount used in the formula to determine whether Social Security is taxable.  
       c. **85%.** High-income taxpayers must include 85% of Social Security benefits in taxable income. (LO 2.16)



## Group 2: Problem 33

|                                                                                                                                                           |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>1.</b> Enter the total amount of social security income                                                                                                | <b>1.</b> \$7,400  |
| <b>2.</b> Enter one-half of line 1                                                                                                                        | <b>2.</b> 3,700    |
| <b>3.</b> Enter the total of taxable income items on Form 1040 except social security income                                                              | <b>3.</b> 14,500   |
| <b>4.</b> Enter the amount of tax exempt interest income                                                                                                  | <b>4.</b> 30,000   |
| <b>5.</b> Add lines 2, 3, and 4                                                                                                                           | <b>5.</b> 48,200   |
| <b>6.</b> Enter all adjustments for AGI except for student loan interest, the domestic production activities deduction and the tuition and fees deduction | <b>6.</b> -0-      |
| <b>7.</b> Subtract line 6 from line 5. If zero or less, stop here, none of the social security benefits are taxable                                       | <b>7.</b> 48,200   |
| <b>8.</b> Enter \$25,000 (\$32,000 if married filing jointly; \$0 if married filing separately and living with spouse at any time during the year)        | <b>8.</b> 25,000   |
| <b>9.</b> Subtract line 8 from line 7. If zero or less, enter -0-                                                                                         | <b>9.</b> 23,200   |
| <b>Note:</b> <i>If line 9 is zero or less, stop here; none of your benefits are taxable. Otherwise, go on to line 10.</i>                                 |                    |
| <b>10.</b> Enter \$9,000 (\$12,000 if married filing jointly; \$0 if married filing separately and living with spouse at any time during the year)        | <b>10.</b> 9,000   |
| <b>11.</b> Subtract line 10 from line 9. If zero or less, enter -0-                                                                                       | <b>11.</b> 14,200  |
| <b>12.</b> Enter the <b>smaller</b> of line 9 or line 10                                                                                                  | <b>12.</b> 9,000   |
| <b>13.</b> Enter one-half of line 12                                                                                                                      | <b>13.</b> 4,500   |
| <b>14.</b> Enter the <b>smaller</b> of line 2 or line 13                                                                                                  | <b>14.</b> 3,700   |
| <b>15.</b> Multiply line 11 by 85% (.85). If line 11 is zero, enter -0-                                                                                   | <b>15.</b> 12,070  |
| <b>16.</b> Add lines 14 and 15                                                                                                                            | <b>16.</b> 15,770  |
| <b>17.</b> Multiply line 1 by 85% (.85)                                                                                                                   | <b>17.</b> 6,290   |
| <b>18. Taxable benefits.</b> Enter the <b>smaller</b> of line 16 or line 17                                                                               | <b>18.</b> \$6,290 |

### Group 3 – Writing Assignment

#### Research Solution:

Whittenburg and Gill, CPAs  
San Diego, CA 92111  
August 3, 20xx

Ms. Vanessa Lazo  
1550 Mesa Rosa Drive  
San Diego, CA 92182

Dear Ms. Lazo,

Thank you for requesting my advice concerning the tax treatment of your scholarship and employment at Prestige Private University (PPU). I have researched your question and have determined that a portion of your scholarship is taxable, but a portion is excluded from gross income.

The tuition reduction from \$43,000 to \$13,000 is not considered gross income that you must report as taxable. This simply represents a lower negotiated price for tuition in much the same way when you negotiate a price below the sticker price for a new car. That purchase price reduction is not income.

PPU is providing you with a \$20,000 scholarship. The portion you use for tuition (\$13,000) is excluded from gross income as a qualified scholarship; however, the additional \$7,000 being used for room and board is taxable and must be included in gross income.

Lastly, a payment for services such as the \$1,500 you are receiving for serving as a lab assistant, is compensation and is included in gross income.

As a result, your total gross income from PPU will be \$8,500 and the excludable scholarship is \$13,000.

My conclusion is based upon the facts that you have provided me. If you have any questions or would like further explanation, please do not hesitate to call.

Sincerely,  
Trevor Malcolm  
for Whittenburg and Gill, CPAs

### Group 4 – Comprehensive Problems

1. See pages 45 through 48.
- 2A. See pages 49 through 51.
- 2B. See pages 53 through 55.

### Group 5 – Cumulative Software Problem

The solution to the Cumulative Software Problem is posted on the website for the textbook at [www.cengage.com/login](http://www.cengage.com/login).

## Comprehensive Problem 1

|                                                                                                                                                                                                                                                                                                                                        |  |                                                          |                      |                            |  |                                                                                                                 |  |                                                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|----------------------|----------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------|--|
| Form <b>1040</b>                                                                                                                                                                                                                                                                                                                       |  | Department of the Treasury—Internal Revenue Service (99) |                      | <b>2018</b>                |  | OMB No. 1545-0074                                                                                               |  | IRS Use Only—Do not write or staple in this space.                                                      |  |
| <b>Filing status:</b> <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)                                                                           |  |                                                          |                      |                            |  |                                                                                                                 |  |                                                                                                         |  |
| Your first name and initial<br><b>Beverly</b>                                                                                                                                                                                                                                                                                          |  |                                                          |                      | Last name<br><b>Hair</b>   |  | Your social security number<br><b>465 74 3321</b>                                                               |  |                                                                                                         |  |
| Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind                                                                                                                                            |  |                                                          |                      |                            |  |                                                                                                                 |  |                                                                                                         |  |
| If joint return, spouse's first name and initial<br><b>Ken</b>                                                                                                                                                                                                                                                                         |  |                                                          |                      | Last name<br><b>Hair</b>   |  | Spouse's social security number<br><b>465 57 9934</b>                                                           |  |                                                                                                         |  |
| Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954<br><input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien                               |  |                                                          |                      |                            |  |                                                                                                                 |  |                                                                                                         |  |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>3567 River Street</b>                                                                                                                                                                                                                                |  |                                                          |                      |                            |  | Apt. no.                                                                                                        |  | Presidential Election Campaign (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse |  |
| City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.<br><b>Springfield, MO 63126</b>                                                                                                                                                                                                      |  |                                                          |                      |                            |  | If more than four dependents, see inst. and <input checked="" type="checkbox"/> here ▶ <input type="checkbox"/> |  |                                                                                                         |  |
| <b>Dependents (see instructions):</b>                                                                                                                                                                                                                                                                                                  |  |                                                          |                      |                            |  |                                                                                                                 |  |                                                                                                         |  |
| (1) First name                                                                                                                                                                                                                                                                                                                         |  | Last name                                                |                      | (2) Social security number |  | (3) Relationship to you                                                                                         |  | (4) <input checked="" type="checkbox"/> if qualifies for (see inst.):                                   |  |
|                                                                                                                                                                                                                                                                                                                                        |  |                                                          |                      |                            |  |                                                                                                                 |  | Child tax credit <input type="checkbox"/> 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"/> <input type="checkbox"/>                                                       |  |
| <b>Sign Here</b><br>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<br>_____                                                                                                                                                                                                                                                                                                                |  |                                                          |                      | Date<br>_____              |  | Your occupation<br><b>Accountant</b>                                                                            |  | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>          |  |
| Spouse's signature. If a joint return, <b>both</b> must sign.<br>_____                                                                                                                                                                                                                                                                 |  |                                                          |                      | Date<br>_____              |  | Spouse's occupation<br><b>Student</b>                                                                           |  | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>          |  |
| <b>Paid Preparer Use Only</b>                                                                                                                                                                                                                                                                                                          |  |                                                          |                      |                            |  |                                                                                                                 |  |                                                                                                         |  |
| Preparer's name                                                                                                                                                                                                                                                                                                                        |  |                                                          | Preparer's signature |                            |  | PTIN                                                                                                            |  | Firm's EIN                                                                                              |  |
| Firm's name ▶                                                                                                                                                                                                                                                                                                                          |  |                                                          | Firm's address ▶     |                            |  | Phone no.                                                                                                       |  | Check if:<br><input type="checkbox"/> 3rd Party Designee<br><input type="checkbox"/> Self-employed      |  |

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

Cat. No. 11320B

Form **1040** (2018)

## Comprehensive Problem 1, cont.

Form 1040 (2018) Page **2**

|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.</p> | <p><b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . <b>1</b> <u>53,400</u></p> <p><b>2a</b> Tax-exempt interest . . . . . <b>2a</b> <u>1,000</u> <b>b</b> Taxable interest . . . . . <b>2b</b> <u>648</u></p> <p><b>3a</b> Qualified dividends . . . . . <b>3a</b> <u>300</u> <b>b</b> Ordinary dividends . . . . . <b>3b</b> <u>300</u></p> <p><b>4a</b> IRAs, pensions, and annuities . . . . . <b>4a</b> <u>          </u> <b>b</b> Taxable amount . . . . . <b>4b</b> <u>          </u></p> <p><b>5a</b> Social security benefits . . . . . <b>5a</b> <u>          </u> <b>b</b> Taxable amount . . . . . <b>5b</b> <u>          </u></p> <p><b>6</b> Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 <u>1,825</u> <b>6</b> <u>56,173</u></p> <p><b>7</b> Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 <b>7</b> <u>56,173</u></p> <p><b>8</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) <b>8</b> <u>24,000</u></p> <p><b>9</b> Qualified business income deduction (see instructions) <b>9</b> <u>          </u></p> <p><b>10</b> Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- <b>10</b> <u>32,173</u></p> <p><b>11</b> <b>a</b> Tax (see inst.) <u>3,444</u> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> <u>          </u>) <b>11</b> <u>3,444</u></p> <p><b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/> <b>12</b> <u>3,444</u></p> <p><b>12</b> <b>a</b> Child tax credit/credit for other dependents <u>          </u> <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/> <b>12</b> <u>          </u></p> <p><b>13</b> Subtract line 12 from line 11. If zero or less, enter -0- <b>13</b> <u>3,444</u></p> <p><b>14</b> Other taxes. Attach Schedule 4 <b>14</b> <u>          </u></p> <p><b>15</b> Total tax. Add lines 13 and 14 <b>15</b> <u>3,444</u></p> <p><b>16</b> Federal income tax withheld from Forms W-2 and 1099 <b>16</b> <u>4,892</u></p> <p><b>17</b> Refundable credits: <b>a</b> EIC (see inst.) <u>          </u> <b>b</b> Sch 8812 <u>          </u> <b>c</b> Form 8863 <u>          </u> <b>17</b> <u>          </u></p> <p><b>18</b> Add lines 16 and 17. These are your total payments <b>18</b> <u>4,892</u></p> <p><b>19</b> If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b> <b>19</b> <u>1,448</u></p> <p><b>20a</b> Amount of line 19 you want <b>refunded to you</b>. If Form 8888 is attached, check here <input type="checkbox"/> <b>20a</b> <u>1,448</u></p> <p><b>20b</b> Routing number <u>          </u> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p><b>20d</b> Account number <u>          </u></p> <p><b>21</b> Amount of line 19 you want <b>applied to your 2019 estimated tax</b> <b>21</b> <u>          </u></p> <p><b>22</b> <b>Amount you owe</b>. Subtract line 18 from line 15. For details on how to pay, see instructions <b>22</b> <u>          </u></p> <p><b>23</b> Estimated tax penalty (see instructions) <b>23</b> <u>          </u></p> |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information. Form **1040** (2018)

## Comprehensive Problem 1, cont.

|                                                        |             |                                                                                                                                                                 |            |                                                     |       |
|--------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------|-------|
| <b>SCHEDULE 1</b><br>(Form 1040)                       |             | <b>Additional Income and Adjustments to Income</b>                                                                                                              |            | OMB No. 1545-0074                                   |       |
| Department of the Treasury<br>Internal Revenue Service |             | Attach to Form 1040.<br>Go to <a href="http://www.irs.gov/Form1040">www.irs.gov/Form1040</a> for instructions and the latest information.                       |            | <b>2018</b><br>Attachment<br>Sequence No. <b>01</b> |       |
| Name(s) shown on Form 1040<br>Beverly and Ken Hair     |             |                                                                                                                                                                 |            | Your social security number<br>465-74-3321          |       |
| <b>Additional Income</b>                               | <b>1-9b</b> | Reserved                                                                                                                                                        |            | <b>1-9b</b>                                         |       |
|                                                        | <b>10</b>   | Taxable refunds, credits, or offsets of state and local income taxes                                                                                            |            | <b>10</b>                                           |       |
|                                                        | <b>11</b>   | Alimony received                                                                                                                                                |            | <b>11</b>                                           |       |
|                                                        | <b>12</b>   | Business income or (loss). Attach Schedule C or C-EZ                                                                                                            |            | <b>12</b>                                           |       |
|                                                        | <b>13</b>   | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>                                                     |            | <b>13</b>                                           |       |
|                                                        | <b>14</b>   | Other gains or (losses). Attach Form 4797                                                                                                                       |            | <b>14</b>                                           |       |
|                                                        | <b>15a</b>  | Reserved                                                                                                                                                        |            | <b>15b</b>                                          |       |
|                                                        | <b>16a</b>  | Reserved                                                                                                                                                        |            | <b>16b</b>                                          |       |
|                                                        | <b>17</b>   | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                                                                     |            | <b>17</b>                                           |       |
|                                                        | <b>18</b>   | Farm income or (loss). Attach Schedule F                                                                                                                        |            | <b>18</b>                                           |       |
|                                                        | <b>19</b>   | Unemployment compensation                                                                                                                                       |            | <b>19</b>                                           | 1,825 |
| <b>Adjustments to Income</b>                           | <b>20a</b>  | Reserved                                                                                                                                                        |            | <b>20b</b>                                          |       |
|                                                        | <b>21</b>   | Other income. List type and amount                                                                                                                              |            | <b>21</b>                                           |       |
|                                                        | <b>22</b>   | Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 |            | <b>22</b>                                           | 1,825 |
|                                                        | <b>23</b>   | Educator expenses                                                                                                                                               | <b>23</b>  |                                                     |       |
|                                                        | <b>24</b>   | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106                                               | <b>24</b>  |                                                     |       |
|                                                        | <b>25</b>   | Health savings account deduction. Attach Form 8889                                                                                                              | <b>25</b>  |                                                     |       |
|                                                        | <b>26</b>   | Moving expenses for members of the Armed Forces. Attach Form 3903                                                                                               | <b>26</b>  |                                                     |       |
|                                                        | <b>27</b>   | Deductible part of self-employment tax. Attach Schedule SE                                                                                                      | <b>27</b>  |                                                     |       |
|                                                        | <b>28</b>   | Self-employed SEP, SIMPLE, and qualified plans                                                                                                                  | <b>28</b>  |                                                     |       |
|                                                        | <b>29</b>   | Self-employed health insurance deduction                                                                                                                        | <b>29</b>  |                                                     |       |
|                                                        | <b>30</b>   | Penalty on early withdrawal of savings                                                                                                                          | <b>30</b>  |                                                     |       |
|                                                        | <b>31a</b>  | Alimony paid <b>b</b> Recipient's SSN                                                                                                                           | <b>31a</b> |                                                     |       |
|                                                        | <b>32</b>   | IRA deduction                                                                                                                                                   | <b>32</b>  |                                                     |       |
|                                                        | <b>33</b>   | Student loan interest deduction                                                                                                                                 | <b>33</b>  |                                                     |       |
|                                                        | <b>34</b>   | Reserved                                                                                                                                                        | <b>34</b>  |                                                     |       |
|                                                        | <b>35</b>   | Reserved                                                                                                                                                        | <b>35</b>  |                                                     |       |
|                                                        | <b>36</b>   | Add lines 23 through 35                                                                                                                                         | <b>36</b>  |                                                     |       |

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

Cat. No. 71479F

Schedule 1 (Form 1040) 2018

## Comprehensive Problem 1, cont.

## Qualified Dividends and Capital Gain Tax Worksheet—Line 11a

Keep for Your Records

**Before you begin:**

- ✓ See the earlier instructions for line 11a to see if you can use this worksheet to figure your tax.
- ✓ Before completing this worksheet, complete Form 1040 through line 10.
- ✓ If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Schedule 1.

|                                                                                                                                                                                                                                                                                                                                        |       |         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------|--|
| 1. Enter the amount from Form 1040, line 10. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet                                                                                                                              | 1.    | 32,173  |  |
| 2. Enter the amount from Form 1040, line 3a*                                                                                                                                                                                                                                                                                           | 2.    | 300     |  |
| 3. Are you filing Schedule D?*                                                                                                                                                                                                                                                                                                         |       |         |  |
| <input type="checkbox"/> <b>Yes.</b> Enter the <b>smaller</b> of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-.                                                                                                                                                                                   | } 3.  | 0       |  |
| <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from Schedule 1, line 13.                                                                                                                                                                                                                                              |       |         |  |
| 4. Add lines 2 and 3                                                                                                                                                                                                                                                                                                                   | 4.    | 300     |  |
| 5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-                                                                                                                                                                                        | 5.    | 0       |  |
| 6. Subtract line 5 from line 4. If zero or less, enter -0-                                                                                                                                                                                                                                                                             | 6.    | 300     |  |
| 7. Subtract line 6 from line 1. If zero or less, enter -0-                                                                                                                                                                                                                                                                             | 7.    | 31,873  |  |
| 8. Enter:                                                                                                                                                                                                                                                                                                                              |       |         |  |
| \$38,600 if single or married filing separately,<br>\$77,200 if married filing jointly or qualifying widow(er),<br>\$51,700 if head of household.                                                                                                                                                                                      | } 8.  | 77,200  |  |
|                                                                                                                                                                                                                                                                                                                                        |       |         |  |
| 9. Enter the smaller of line 1 or line 8                                                                                                                                                                                                                                                                                               | 9.    | 32,173  |  |
| 10. Enter the smaller of line 7 or line 9                                                                                                                                                                                                                                                                                              | 10.   | 31,873  |  |
| 11. Subtract line 10 from line 9. This amount is taxed at 0%                                                                                                                                                                                                                                                                           | 11.   | 300     |  |
| 12. Enter the smaller of line 1 or line 6                                                                                                                                                                                                                                                                                              | 12.   | 300     |  |
| 13. Enter the amount from line 11                                                                                                                                                                                                                                                                                                      | 13.   | 300     |  |
| 14. Subtract line 13 from line 12                                                                                                                                                                                                                                                                                                      | 14.   | 0       |  |
| 15. Enter:                                                                                                                                                                                                                                                                                                                             |       |         |  |
| \$425,800 if single,<br>\$239,500 if married filing separately,<br>\$479,000 if married filing jointly or qualifying widow(er),<br>\$452,400 if head of household.                                                                                                                                                                     | } 15. | 479,000 |  |
|                                                                                                                                                                                                                                                                                                                                        |       |         |  |
| 16. Enter the smaller of line 1 or line 15                                                                                                                                                                                                                                                                                             | 16.   | 32,173  |  |
| 17. Add lines 7 and 11                                                                                                                                                                                                                                                                                                                 | 17.   | 32,173  |  |
| 18. Subtract line 17 from line 16. If zero or less, enter -0-                                                                                                                                                                                                                                                                          | 18.   | 0       |  |
| 19. Enter the smaller of line 14 or line 18                                                                                                                                                                                                                                                                                            | 19.   | 0       |  |
| 20. Multiply line 19 by 15% (0.15)                                                                                                                                                                                                                                                                                                     | 20.   | 0       |  |
| 21. Add lines 11 and 19                                                                                                                                                                                                                                                                                                                | 21.   | 300     |  |
| 22. Subtract line 21 from line 12                                                                                                                                                                                                                                                                                                      | 22.   | 0       |  |
| 23. Multiply line 22 by 20% (0.20)                                                                                                                                                                                                                                                                                                     | 23.   | 0       |  |
| 24. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet                                                                                                                       | 24.   | 3,444   |  |
| 25. Add lines 20, 23, and 24                                                                                                                                                                                                                                                                                                           | 25.   | 3,444   |  |
| 26. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet                                                                                                                       | 26.   | 3,480   |  |
| 27. <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or 26. Also include this amount on the entry space on Form 1040, line 11a. If you are filing Form 2555 or 2555-EZ, don't enter this amount on the entry space on Form 1040, line 11a. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet | 27.   | 3,444   |  |

\* If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.



## Comprehensive Problem 2A, cont.

| Form 1040 (2018)                                                                                                                                                                           |           | Page <b>2</b>    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------|
| <b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2                                                                                                                                    |           | <b>1</b> 62,600  |
| <b>2a</b> Tax-exempt interest                                                                                                                                                              | <b>2a</b> | <b>2b</b> 650    |
| <b>3a</b> Qualified dividends                                                                                                                                                              | <b>3a</b> | <b>3b</b>        |
| <b>4a</b> IRAs, pensions, and annuities                                                                                                                                                    | <b>4a</b> | <b>4b</b>        |
| <b>5a</b> Social security benefits                                                                                                                                                         | <b>5a</b> | <b>5b</b>        |
| <b>6</b> Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 <b>4,000</b>                                                                                         |           | <b>6</b> 67,250  |
| <b>7</b> Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6                                   |           | <b>7</b> 61,850  |
| <b>8</b> Standard deduction or itemized deductions (from Schedule A)                                                                                                                       |           | <b>8</b> 24,000  |
| <b>9</b> Qualified business income deduction (see instructions)                                                                                                                            |           | <b>9</b>         |
| <b>10</b> Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-                                                                                                   |           | <b>10</b> 37,850 |
| <b>11a</b> Tax (see inst.) <b>4,164</b> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> ) |           | <b>11</b> 4,164  |
| <b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>                                                                                                            |           | <b>12</b>        |
| <b>12a</b> Child tax credit/credit for other dependents <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>                                                    |           | <b>13</b> 4,164  |
| <b>13</b> Subtract line 12 from line 11. If zero or less, enter -0-                                                                                                                        |           | <b>14</b>        |
| <b>14</b> Other taxes. Attach Schedule 4                                                                                                                                                   |           | <b>15</b> 4,164  |
| <b>15</b> Total tax. Add lines 13 and 14                                                                                                                                                   |           | <b>16</b> 5,970  |
| <b>16</b> Federal income tax withheld from Forms W-2 and 1099                                                                                                                              |           | <b>17</b>        |
| <b>17</b> Refundable credits: <b>a</b> EIC (see inst.) <b>b</b> Sch 8812 <b>c</b> Form 8863                                                                                                |           | <b>18</b> 5,970  |
| <b>Add</b> any amount from Schedule 5                                                                                                                                                      |           | <b>19</b> 1,806  |
| <b>18</b> Add lines 16 and 17. These are your total payments                                                                                                                               |           | <b>20a</b> 1,806 |
| <b>19</b> If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>                                                                           |           |                  |
| <b>20a</b> Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>                                                               |           |                  |
| <b>b</b> Routing number <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings                                                                                  |           |                  |
| <b>d</b> Account number                                                                                                                                                                    |           |                  |
| <b>21</b> Amount of line 19 you want <b>applied to your 2019 estimated tax</b>                                                                                                             |           | <b>21</b>        |
| <b>22</b> Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions                                                                                       |           | <b>22</b>        |
| <b>23</b> Estimated tax penalty (see instructions)                                                                                                                                         |           | <b>23</b>        |

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

Form **1040** (2018)

## Comprehensive Problem 2A, cont.

| <b>SCHEDULE 1</b><br>(Form 1040)                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Additional Income and Adjustments to Income</b>                                                                                                                                                  |  | OMB No. 1545-0074 |  |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|
| Department of the Treasury<br>Internal Revenue Service |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>2018</b><br>Attachment<br>Sequence No. <b>01</b>                                                                                                                                                 |  |                   |  |
| Name(s) shown on Form 1040                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Your social security number                                                                                                                                                                         |  |                   |  |
| Ray and Maria Gomez                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 469-21-5523                                                                                                                                                                                         |  |                   |  |
| <b>Additional Income</b>                               | <b>1-9b</b> Reserved<br><b>10</b> Taxable refunds, credits, or offsets of state and local income taxes<br><b>11</b> Alimony received<br><b>12</b> Business income or (loss). Attach Schedule C or C-EZ<br><b>13</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/><br><b>14</b> Other gains or (losses). Attach Form 4797<br><b>15a</b> Reserved<br><b>16a</b> Reserved<br><b>17</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E<br><b>18</b> Farm income or (loss). Attach Schedule F<br><b>19</b> Unemployment compensation<br><b>20a</b> Reserved<br><b>21</b> Other income. List type and amount <input checked="" type="checkbox"/> Lottery winnings<br><b>22</b> Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 | <b>1-9b</b><br><b>10</b><br><b>11</b><br><b>12</b><br><b>13</b><br><b>14</b><br><b>15b</b><br><b>16b</b><br><b>17</b><br><b>18</b><br><b>19</b><br><b>20b</b><br><b>21</b> 4,000<br><b>22</b> 4,000 |  |                   |  |
| <b>Adjustments to Income</b>                           | <b>23</b> Educator expenses<br><b>24</b> Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106<br><b>25</b> Health savings account deduction. Attach Form 8889<br><b>26</b> Moving expenses for members of the Armed Forces. Attach Form 3903<br><b>27</b> Deductible part of self-employment tax. Attach Schedule SE<br><b>28</b> Self-employed SEP, SIMPLE, and qualified plans<br><b>29</b> Self-employed health insurance deduction<br><b>30</b> Penalty on early withdrawal of savings<br><b>31a</b> Alimony paid <b>b</b> Recipient's SSN <input checked="" type="checkbox"/> 5667418765<br><b>32</b> IRA deduction<br><b>33</b> Student loan interest deduction<br><b>34</b> Reserved<br><b>35</b> Reserved<br><b>36</b> Add lines 23 through 35                                                                                                                                 | <b>23</b><br><b>24</b><br><b>25</b><br><b>26</b><br><b>27</b><br><b>28</b><br><b>29</b><br><b>30</b><br><b>31a</b> 5,400<br><b>32</b><br><b>33</b><br><b>34</b><br><b>35</b><br><b>36</b> 5,400     |  |                   |  |

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

Cat. No. 71479F

Schedule 1 (Form 1040) 2018



## Comprehensive Problem 2B

|                                                                                                                                                                                                                                                                                                                                        |      |                                                          |                                  |                                                                           |                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Form                                                                                                                                                                                                                                                                                                                                   | 1040 | Department of the Treasury—Internal Revenue Service (99) | 2018                             | OMB No. 1545-0074                                                         | IRS Use Only—Do not write or staple in this space.                                                                                      |
| <b>U.S. Individual Income Tax Return</b>                                                                                                                                                                                                                                                                                               |      |                                                          |                                  |                                                                           |                                                                                                                                         |
| Filing status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)                                                                                  |      |                                                          |                                  |                                                                           |                                                                                                                                         |
| Your first name and initial<br>Carl                                                                                                                                                                                                                                                                                                    |      | Last name<br>Conch                                       |                                  | Your social security number<br>835   21   5423                            |                                                                                                                                         |
| Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind                                                                                                                                            |      |                                                          |                                  |                                                                           |                                                                                                                                         |
| If joint return, spouse's first name and initial<br>Mary                                                                                                                                                                                                                                                                               |      | Last name<br>Duval                                       |                                  | Spouse's social security number<br>633   65   7912                        |                                                                                                                                         |
| Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954<br><input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien                               |      |                                                          |                                  |                                                                           |                                                                                                                                         |
| Home address (number and street). If you have a P.O. box, see instructions.<br>1234 Mallory Square                                                                                                                                                                                                                                     |      |                                                          |                                  | Apt. no.<br>64                                                            | <b>Presidential Election Campaign</b><br>(see inst.) <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse |
| City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.<br>Key West, FL 33040                                                                                                                                                                                                                |      |                                                          |                                  |                                                                           | If more than four dependents,<br>see inst. and ✓ here <input type="checkbox"/>                                                          |
| <b>Dependents</b> (see instructions):                                                                                                                                                                                                                                                                                                  |      |                                                          |                                  |                                                                           |                                                                                                                                         |
| (1) First name                                                                                                                                                                                                                                                                                                                         |      | (2) Social security number                               |                                  | (3) Relationship to you                                                   | (4) ✓ if qualifies for (see inst.):                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                        |      |                                                          |                                  |                                                                           | Child tax credit                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                        |      |                                                          |                                  |                                                                           | Credit for other dependents                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                        |      |                                                          |                                  |                                                                           | <input type="checkbox"/>                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                        |      |                                                          |                                  |                                                                           | <input type="checkbox"/>                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                        |      |                                                          |                                  |                                                                           | <input type="checkbox"/>                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                        |      |                                                          |                                  |                                                                           | <input type="checkbox"/>                                                                                                                |
| <b>Sign Here</b><br>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<br>Pie Maker     | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |                                                                                                                                         |
| Spouse's signature. If a joint return, <b>both</b> must sign.                                                                                                                                                                                                                                                                          |      | Date                                                     | Spouse's occupation<br>Homemaker | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |                                                                                                                                         |
| Preparer's name                                                                                                                                                                                                                                                                                                                        |      | Preparer's signature                                     |                                  | PTIN                                                                      | Firm's EIN                                                                                                                              |
| Firm's name ▶                                                                                                                                                                                                                                                                                                                          |      | Firm's address ▶                                         |                                  | Phone no.                                                                 | Check if:<br><input type="checkbox"/> 3rd Party Designee<br><input type="checkbox"/> Self-employed                                      |
| <b>Paid Preparer Use Only</b>                                                                                                                                                                                                                                                                                                          |      |                                                          |                                  |                                                                           |                                                                                                                                         |

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

Cat. No. 11320B

Form **1040** (2018)

## Comprehensive Problem 2B, cont.

| Form 1040 (2018)                                                                                                                                                                          |                                                                                     | Page <b>2</b>    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------|
| <b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2                                                                                                                                   |                                                                                     | <b>1</b> 67,700  |
| <b>2a</b> Tax-exempt interest                                                                                                                                                             | <b>2a</b>                                                                           | <b>2b</b> 355    |
| <b>3a</b> Qualified dividends                                                                                                                                                             | <b>3a</b>                                                                           | <b>3b</b> 210    |
| <b>4a</b> IRAs, pensions, and annuities                                                                                                                                                   | <b>4a</b>                                                                           | <b>4b</b>        |
| <b>5a</b> Social security benefits                                                                                                                                                        | <b>5a</b>                                                                           | <b>5b</b>        |
| <b>6</b> Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 <b>3,550</b>                                                                                        |                                                                                     | <b>6</b> 71,815  |
| <b>7</b> Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6                                  |                                                                                     | <b>7</b> 71,815  |
| <b>8</b> Standard deduction or itemized deductions (from Schedule A)                                                                                                                      |                                                                                     | <b>8</b> 24,000  |
| <b>9</b> Qualified business income deduction (see instructions)                                                                                                                           |                                                                                     | <b>9</b>         |
| <b>10</b> Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-                                                                                                  |                                                                                     | <b>10</b> 47,815 |
| <b>11a</b> Tax (see inst) <b>5,358</b> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> ) | <b>11b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>   | <b>11</b> 5,358  |
| <b>12a</b> Child tax credit/credit for other dependents                                                                                                                                   | <b>12b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>   | <b>12</b>        |
| Subtract line 12 from line 11. If zero or less, enter -0-                                                                                                                                 |                                                                                     | <b>13</b> 5,358  |
| <b>14</b> Other taxes. Attach Schedule 4                                                                                                                                                  |                                                                                     | <b>14</b>        |
| <b>15</b> Total tax. Add lines 13 and 14                                                                                                                                                  |                                                                                     | <b>15</b> 5,358  |
| <b>16</b> Federal income tax withheld from Forms W-2 and 1099                                                                                                                             |                                                                                     | <b>16</b> 6,860  |
| <b>17</b> Refundable credits: <b>a</b> EIC (see inst.) <b>b</b> Sch 8812 <b>c</b> Form 8863                                                                                               |                                                                                     | <b>17</b>        |
| Add any amount from Schedule 5                                                                                                                                                            |                                                                                     | <b>18</b> 6,860  |
| <b>18</b> Add lines 16 and 17. These are your total payments                                                                                                                              |                                                                                     | <b>18</b>        |
| <b>19</b> If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>                                                                          |                                                                                     | <b>19</b> 1,502  |
| <b>20a</b> Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>                                                              |                                                                                     | <b>20a</b> 1,502 |
| <b>20b</b> Routing number                                                                                                                                                                 | <b>20c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |                  |
| <b>20d</b> Account number                                                                                                                                                                 |                                                                                     |                  |
| <b>21</b> Amount of line 19 you want <b>applied to your 2019 estimated tax</b>                                                                                                            |                                                                                     | <b>21</b>        |
| <b>22</b> Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions                                                                                      |                                                                                     | <b>22</b>        |
| <b>23</b> Estimated tax penalty (see instructions)                                                                                                                                        |                                                                                     | <b>23</b>        |

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

Form **1040** (2018)

## Comprehensive Problem 2B, cont.

| <b>SCHEDULE 1</b><br><b>(Form 1040)</b>                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Additional Income and Adjustments to Income</b>                                                                                                                                                      |  | OMB No. 1545-0074 |  |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------|--|
| Department of the Treasury<br>Internal Revenue Service |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>2018</b><br>Attachment Sequence No. <b>01</b>                                                                                                                                                        |  |                   |  |
| Name(s) shown on Form 1040                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Your social security number                                                                                                                                                                             |  |                   |  |
| Carl Conch and Mary Duval                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 835-21-5423                                                                                                                                                                                             |  |                   |  |
| <b>Additional Income</b>                               | <b>1-9b</b> Reserved<br><b>10</b> Taxable refunds, credits, or offsets of state and local income taxes<br><b>11</b> Alimony received<br><b>12</b> Business income or (loss). Attach Schedule C or C-EZ<br><b>13</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/><br><b>14</b> Other gains or (losses). Attach Form 4797<br><b>15a</b> Reserved<br><b>16a</b> Reserved<br><b>17</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E<br><b>18</b> Farm income or (loss). Attach Schedule F<br><b>19</b> Unemployment compensation<br><b>20a</b> Reserved<br><b>21</b> Other income. List type and amount <b>▶ Raffle prize</b><br><b>22</b> Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 | <b>1-9b</b><br><b>10</b><br><b>11</b><br><b>12</b><br><b>13</b><br><b>14</b><br><b>15b</b><br><b>16b</b><br><b>17</b><br><b>18</b><br><b>19</b> 2,800<br><b>20b</b><br><b>21</b> 750<br><b>22</b> 3,550 |  |                   |  |
| <b>Adjustments to Income</b>                           | <b>23</b> Educator expenses<br><b>24</b> Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106<br><b>25</b> Health savings account deduction. Attach Form 8889<br><b>26</b> Moving expenses for members of the Armed Forces. Attach Form 3903<br><b>27</b> Deductible part of self-employment tax. Attach Schedule SE<br><b>28</b> Self-employed SEP, SIMPLE, and qualified plans<br><b>29</b> Self-employed health insurance deduction<br><b>30</b> Penalty on early withdrawal of savings<br><b>31a</b> Alimony paid <b>b</b> Recipient's SSN <b>▶</b><br><b>32</b> IRA deduction<br><b>33</b> Student loan interest deduction<br><b>34</b> Reserved<br><b>35</b> Reserved<br><b>36</b> Add lines 23 through 35                                                                                                                                        | <b>23</b><br><b>24</b><br><b>25</b><br><b>26</b><br><b>27</b><br><b>28</b><br><b>29</b><br><b>30</b><br><b>31a</b><br><b>32</b><br><b>33</b><br><b>34</b><br><b>35</b><br><b>36</b>                     |  |                   |  |

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

Cat. No. 71479F

Schedule 1 (Form 1040) 2018

**Key Number Tax Return Summary****Chapter 2****Comprehensive Problem 1**

|                                       |               |
|---------------------------------------|---------------|
| <b>Adjusted Gross Income (Line 7)</b> | <u>56,173</u> |
| <b>Taxable Income (Line 10)</b>       | <u>32,173</u> |
| <b>Total Tax (Line 15)</b>            | <u>3,444</u>  |
| <b>Amount Overpaid (Line 19)</b>      | <u>1,448</u>  |

**Comprehensive Problem 2A**

|                                       |               |
|---------------------------------------|---------------|
| <b>Adjusted Gross Income (Line 7)</b> | <u>61,850</u> |
| <b>Taxable Income (Line 10)</b>       | <u>37,850</u> |
| <b>Total Tax (Line 15)</b>            | <u>4,164</u>  |
| <b>Amount Overpaid (Line 19)</b>      | <u>1,806</u>  |

**Comprehensive Problem 2B**

|                                       |               |
|---------------------------------------|---------------|
| <b>Adjusted Gross Income (Line 7)</b> | <u>71,815</u> |
| <b>Taxable Income (Line 10)</b>       | <u>47,815</u> |
| <b>Total Tax (Line 15)</b>            | <u>5,358</u>  |
| <b>Amount Overpaid (Line 19)</b>      | <u>1,502</u>  |

| Form                                                                                                                                                                                                                                                      | 1040                                         | Department of the Treasury — Internal Revenue Service (99) | 2018                                                                      | OMB No. 1545-0074                                                                                                 | IRS Use Only — Do not write or staple in this space. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>U.S. Individual Income Tax Return</b>                                                                                                                                                                                                                  |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
| Filing status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)     |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
| Your first name and initial<br><b>Ken Hair</b>                                                                                                                                                                                                            |                                              |                                                            |                                                                           | Last name<br><b>Hair</b>                                                                                          |                                                      |
|                                                                                                                                                                                                                                                           |                                              |                                                            |                                                                           | Your social security number<br><b>465-57-9934</b>                                                                 |                                                      |
| Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind                                                               |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
| If joint return, spouse's first name and initial<br><b>Bev Hair</b>                                                                                                                                                                                       |                                              |                                                            |                                                                           | Last name<br><b>Hair</b>                                                                                          |                                                      |
|                                                                                                                                                                                                                                                           |                                              |                                                            |                                                                           | Spouse's social security number<br><b>465-74-3321</b>                                                             |                                                      |
| Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 <input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.) |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
| <input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien                                                                                                                      |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>3567 River Street</b>                                                                                                                                                   |                                              |                                                            |                                                                           | Apt. no.<br>                                                                                                      |                                                      |
| City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.<br><b>Springfield, MO 63126</b>                                                                                                                         |                                              |                                                            |                                                                           | <b>Presidential Election Campaign</b><br>(see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse |                                                      |
| If more than four dependents, see inst. and <input checked="" type="checkbox"/> here <input type="checkbox"/>                                                                                                                                             |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
| <b>Dependents (see instructions):</b>                                                                                                                                                                                                                     |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
| (1) First name                                                                                                                                                                                                                                            | Last name                                    | (2) Social security number                                 | (3) Relationship to you                                                   | (4) <input checked="" type="checkbox"/> if qualifies for (see inst.):                                             |                                                      |
|                                                                                                                                                                                                                                                           |                                              |                                                            |                                                                           | Child tax credit                                                                                                  | Credit for other dependents                          |
|                                                                                                                                                                                                                                                           |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
|                                                                                                                                                                                                                                                           |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
|                                                                                                                                                                                                                                                           |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
|                                                                                                                                                                                                                                                           |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
| Your signature                                                                                                                                                                                                                                            | Date                                         | Your occupation<br><b>Student</b>                          | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |                                                                                                                   |                                                      |
| Spouse's signature. If a joint return, <b>both</b> must sign.                                                                                                                                                                                             | Date                                         | Spouse's occupation<br><b>Accountant</b>                   | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |                                                                                                                   |                                                      |
| Preparer's name                                                                                                                                                                                                                                           | Preparer's signature<br><b>Self-Prepared</b> | PTIN                                                       | Firm's EIN                                                                | Check if:                                                                                                         |                                                      |
|                                                                                                                                                                                                                                                           |                                              |                                                            |                                                                           | <input type="checkbox"/> 3rd Party Designee                                                                       |                                                      |
| Firm's name                                                                                                                                                                                                                                               |                                              | Phone no.                                                  |                                                                           | <input type="checkbox"/> Self-employed                                                                            |                                                      |
| Firm's address                                                                                                                                                                                                                                            |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |

| Form 1040 (2018) Ken and Bev Hair                                                                                                                  |           | 465-57-9934           | Page 2  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------|---------|
| 1 Wages, salaries, tips, etc. Attach Form(s) W-2                                                                                                   |           | 1                     | 53,400. |
| 2a Tax-exempt interest                                                                                                                             | 2a 1,000. | 2b Taxable interest   | 2b 648. |
| 3a Qualified dividends                                                                                                                             | 3a 300.   | 3b Ordinary dividends | 3b 300. |
| 4a IRAs, pensions, and annuities                                                                                                                   | 4a        | 4b Taxable amount     | 4b      |
| 5a Social security benefits                                                                                                                        | 5a        | 5b Taxable amount     | 5b      |
| 6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22                                                                     |           | 6                     | 1,825.  |
| 7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6. |           | 7                     | 56,173. |
| 8 Standard deduction or itemized deductions (from Schedule A)                                                                                      |           | 8                     | 24,000. |
| 9 Qualified business income deduction (see instructions)                                                                                           |           | 9                     |         |
| 10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-                                                                  |           | 10                    | 32,173. |
| 11 a Tax (see inst.) 3,444. (check if any from: 1 Form(s) 8814 2 Form 4972 3 )                                                                     |           | 11                    | 3,444.  |
| b Add any amount from Schedule 2 and check here                                                                                                    |           | 12                    |         |
| 12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here                                                  |           | 13                    | 3,444.  |
| 13 Subtract line 12 from line 11. If zero or less, enter -0-                                                                                       |           | 14                    |         |
| 14 Other taxes. Attach Schedule 4.                                                                                                                 |           | 15                    | 3,444.  |
| 15 Total tax. Add lines 13 and 14.                                                                                                                 |           | 16                    | 4,892.  |
| 16 Federal income tax withheld from Forms W-2 and 1099                                                                                             |           | 17                    |         |
| 17 Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863 Add any amount from Schedule 5                                                    |           | 18                    | 4,892.  |
| 18 Add lines 16 and 17. These are your total payments                                                                                              |           | 19                    | 1,448.  |
| 19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid                                                 |           | 20a                   | 1,448.  |
| 20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here                                                               |           | 21                    |         |
| b Routing number XXXXXXXXXX c Type: Checking Savings                                                                                               |           | 22                    |         |
| d Account number XXXXXXXXXXXXXXXXXXXXXXXXXX                                                                                                        |           | 23                    |         |
| 21 Amount of line 19 you want applied to your 2019 estimated tax                                                                                   |           | 22                    |         |
| 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions                                                      |           | 23                    |         |
| 23 Estimated tax penalty (see instructions)                                                                                                        |           |                       |         |

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

**Standard Deduction for –**

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

**Refund**

Direct deposit? See instructions.

**Amount You Owe**

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

► **Attach to Form 1040.**  
► **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

Ken and Bev Hair

Your social security number

465-57-9934

|                              |             |                                                                                                                                                                       |             |        |
|------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------|
| <b>Additional Income</b>     | <b>1-9b</b> | Reserved .....                                                                                                                                                        | <b>1-9b</b> |        |
|                              | <b>10</b>   | Taxable refunds, credits, or offsets of state and local income taxes .....                                                                                            | <b>10</b>   |        |
|                              | <b>11</b>   | Alimony received .....                                                                                                                                                | <b>11</b>   |        |
|                              | <b>12</b>   | Business income or (loss). Attach Schedule C or C-EZ .....                                                                                                            | <b>12</b>   |        |
|                              | <b>13</b>   | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> .....                                                     | <b>13</b>   |        |
|                              | <b>14</b>   | Other gains or (losses). Attach Form 4797 .....                                                                                                                       | <b>14</b>   |        |
|                              | <b>15a</b>  | Reserved .....                                                                                                                                                        | <b>15b</b>  |        |
|                              | <b>16a</b>  | Reserved .....                                                                                                                                                        | <b>16b</b>  |        |
|                              | <b>17</b>   | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .....                                                                     | <b>17</b>   |        |
|                              | <b>18</b>   | Farm income or (loss). Attach Schedule F .....                                                                                                                        | <b>18</b>   |        |
|                              | <b>19</b>   | Unemployment compensation .....                                                                                                                                       | <b>19</b>   | 1,825. |
|                              | <b>20a</b>  | Reserved .....                                                                                                                                                        | <b>20b</b>  |        |
|                              | <b>21</b>   | Other income. List type and amount .....                                                                                                                              | <b>21</b>   |        |
|                              | <b>22</b>   | Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 ..... | <b>22</b>   | 1,825. |
| <b>Adjustments to Income</b> | <b>23</b>   | Educator expenses .....                                                                                                                                               | <b>23</b>   |        |
|                              | <b>24</b>   | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 .....                                               | <b>24</b>   |        |
|                              | <b>25</b>   | Health savings account deduction. Attach Form 8889 .....                                                                                                              | <b>25</b>   |        |
|                              | <b>26</b>   | Moving expenses for members of the Armed Forces. Attach Form 3903 .....                                                                                               | <b>26</b>   |        |
|                              | <b>27</b>   | Deductible part of self-employment tax. Attach Schedule SE .....                                                                                                      | <b>27</b>   |        |
|                              | <b>28</b>   | Self-employed SEP, SIMPLE, and qualified plans .....                                                                                                                  | <b>28</b>   |        |
|                              | <b>29</b>   | Self-employed health insurance deduction .....                                                                                                                        | <b>29</b>   |        |
|                              | <b>30</b>   | Penalty on early withdrawal of savings .....                                                                                                                          | <b>30</b>   |        |
|                              | <b>31a</b>  | Alimony paid <b>b</b> Recipient's SSN ► .....                                                                                                                         | <b>31a</b>  |        |
|                              | <b>32</b>   | IRA deduction .....                                                                                                                                                   | <b>32</b>   |        |
|                              | <b>33</b>   | Student loan interest deduction .....                                                                                                                                 | <b>33</b>   |        |
|                              | <b>34</b>   | Reserved .....                                                                                                                                                        | <b>34</b>   |        |
|                              | <b>35</b>   | Reserved .....                                                                                                                                                        | <b>35</b>   |        |
|                              | <b>36</b>   | Add lines 23 through 35 .....                                                                                                                                         | <b>36</b>   | 0.     |

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

**Schedule 1 (Form 1040) 2018**

**Wage Schedule**

| <u>Taxpayer - Employer</u> | <u>Wages</u>   | <u>Federal<br/>W/H</u> | <u>FICA</u>   | <u>Medi-<br/>care</u> | <u>State<br/>W/H</u> | <u>Local<br/>W/H</u> |
|----------------------------|----------------|------------------------|---------------|-----------------------|----------------------|----------------------|
|                            | <u>2,700.</u>  |                        | <u>167.</u>   | <u>39.</u>            |                      |                      |
| Total                      | <u>2,700.</u>  | <u>0.</u>              | <u>167.</u>   | <u>39.</u>            | <u>0.</u>            | <u>0.</u>            |
| <u>Spouse - Employer</u>   | <u>Wages</u>   | <u>Federal<br/>W/H</u> | <u>FICA</u>   | <u>Medi-<br/>care</u> | <u>State<br/>W/H</u> | <u>Local<br/>W/H</u> |
|                            | <u>50,700.</u> | <u>4,892.</u>          | <u>3,143.</u> | <u>735.</u>           |                      |                      |
| Total                      | <u>50,700.</u> | <u>4,892.</u>          | <u>3,143.</u> | <u>735.</u>           |                      | <u>0.</u>            |
| Grand Total                | <u>53,400.</u> | <u>4,892.</u>          | <u>3,310.</u> | <u>774.</u>           | <u>0.</u>            | <u>0.</u>            |

**Form 1040, Line 2b  
Interest Income**

Boatman's Bank

Total 648.  
648.

**Form 1040, Line 2a  
Tax-Exempt Interest**

| <u>Payer</u>      | <u>In-state<br/>municipal<br/>bonds</u> | <u>Private<br/>activity<br/>bonds</u> | <u>Total<br/>municipal<br/>bonds</u> |
|-------------------|-----------------------------------------|---------------------------------------|--------------------------------------|
| City of St. Louis |                                         |                                       | <u>1,000.</u>                        |
|                   | <u>0.</u>                               | <u>0.</u>                             | <u>1,000.</u>                        |

**Form 1040, Line 3b  
Dividend Income**

Green Corporation

Total 300.  
300.

**Form 1040, Line 3a  
Qualified Dividends**

Green Corporation

Total 300.  
300.

**Qualified Dividends and Capital Gain Tax Worksheet (Form 1040, Line 11)**

- |                                                                                                                                                           |      |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------|
| 1. Enter the amount from Form 1040, line 10                                                                                                               |      | 32,173.              |
| 2. Enter the amount from Form 1040, line 3a                                                                                                               | 300. |                      |
| 3. Are you filing Schedule D?                                                                                                                             |      |                      |
| [ ] Yes. Enter the smaller of line 15 or 16 of Schedule D, but do not enter less than zero                                                                |      |                      |
| [X] No. Enter the amount from Schedule 1, line 13                                                                                                         | 0.   |                      |
| 4. Add lines 2 and 3                                                                                                                                      | 300. |                      |
| 5. If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise enter zero.                        | 0.   |                      |
| 6. Subtract line 5 from line 4. If zero or less, enter zero.                                                                                              |      | 300.                 |
| 7. Subtract line 6 from line 1. If zero or less, enter zero.                                                                                              |      | 31,873.              |
| 8. Enter:                                                                                                                                                 |      |                      |
| \$38,600 if single or married filing separately,                                                                                                          |      |                      |
| \$77,200 if married filing jointly or qualifying widow(er), \$51,700 if head of household                                                                 |      | 77,200.              |
| 9. Enter the smaller of line 1 or line 8                                                                                                                  |      | 32,173.              |
| 10. Enter the smaller of line 7 or line 9                                                                                                                 |      | 31,873.              |
| 11. Subtract line 10 from line 9. This amount is taxed at 0%                                                                                              |      | 300.                 |
| 12. Enter the smaller of line 1 or line 6                                                                                                                 |      | 300.                 |
| 13. Enter the amount from line 11                                                                                                                         |      | 300.                 |
| 14. Subtract line 13 from line 12                                                                                                                         |      | 0.                   |
| 15. Enter:                                                                                                                                                |      |                      |
| \$425,800 if single, \$239,500 if married filing separately, \$479,000 if married filing jointly or qualifying widow(er), \$452,400 if head of household. |      | 479,000.             |
| 16. Enter the smaller of line 1 or line 15                                                                                                                |      | 32,173.              |
| 17. Add lines 7 and 11                                                                                                                                    |      | 32,173.              |
| 18. Subtract line 17 from line 16. If zero or less, enter zero.                                                                                           |      | 0.                   |
| 19. Enter the smaller of line 14 or line 18                                                                                                               |      | 0.                   |
| 20. Multiply line 19 by 15% (.15)                                                                                                                         |      | 0.                   |
| 21. Add lines 11 and 19                                                                                                                                   |      | 300.                 |
| 22. Subtract line 21 from line 12                                                                                                                         |      | 0.                   |
| 23. Multiply line 22 by 20% (.20)                                                                                                                         |      | 0.                   |
| 24. Figure the tax on the amount on line 7. (Use the Tax Table or Tax Computation Worksheet)                                                              |      | 3,444.               |
| 25. Add lines 20, 23, and 24                                                                                                                              |      | 3,444.               |
| 26. Figure the tax on the amount on line 1. (Use the Tax Table or Tax Computation Worksheet)                                                              |      | 3,480.               |
| 27. Tax on all taxable income (including capital gain distributions). Enter the smaller of line 25 or line 26 here and on Form 1040, line 11              |      | <u><u>3,444.</u></u> |

**Federal Income Tax Withheld**

Total 4,892.

| Form                                                                                                                                                                                                                                                      | 1040                                         | Department of the Treasury — Internal Revenue Service (99) | 2018                                                                      | OMB No. 1545-0074                                                                                                 | IRS Use Only — Do not write or staple in this space. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>U.S. Individual Income Tax Return</b>                                                                                                                                                                                                                  |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
| Filing status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)     |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
| Your first name and initial<br><b>Ray Gomez</b>                                                                                                                                                                                                           |                                              |                                                            |                                                                           | Last name<br><b>Gomez</b>                                                                                         |                                                      |
|                                                                                                                                                                                                                                                           |                                              |                                                            |                                                                           | Your social security number<br><b>469-21-5523</b>                                                                 |                                                      |
| Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind                                                               |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
| If joint return, spouse's first name and initial<br><b>Maria Gomez</b>                                                                                                                                                                                    |                                              |                                                            |                                                                           | Last name<br><b>Gomez</b>                                                                                         |                                                      |
|                                                                                                                                                                                                                                                           |                                              |                                                            |                                                                           | Spouse's social security number<br><b>444-65-9912</b>                                                             |                                                      |
| Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 <input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.) |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
| <input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien                                                                                                                      |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>1610 Quince Avenue</b>                                                                                                                                                  |                                              |                                                            |                                                                           | Apt. no.<br>_____                                                                                                 |                                                      |
| City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.<br><b>McAllen, TX 78701</b>                                                                                                                             |                                              |                                                            |                                                                           | <b>Presidential Election Campaign</b><br>(see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse |                                                      |
| If more than four dependents, see inst. and <input checked="" type="checkbox"/> here                                                                                                                                                                      |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
| <b>Dependents (see instructions):</b>                                                                                                                                                                                                                     |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
| (1) First name                                                                                                                                                                                                                                            | Last name                                    | (2) Social security number                                 | (3) Relationship to you                                                   | (4) <input checked="" type="checkbox"/> if qualifies for (see inst.):                                             |                                                      |
|                                                                                                                                                                                                                                                           |                                              |                                                            |                                                                           | Child tax credit                                                                                                  | Credit for other dependents                          |
|                                                                                                                                                                                                                                                           |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
|                                                                                                                                                                                                                                                           |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
|                                                                                                                                                                                                                                                           |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
|                                                                                                                                                                                                                                                           |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |
| Your signature                                                                                                                                                                                                                                            | Date                                         | Your occupation<br><b>Salesperson</b>                      | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |                                                                                                                   |                                                      |
| Spouse's signature. If a joint return, <b>both</b> must sign.                                                                                                                                                                                             |                                              | Date                                                       | Spouse's occupation<br><b>City Clerk</b>                                  |                                                                                                                   |                                                      |
| Preparer's name                                                                                                                                                                                                                                           | Preparer's signature<br><b>Self-Prepared</b> | PTIN                                                       | Firm's EIN                                                                | Check if:                                                                                                         |                                                      |
|                                                                                                                                                                                                                                                           |                                              |                                                            |                                                                           | <input type="checkbox"/> 3rd Party Designee                                                                       |                                                      |
| Firm's name                                                                                                                                                                                                                                               | Phone no.                                    |                                                            | <input type="checkbox"/> Self-employed                                    |                                                                                                                   |                                                      |
| Firm's address                                                                                                                                                                                                                                            |                                              |                                                            |                                                                           |                                                                                                                   |                                                      |

| Form 1040 (2018)                                                                                                                                   |  | Ray and Maria Gomez |  | 469-21-5523                                      |  | Page 2                                                                     |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|--|--------------------------------------------------|--|----------------------------------------------------------------------------|---------|
| Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.                                                                       |  |                     |  | 1 Wages, salaries, tips, etc. Attach Form(s) W-2 |  | 1                                                                          | 62,600. |
| 2a Tax-exempt interest                                                                                                                             |  |                     |  | 2a                                               |  | b Taxable interest                                                         | 2b 650. |
| 3a Qualified dividends                                                                                                                             |  |                     |  | 3a                                               |  | b Ordinary dividends                                                       | 3b      |
| 4a IRAs, pensions, and annuities                                                                                                                   |  |                     |  | 4a                                               |  | b Taxable amount                                                           | 4b      |
| 5a Social security benefits                                                                                                                        |  |                     |  | 5a                                               |  | b Taxable amount                                                           | 5b      |
| 6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22                                                                     |  |                     |  | 4,000.                                           |  | 6                                                                          | 67,250. |
| 7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6. |  |                     |  |                                                  |  | 7                                                                          | 61,850. |
| 8 Standard deduction or itemized deductions (from Schedule A)                                                                                      |  |                     |  |                                                  |  | 8                                                                          | 24,000. |
| 9 Qualified business income deduction (see instructions).                                                                                          |  |                     |  |                                                  |  | 9                                                                          |         |
| 10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-                                                                  |  |                     |  |                                                  |  | 10                                                                         | 37,850. |
| 11 a Tax (see inst.)                                                                                                                               |  |                     |  | 4,164.                                           |  | (check if any from: 1 <input type="checkbox"/> Form(s) 8814                |         |
| 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>                                                                                    |  |                     |  |                                                  |  |                                                                            |         |
| b Add any amount from Schedule 2 and check here                                                                                                    |  |                     |  |                                                  |  | 11                                                                         | 4,164.  |
| 12 a Child tax credit/credit for other dependents                                                                                                  |  |                     |  |                                                  |  | 12                                                                         |         |
| b Add any amount from Schedule 3 and check here                                                                                                    |  |                     |  |                                                  |  | 12                                                                         |         |
| 13 Subtract line 12 from line 11. If zero or less, enter -0-                                                                                       |  |                     |  |                                                  |  | 13                                                                         | 4,164.  |
| 14 Other taxes. Attach Schedule 4.                                                                                                                 |  |                     |  |                                                  |  | 14                                                                         |         |
| 15 Total tax. Add lines 13 and 14.                                                                                                                 |  |                     |  |                                                  |  | 15                                                                         | 4,164.  |
| 16 Federal income tax withheld from Forms W-2 and 1099                                                                                             |  |                     |  |                                                  |  | 16                                                                         | 5,970.  |
| 17 Refundable credits: a EIC (see inst.)                                                                                                           |  |                     |  |                                                  |  |                                                                            |         |
| b Sch. 8812 c Form 8863                                                                                                                            |  |                     |  |                                                  |  |                                                                            |         |
| Add any amount from Schedule 5                                                                                                                     |  |                     |  |                                                  |  | 17                                                                         |         |
| 18 Add lines 16 and 17. These are your total payments                                                                                              |  |                     |  |                                                  |  | 18                                                                         | 5,970.  |
| 19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid                                                 |  |                     |  |                                                  |  | 19                                                                         | 1,806.  |
| 20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here                                                               |  |                     |  |                                                  |  | 20a                                                                        | 1,806.  |
| b Routing number                                                                                                                                   |  |                     |  | XXXXXXXXXX                                       |  | c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |         |
| d Account number                                                                                                                                   |  |                     |  | XXXXXXXXXXXXXXXXXXXXXXXXXXXX                     |  |                                                                            |         |
| 21 Amount of line 19 you want applied to your 2019 estimated tax                                                                                   |  |                     |  |                                                  |  | 21                                                                         |         |
| 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions.                                                     |  |                     |  |                                                  |  | 22                                                                         |         |
| 23 Estimated tax penalty (see instructions).                                                                                                       |  |                     |  |                                                  |  | 23                                                                         |         |

**Standard Deduction for –**

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

#### Refund

Direct deposit?  
See instructions.

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

Form 1040 (2018)

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

► **Attach to Form 1040.**  
► **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

Ray and Maria Gomez

Your social security number

469-21-5523

**Additional  
Income**

|             |                                                                                                                                                                       |             |        |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------|
| <b>1-9b</b> | Reserved .....                                                                                                                                                        | <b>1-9b</b> |        |
| <b>10</b>   | Taxable refunds, credits, or offsets of state and local income taxes .....                                                                                            | <b>10</b>   |        |
| <b>11</b>   | Alimony received .....                                                                                                                                                | <b>11</b>   |        |
| <b>12</b>   | Business income or (loss). Attach Schedule C or C-EZ .....                                                                                                            | <b>12</b>   |        |
| <b>13</b>   | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> .....                                                     | <b>13</b>   |        |
| <b>14</b>   | Other gains or (losses). Attach Form 4797 .....                                                                                                                       | <b>14</b>   |        |
| <b>15a</b>  | Reserved .....                                                                                                                                                        | <b>15b</b>  |        |
| <b>16a</b>  | Reserved .....                                                                                                                                                        | <b>16b</b>  |        |
| <b>17</b>   | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .....                                                                     | <b>17</b>   |        |
| <b>18</b>   | Farm income or (loss). Attach Schedule F .....                                                                                                                        | <b>18</b>   |        |
| <b>19</b>   | Unemployment compensation .....                                                                                                                                       | <b>19</b>   |        |
| <b>20a</b>  | Reserved .....                                                                                                                                                        | <b>20b</b>  |        |
| <b>21</b>   | Other income. List type and amount <u>Gambling Winnings</u> .....                                                                                                     | <b>21</b>   | 4,000. |
| <b>22</b>   | Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 ..... | <b>22</b>   | 4,000. |

**Adjustments  
to Income**

|            |                                                                                                                         |            |        |
|------------|-------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>23</b>  | Educator expenses .....                                                                                                 | <b>23</b>  |        |
| <b>24</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 ..... | <b>24</b>  |        |
| <b>25</b>  | Health savings account deduction. Attach Form 8889 .....                                                                | <b>25</b>  |        |
| <b>26</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 .....                                                 | <b>26</b>  |        |
| <b>27</b>  | Deductible part of self-employment tax. Attach Schedule SE .....                                                        | <b>27</b>  |        |
| <b>28</b>  | Self-employed SEP, SIMPLE, and qualified plans .....                                                                    | <b>28</b>  |        |
| <b>29</b>  | Self-employed health insurance deduction .....                                                                          | <b>29</b>  |        |
| <b>30</b>  | Penalty on early withdrawal of savings .....                                                                            | <b>30</b>  |        |
| <b>31a</b> | Alimony paid <b>b</b> Recipient's SSN ► <u>566-74-8765</u> .....                                                        | <b>31a</b> | 5,400. |
| <b>32</b>  | IRA deduction .....                                                                                                     | <b>32</b>  |        |
| <b>33</b>  | Student loan interest deduction .....                                                                                   | <b>33</b>  |        |
| <b>34</b>  | Reserved .....                                                                                                          | <b>34</b>  |        |
| <b>35</b>  | Reserved .....                                                                                                          | <b>35</b>  |        |
| <b>36</b>  | Add lines 23 through 35 .....                                                                                           | <b>36</b>  | 5,400. |

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

**Schedule 1 (Form 1040) 2018**

|                                                                                                                                                                                                                                                                                                          |               |                                                          |                                         |                                                                               |                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Form                                                                                                                                                                                                                                                                                                     | 1040          | Department of the Treasury—Internal Revenue Service (99) | 2018                                    | OMB No. 1545-0074                                                             | IRS Use Only—Do not write or staple in this space.                                                      |
| U.S. Individual Income Tax Return                                                                                                                                                                                                                                                                        |               |                                                          |                                         |                                                                               |                                                                                                         |
| Filing status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)                                                    |               |                                                          |                                         |                                                                               |                                                                                                         |
| Your first name and initial<br><b>Albert T.</b>                                                                                                                                                                                                                                                          |               | Last name<br><b>Gaytor</b>                               |                                         | Your social security number<br><b>266   51   1966</b>                         |                                                                                                         |
| Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind                                                                                                              |               |                                                          |                                         |                                                                               |                                                                                                         |
| If joint return, spouse's first name and initial<br><b>Allison A.</b>                                                                                                                                                                                                                                    |               | Last name<br><b>Gaytor</b>                               |                                         | Spouse's social security number<br><b>266   34   1967</b>                     |                                                                                                         |
| Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954<br><input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien |               |                                                          |                                         |                                                                               |                                                                                                         |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>12340 Cocoshell Road</b>                                                                                                                                                                                               |               |                                                          |                                         | Apt. no.                                                                      | Presidential Election Campaign (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.<br><b>Coral Gables, FL 33134</b>                                                                                                                                                                       |               |                                                          |                                         | If more than four dependents, see inst. and ✓ here ▶ <input type="checkbox"/> |                                                                                                         |
| Dependents (see instructions):                                                                                                                                                                                                                                                                           |               |                                                          |                                         |                                                                               |                                                                                                         |
| (1) First name                                                                                                                                                                                                                                                                                           | Last name     | (2) Social security number                               | (3) Relationship to you                 | (4) ✓ if qualifies for (see inst.):<br>Child tax credit                       | Credit for other dependents                                                                             |
| <b>Crocker</b>                                                                                                                                                                                                                                                                                           | <b>Gaytor</b> | <b>261   55   1212</b>                                   | <b>Son</b>                              | <input type="checkbox"/>                                                      | <input checked="" type="checkbox"/>                                                                     |
|                                                                                                                                                                                                                                                                                                          |               |                                                          |                                         | <input type="checkbox"/>                                                      | <input type="checkbox"/>                                                                                |
|                                                                                                                                                                                                                                                                                                          |               |                                                          |                                         | <input type="checkbox"/>                                                      | <input type="checkbox"/>                                                                                |
|                                                                                                                                                                                                                                                                                                          |               |                                                          |                                         | <input type="checkbox"/>                                                      | <input type="checkbox"/>                                                                                |
| <b>Sign Here</b><br>Joint return? See instructions. Keep a copy for your records.                                                                                                                                                                                                                        |               |                                                          |                                         |                                                                               |                                                                                                         |
| Your signature                                                                                                                                                                                                                                                                                           |               | Date                                                     | Your occupation<br><b>Boat Captain</b>  | 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<br><b>Homemaker</b> | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)     |                                                                                                         |
| Preparer's name                                                                                                                                                                                                                                                                                          |               | Preparer's signature                                     |                                         | PTIN                                                                          | Firm's EIN                                                                                              |
| Firm's name ▶                                                                                                                                                                                                                                                                                            |               | Firm's address ▶                                         |                                         | Phone no.                                                                     |                                                                                                         |
| Check if:<br><input type="checkbox"/> 3rd Party Designee<br><input type="checkbox"/> Self-employed                                                                                                                                                                                                       |               |                                                          |                                         |                                                                               |                                                                                                         |

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

Cat. No. 11320B

Form 1040 (2018)

Form 1040 (2018) Page **2**

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

|            |                                                                                                                                                                                          |            |           |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>1</b>   | Wages, salaries, tips, etc. Attach Form(s) W-2                                                                                                                                           | <b>1</b>   | 66,850    |
| <b>2a</b>  | Tax-exempt interest                                                                                                                                                                      | <b>2a</b>  | 745       |
| <b>3a</b>  | Qualified dividends                                                                                                                                                                      | <b>3a</b>  | 1,025     |
| <b>4a</b>  | IRAs, pensions, and annuities                                                                                                                                                            | <b>4a</b>  |           |
| <b>5a</b>  | Social security benefits                                                                                                                                                                 | <b>5a</b>  |           |
| <b>6</b>   | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22                                                                                                             | <b>6</b>   | 79,041    |
| <b>7</b>   | Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6                                          | <b>7</b>   | 67,541    |
| <b>8</b>   | <b>Standard deduction or itemized deductions</b> (from Schedule A)                                                                                                                       | <b>8</b>   | 24,000    |
| <b>9</b>   | Qualified business income deduction (see instructions)                                                                                                                                   | <b>9</b>   |           |
| <b>10</b>  | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-                                                                                                           | <b>10</b>  | 43,541    |
| <b>11</b>  | <b>a</b> Tax (see inst.) <u>4,722</u> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> ) | <b>11</b>  | 4,722     |
| <b>12</b>  | <b>b</b> Add any amount from Schedule 2 and check here <input type="checkbox"/>                                                                                                          | <b>12</b>  | 500       |
| <b>13</b>  | <b>a</b> Child tax credit/credit for other dependents <u>500</u> <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>                                         | <b>13</b>  | 4,222     |
| <b>14</b>  | Other taxes. Attach Schedule 4                                                                                                                                                           | <b>14</b>  |           |
| <b>15</b>  | Total tax. Add lines 13 and 14                                                                                                                                                           | <b>15</b>  | 4,222     |
| <b>16</b>  | Federal income tax withheld from Forms W-2 and 1099                                                                                                                                      | <b>16</b>  | 7,530 (a) |
| <b>17</b>  | Refundable credits: <b>a</b> EIC (see inst.) <b>b</b> Sch 8812 <b>c</b> Form 8863                                                                                                        | <b>17</b>  |           |
| <b>18</b>  | Add lines 16 and 17. These are your total payments                                                                                                                                       | <b>18</b>  | 7,530     |
| <b>19</b>  | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b>                                                                                   | <b>19</b>  | 3,308     |
| <b>20a</b> | Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>                                                                        | <b>20a</b> | 3,308     |
| <b>21</b>  | Amount of line 19 you want <b>applied to your 2019 estimated tax</b>                                                                                                                     | <b>21</b>  |           |
| <b>22</b>  | <b>Amount you owe.</b> Subtract line 18 from line 15. For details on how to pay, see instructions                                                                                        | <b>22</b>  |           |
| <b>23</b>  | Estimated tax penalty (see instructions)                                                                                                                                                 | <b>23</b>  |           |

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information. Form **1040** (2018)

$$(a) \$7,530 = \$5,780 (W-2) + \$1,600 (W-2G) + \$150 (1099-G)$$

| <b>SCHEDULE 1</b><br><b>(Form 1040)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small>                                                         |                                                                                                                             | <b>Additional Income and Adjustments to Income</b><br><b>► Attach to Form 1040.</b><br><b>► Go to <a href="http://www.irs.gov/Form1040">www.irs.gov/Form1040</a> for instructions and the latest information.</b> |                                                   | <small>OMB No. 1545-0074</small><br><b>2018</b><br><small>Attachment<br/>Sequence No. 01</small> |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------|--|
| Name(s) shown on Form 1040<br><b>Albert T. and Allison Gaytor</b>                                                                                                         |                                                                                                                             |                                                                                                                                                                                                                   | Your social security number<br><b>266-51-1966</b> |                                                                                                  |  |
| <b>Additional Income</b>                                                                                                                                                  | <b>1-9b</b> Reserved                                                                                                        |                                                                                                                                                                                                                   | <b>1-9b</b>                                       |                                                                                                  |  |
|                                                                                                                                                                           | <b>10</b> Taxable refunds, credits, or offsets of state and local income taxes                                              |                                                                                                                                                                                                                   | <b>10</b>                                         |                                                                                                  |  |
|                                                                                                                                                                           | <b>11</b> Alimony received                                                                                                  |                                                                                                                                                                                                                   | <b>11</b>                                         |                                                                                                  |  |
|                                                                                                                                                                           | <b>12</b> Business income or (loss). Attach Schedule C or C-EZ                                                              |                                                                                                                                                                                                                   | <b>12</b>                                         |                                                                                                  |  |
|                                                                                                                                                                           | <b>13</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>       |                                                                                                                                                                                                                   | <b>13</b>                                         |                                                                                                  |  |
|                                                                                                                                                                           | <b>14</b> Other gains or (losses). Attach Form 4797                                                                         |                                                                                                                                                                                                                   | <b>14</b>                                         |                                                                                                  |  |
|                                                                                                                                                                           | <b>15a</b> Reserved                                                                                                         |                                                                                                                                                                                                                   | <b>15b</b>                                        |                                                                                                  |  |
|                                                                                                                                                                           | <b>16a</b> Reserved                                                                                                         |                                                                                                                                                                                                                   | <b>16b</b>                                        |                                                                                                  |  |
|                                                                                                                                                                           | <b>17</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E                       |                                                                                                                                                                                                                   | <b>17</b>                                         |                                                                                                  |  |
|                                                                                                                                                                           | <b>18</b> Farm income or (loss). Attach Schedule F                                                                          |                                                                                                                                                                                                                   | <b>18</b>                                         |                                                                                                  |  |
| <b>19</b> Unemployment compensation                                                                                                                                       |                                                                                                                             | <b>19</b>                                                                                                                                                                                                         | 4,000                                             |                                                                                                  |  |
| <b>20a</b> Reserved                                                                                                                                                       |                                                                                                                             | <b>20b</b>                                                                                                                                                                                                        |                                                   |                                                                                                  |  |
| <b>21</b> Other income. List type and amount <b>► Gambling winnings</b>                                                                                                   |                                                                                                                             | <b>21</b>                                                                                                                                                                                                         | 6,000                                             |                                                                                                  |  |
| <b>22</b> Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 |                                                                                                                             | <b>22</b>                                                                                                                                                                                                         | 10,000                                            |                                                                                                  |  |
| <b>Adjustments to Income</b>                                                                                                                                              | <b>23</b> Educator expenses                                                                                                 | <b>23</b>                                                                                                                                                                                                         |                                                   |                                                                                                  |  |
|                                                                                                                                                                           | <b>24</b> Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | <b>24</b>                                                                                                                                                                                                         |                                                   |                                                                                                  |  |
|                                                                                                                                                                           | <b>25</b> Health savings account deduction. Attach Form 8889                                                                | <b>25</b>                                                                                                                                                                                                         |                                                   |                                                                                                  |  |
|                                                                                                                                                                           | <b>26</b> Moving expenses for members of the Armed Forces. Attach Form 3903                                                 | <b>26</b>                                                                                                                                                                                                         |                                                   |                                                                                                  |  |
|                                                                                                                                                                           | <b>27</b> Deductible part of self-employment tax. Attach Schedule SE                                                        | <b>27</b>                                                                                                                                                                                                         |                                                   |                                                                                                  |  |
|                                                                                                                                                                           | <b>28</b> Self-employed SEP, SIMPLE, and qualified plans                                                                    | <b>28</b>                                                                                                                                                                                                         |                                                   |                                                                                                  |  |
|                                                                                                                                                                           | <b>29</b> Self-employed health insurance deduction                                                                          | <b>29</b>                                                                                                                                                                                                         |                                                   |                                                                                                  |  |
|                                                                                                                                                                           | <b>30</b> Penalty on early withdrawal of savings                                                                            | <b>30</b>                                                                                                                                                                                                         |                                                   |                                                                                                  |  |
|                                                                                                                                                                           | <b>31a</b> Alimony paid <b>b</b> Recipient's SSN <b>► 667 34 9224</b>                                                       | <b>31a</b>                                                                                                                                                                                                        | 11,500                                            |                                                                                                  |  |
|                                                                                                                                                                           | <b>32</b> IRA deduction                                                                                                     | <b>32</b>                                                                                                                                                                                                         |                                                   |                                                                                                  |  |
|                                                                                                                                                                           | <b>33</b> Student loan interest deduction                                                                                   | <b>33</b>                                                                                                                                                                                                         |                                                   |                                                                                                  |  |
|                                                                                                                                                                           | <b>34</b> Reserved                                                                                                          | <b>34</b>                                                                                                                                                                                                         |                                                   |                                                                                                  |  |
| <b>35</b> Reserved                                                                                                                                                        | <b>35</b>                                                                                                                   |                                                                                                                                                                                                                   |                                                   |                                                                                                  |  |
| <b>36</b> Add lines 23 through 35                                                                                                                                         | <b>36</b>                                                                                                                   |                                                                                                                                                                                                                   | 11,500                                            |                                                                                                  |  |

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

Cat. No. 71479F

Schedule 1 (Form 1040) 2018

## Qualified Dividends and Capital Gain Tax Worksheet—Line 11a

Keep for Your Records



| Before you begin:                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                    |     |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|
| ✓                                                                                                                                                    | See the earlier instructions for line 11a to see if you can use this worksheet to figure your tax.                                                                                                                                                                                                                                 |     |         |
| ✓                                                                                                                                                    | Before completing this worksheet, complete Form 1040 through line 10.                                                                                                                                                                                                                                                              |     |         |
| ✓                                                                                                                                                    | If you don't have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Schedule 1.                                                                                                                                                                                            |     |         |
| 1.                                                                                                                                                   | Enter the amount from Form 1040, line 10. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet                                                                                                                             | 1.  | 43,541  |
| 2.                                                                                                                                                   | Enter the amount from Form 1040, line 3a*                                                                                                                                                                                                                                                                                          | 2.  | 1,025   |
| 3.                                                                                                                                                   | Are you filing Schedule D?*                                                                                                                                                                                                                                                                                                        |     |         |
| <input type="checkbox"/> <b>Yes.</b> Enter the <b>smaller</b> of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0-. |                                                                                                                                                                                                                                                                                                                                    | 3.  | 0       |
| <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from Schedule 1, line 13.                                                            |                                                                                                                                                                                                                                                                                                                                    |     |         |
| 4.                                                                                                                                                   | Add lines 2 and 3                                                                                                                                                                                                                                                                                                                  | 4.  | 1,025   |
| 5.                                                                                                                                                   | If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0-                                                                                                                                                                                       | 5.  | 0       |
| 6.                                                                                                                                                   | Subtract line 5 from line 4. If zero or less, enter -0-                                                                                                                                                                                                                                                                            | 6.  | 1,025   |
| 7.                                                                                                                                                   | Subtract line 6 from line 1. If zero or less, enter -0-                                                                                                                                                                                                                                                                            | 7.  | 42,516  |
| 8.                                                                                                                                                   | Enter:<br>\$38,600 if single or married filing separately,<br>\$77,200 if married filing jointly or qualifying widow(er),<br>\$51,700 if head of household.                                                                                                                                                                        | 8.  | 77,200  |
| 9.                                                                                                                                                   | Enter the smaller of line 1 or line 8                                                                                                                                                                                                                                                                                              | 9.  | 43,541  |
| 10.                                                                                                                                                  | Enter the smaller of line 7 or line 9                                                                                                                                                                                                                                                                                              | 10. | 42,516  |
| 11.                                                                                                                                                  | Subtract line 10 from line 9. This amount is taxed at 0%                                                                                                                                                                                                                                                                           | 11. | 1,025   |
| 12.                                                                                                                                                  | Enter the smaller of line 1 or line 6                                                                                                                                                                                                                                                                                              | 12. | 1,025   |
| 13.                                                                                                                                                  | Enter the amount from line 11                                                                                                                                                                                                                                                                                                      | 13. | 1,025   |
| 14.                                                                                                                                                  | Subtract line 13 from line 12                                                                                                                                                                                                                                                                                                      | 14. | 0       |
| 15.                                                                                                                                                  | Enter:<br>\$425,800 if single,<br>\$239,500 if married filing separately,<br>\$479,000 if married filing jointly or qualifying widow(er),<br>\$452,400 if head of household.                                                                                                                                                       | 15. | 479,000 |
| 16.                                                                                                                                                  | Enter the smaller of line 1 or line 15                                                                                                                                                                                                                                                                                             | 16. | 43,541  |
| 17.                                                                                                                                                  | Add lines 7 and 11                                                                                                                                                                                                                                                                                                                 | 17. | 43,541  |
| 18.                                                                                                                                                  | Subtract line 17 from line 16. If zero or less, enter -0-                                                                                                                                                                                                                                                                          | 18. | 0       |
| 19.                                                                                                                                                  | Enter the smaller of line 14 or line 18                                                                                                                                                                                                                                                                                            | 19. | 0       |
| 20.                                                                                                                                                  | Multiply line 19 by 15% (0.15)                                                                                                                                                                                                                                                                                                     | 20. | 0       |
| 21.                                                                                                                                                  | Add lines 11 and 19                                                                                                                                                                                                                                                                                                                | 21. | 1,025   |
| 22.                                                                                                                                                  | Subtract line 21 from line 12                                                                                                                                                                                                                                                                                                      | 22. | 0       |
| 23.                                                                                                                                                  | Multiply line 22 by 20% (0.20)                                                                                                                                                                                                                                                                                                     | 23. | 0       |
| 24.                                                                                                                                                  | Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet                                                                                                                       | 24. | 4,722   |
| 25.                                                                                                                                                  | Add lines 20, 23, and 24                                                                                                                                                                                                                                                                                                           | 25. | 4,722   |
| 26.                                                                                                                                                  | Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet                                                                                                                       | 26. | 4,842   |
| 27.                                                                                                                                                  | <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or 26. Also include this amount on the entry space on Form 1040, line 11a. If you are filing Form 2555 or 2555-EZ, don't enter this amount on the entry space on Form 1040, line 11a. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet | 27. | 4,722   |

\* If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

|                                                                                                                                                                                                                                                                                                                    |      |                                                            |                         |                                                                                                                   |                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Form                                                                                                                                                                                                                                                                                                               | 1040 | Department of the Treasury — Internal Revenue Service (99) | 2018                    | OMB No. 1545-0074                                                                                                 | IRS Use Only — Do not write or staple in this space.                      |
| <b>U.S. Individual Income Tax Return</b>                                                                                                                                                                                                                                                                           |      |                                                            |                         |                                                                                                                   |                                                                           |
| Filing status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)                                                              |      |                                                            |                         |                                                                                                                   |                                                                           |
| Your first name and initial<br><b>Albert T Gaytor</b>                                                                                                                                                                                                                                                              |      |                                                            |                         | Your social security number<br><b>266-51-1966</b>                                                                 |                                                                           |
| Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind                                                                                                                        |      |                                                            |                         |                                                                                                                   |                                                                           |
| If joint return, spouse's first name and initial<br><b>Allison A Gaytor</b>                                                                                                                                                                                                                                        |      |                                                            |                         | Spouse's social security number<br><b>266-34-1967</b>                                                             |                                                                           |
| Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 <input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.)                                                          |      |                                                            |                         |                                                                                                                   |                                                                           |
| <input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien                                                                                                                                                                               |      |                                                            |                         |                                                                                                                   |                                                                           |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>12340 Cocoshell Road</b>                                                                                                                                                                                                         |      |                                                            |                         | Apt. no.<br>                                                                                                      |                                                                           |
| City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.<br><b>Coral Gables, FL 33134</b>                                                                                                                                                                                 |      |                                                            |                         | <b>Presidential Election Campaign</b><br>(see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse |                                                                           |
| If more than four dependents, see inst. and <input checked="" type="checkbox"/> here <input type="checkbox"/>                                                                                                                                                                                                      |      |                                                            |                         |                                                                                                                   |                                                                           |
| <b>Dependents (see instructions):</b>                                                                                                                                                                                                                                                                              |      |                                                            |                         |                                                                                                                   |                                                                           |
| (1) First name                                                                                                                                                                                                                                                                                                     |      | (2) Social security number                                 | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see inst.):                                             |                                                                           |
| Last name                                                                                                                                                                                                                                                                                                          |      |                                                            |                         | Child tax credit                                                                                                  | Credit for other dependents                                               |
| <b>Crocker Gaytor</b>                                                                                                                                                                                                                                                                                              |      | <b>261-55-1212</b>                                         | <b>Son</b>              | <input type="checkbox"/>                                                                                          | <input checked="" type="checkbox"/>                                       |
|                                                                                                                                                                                                                                                                                                                    |      |                                                            |                         | <input type="checkbox"/>                                                                                          | <input type="checkbox"/>                                                  |
|                                                                                                                                                                                                                                                                                                                    |      |                                                            |                         | <input type="checkbox"/>                                                                                          | <input type="checkbox"/>                                                  |
|                                                                                                                                                                                                                                                                                                                    |      |                                                            |                         | <input type="checkbox"/>                                                                                          | <input type="checkbox"/>                                                  |
| <b>Sign Here</b><br>Joint return? See instructions. Keep a copy for your records.                                                                                                                                                                                                                                  |      |                                                            |                         |                                                                                                                   |                                                                           |
| 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.) |
|                                                                                                                                                                                                                                                                                                                    |      |                                                            | <b>Boat Captain</b>     |                                                                                                                   |                                                                           |
| Spouse's signature. If a joint return, <b>both</b> must sign.                                                                                                                                                                                                                                                      |      | Date                                                       | Spouse's occupation     |                                                                                                                   | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
|                                                                                                                                                                                                                                                                                                                    |      |                                                            |                         |                                                                                                                   |                                                                           |
| Preparer's name                                                                                                                                                                                                                                                                                                    |      | Preparer's signature                                       |                         | PTIN                                                                                                              | Firm's EIN                                                                |
|                                                                                                                                                                                                                                                                                                                    |      | <b>Self-Prepared</b>                                       |                         |                                                                                                                   |                                                                           |
| Firm's name                                                                                                                                                                                                                                                                                                        |      | Phone no.                                                  |                         | Check if:                                                                                                         |                                                                           |
|                                                                                                                                                                                                                                                                                                                    |      |                                                            |                         | <input type="checkbox"/> 3rd Party Designee                                                                       |                                                                           |
| Firm's address                                                                                                                                                                                                                                                                                                     |      |                                                            |                         | <input type="checkbox"/> Self-employed                                                                            |                                                                           |
|                                                                                                                                                                                                                                                                                                                    |      |                                                            |                         |                                                                                                                   |                                                                           |
|                                                                                                                                                                                                                                                                                                                    |      |                                                            |                         |                                                                                                                   |                                                                           |

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

Form 1040 (2018)

| Form 1040 (2018)                                                             |  | Albert T and Allison A Gaytor                                                                                                                          |  | 266-51-1966 |  | Page 2  |  |
|------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------|--|---------|--|
| Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld. |  |                                                                                                                                                        |  |             |  |         |  |
| 1                                                                            |  | Wages, salaries, tips, etc. Attach Form(s) W-2                                                                                                         |  | 1           |  | 66,850. |  |
| 2a                                                                           |  | Tax-exempt interest                                                                                                                                    |  | 2a          |  | 745.    |  |
| 3a                                                                           |  | Qualified dividends                                                                                                                                    |  | 3a          |  | 1,025.  |  |
| 4a                                                                           |  | IRAs, pensions, and annuities                                                                                                                          |  | 4a          |  |         |  |
| 5a                                                                           |  | Social security benefits                                                                                                                               |  | 5a          |  |         |  |
| 6                                                                            |  | Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22                                                                           |  | 6           |  | 10,000. |  |
| 7                                                                            |  | Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6        |  | 7           |  | 67,541. |  |
| 8                                                                            |  | Standard deduction or itemized deductions (from Schedule A)                                                                                            |  | 8           |  | 24,000. |  |
| 9                                                                            |  | Qualified business income deduction (see instructions)                                                                                                 |  | 9           |  |         |  |
| 10                                                                           |  | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-                                                                         |  | 10          |  | 43,541. |  |
| 11                                                                           |  | a Tax (see inst.) 4,722. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> ) |  | 11          |  | 4,722.  |  |
| 12                                                                           |  | a Child tax credit/credit for other dependents 500. b Add any amount from Schedule 2 and check here                                                    |  | 12          |  | 500.    |  |
| 13                                                                           |  | Subtract line 12 from line 11. If zero or less, enter -0-                                                                                              |  | 13          |  | 4,222.  |  |
| 14                                                                           |  | Other taxes. Attach Schedule 4                                                                                                                         |  | 14          |  |         |  |
| 15                                                                           |  | Total tax. Add lines 13 and 14                                                                                                                         |  | 15          |  | 4,222.  |  |
| 16                                                                           |  | Federal income tax withheld from Forms W-2 and 1099                                                                                                    |  | 16          |  | 7,530.  |  |
| 17                                                                           |  | Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863 Add any amount from Schedule 5                                                           |  | 17          |  |         |  |
| 18                                                                           |  | Add lines 16 and 17. These are your total payments                                                                                                     |  | 18          |  | 7,530.  |  |
| 19                                                                           |  | If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid                                                        |  | 19          |  | 3,308.  |  |
| 20a                                                                          |  | Amount of line 19 you want refunded to you. If Form 8888 is attached, check here                                                                       |  | 20a         |  | 3,308.  |  |
| 21                                                                           |  | Amount of line 19 you want applied to your 2019 estimated tax                                                                                          |  | 21          |  |         |  |
| 22                                                                           |  | Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions                                                             |  | 22          |  |         |  |
| 23                                                                           |  | Estimated tax penalty (see instructions)                                                                                                               |  | 23          |  |         |  |

**Standard Deduction for –**

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

### Refund

Direct deposit? See instructions.

b Routing number XXXXXXXXXXXX c Type: ☐ Checking ☐ Savings

d Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

Form 1040 (2018)

**SCHEDULE 1**  
**(Form 1040)**Department of the Treasury  
Internal Revenue Service**Additional Income and Adjustments to Income**▶ **Attach to Form 1040.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

**Albert T and Allison A Gaytor**

Your social security number

**266-51-1966****Additional  
Income**

|             |                                                                                                                                                                       |             |                |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|
| <b>1-9b</b> | Reserved .....                                                                                                                                                        | <b>1-9b</b> |                |
| <b>10</b>   | Taxable refunds, credits, or offsets of state and local income taxes .....                                                                                            | <b>10</b>   |                |
| <b>11</b>   | Alimony received .....                                                                                                                                                | <b>11</b>   |                |
| <b>12</b>   | Business income or (loss). Attach Schedule C or C-EZ .....                                                                                                            | <b>12</b>   |                |
| <b>13</b>   | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>                                                         | <b>13</b>   |                |
| <b>14</b>   | Other gains or (losses). Attach Form 4797 .....                                                                                                                       | <b>14</b>   |                |
| <b>15a</b>  | Reserved .....                                                                                                                                                        | <b>15b</b>  |                |
| <b>16a</b>  | Reserved .....                                                                                                                                                        | <b>16b</b>  |                |
| <b>17</b>   | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .....                                                                     | <b>17</b>   |                |
| <b>18</b>   | Farm income or (loss). Attach Schedule F .....                                                                                                                        | <b>18</b>   |                |
| <b>19</b>   | Unemployment compensation .....                                                                                                                                       | <b>19</b>   | <b>4,000.</b>  |
| <b>20a</b>  | Reserved .....                                                                                                                                                        | <b>20b</b>  |                |
| <b>21</b>   | Other income. List type and amount <u>Gambling Winnings</u> .....                                                                                                     | <b>21</b>   | <b>6,000.</b>  |
| <b>22</b>   | Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 ..... | <b>22</b>   | <b>10,000.</b> |

**Adjustments  
to Income**

|            |                                                                                                                         |            |                |
|------------|-------------------------------------------------------------------------------------------------------------------------|------------|----------------|
| <b>23</b>  | Educator expenses .....                                                                                                 | <b>23</b>  |                |
| <b>24</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 ..... | <b>24</b>  |                |
| <b>25</b>  | Health savings account deduction. Attach Form 8889 .....                                                                | <b>25</b>  |                |
| <b>26</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 .....                                                 | <b>26</b>  |                |
| <b>27</b>  | Deductible part of self-employment tax. Attach Schedule SE .....                                                        | <b>27</b>  |                |
| <b>28</b>  | Self-employed SEP, SIMPLE, and qualified plans .....                                                                    | <b>28</b>  |                |
| <b>29</b>  | Self-employed health insurance deduction .....                                                                          | <b>29</b>  |                |
| <b>30</b>  | Penalty on early withdrawal of savings .....                                                                            | <b>30</b>  |                |
| <b>31a</b> | Alimony paid <b>b</b> Recipient's SSN ▶ <u>667-34-9224</u> .....                                                        | <b>31a</b> | <b>11,500.</b> |
| <b>32</b>  | IRA deduction .....                                                                                                     | <b>32</b>  |                |
| <b>33</b>  | Student loan interest deduction .....                                                                                   | <b>33</b>  |                |
| <b>34</b>  | Reserved .....                                                                                                          | <b>34</b>  |                |
| <b>35</b>  | Reserved .....                                                                                                          | <b>35</b>  |                |
| <b>36</b>  | Add lines 23 through 35 .....                                                                                           | <b>36</b>  | <b>11,500.</b> |

**BAA For Paperwork Reduction Act Notice, see your tax return instructions.****Schedule 1 (Form 1040) 2018**

**Wage Schedule**

| <u>Taxpayer - Employer</u> | <u>Wages</u>   | <u>Federal<br/>W/H</u> | <u>FICA</u>   | <u>Medi-<br/>care</u> | <u>State<br/>W/H</u> | <u>Local<br/>W/H</u> |
|----------------------------|----------------|------------------------|---------------|-----------------------|----------------------|----------------------|
|                            | 66,850.        | 5,780.                 | 4,145.        | 969.                  |                      |                      |
| Grand Total                | <u>66,850.</u> | <u>5,780.</u>          | <u>4,145.</u> | <u>969.</u>           | <u>0.</u>            | <u>0.</u>            |

**Form 1040, Line 2b  
Interest Income**

|                          |               |
|--------------------------|---------------|
| Florida Electric Company | 670.          |
| Vizcaya National Bank    | 336.          |
| Total                    | <u>1,006.</u> |

**Form 1040, Line 2a  
Tax-Exempt Interest**

| <u>Payer</u>                        | <u>In-state<br/>municipal<br/>bonds</u> | <u>Private<br/>activity<br/>bonds</u> | <u>Total<br/>municipal<br/>bonds</u> |
|-------------------------------------|-----------------------------------------|---------------------------------------|--------------------------------------|
| Miami-Dade County Airport Authority |                                         |                                       | 745.                                 |
|                                     | <u>0.</u>                               | <u>0.</u>                             | <u>745.</u>                          |

**Form 1040, Line 3b  
Dividend Income**

|                             |               |
|-----------------------------|---------------|
| Everglades Bank Corporation | 1,025.        |
| Grapefruit Mutual Fund      | 160.          |
| Total                       | <u>1,185.</u> |

**Form 1040, Line 3a  
Qualified Dividends**

|                             |               |
|-----------------------------|---------------|
| Everglades Bank Corporation | 1,025.        |
| Total                       | <u>1,025.</u> |

**Qualified Dividends and Capital Gain Tax Worksheet (Form 1040, Line 11)**

- |                                                                                                                                                           |        |                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| 1. Enter the amount from Form 1040, line 10                                                                                                               |        | 43,541.              |
| 2. Enter the amount from Form 1040, line 3a                                                                                                               | 1,025. |                      |
| 3. Are you filing Schedule D?                                                                                                                             |        |                      |
| [ ] Yes. Enter the smaller of line 15 or 16 of Schedule D, but do not enter less than zero                                                                |        |                      |
| [X] No. Enter the amount from Schedule 1, line 13                                                                                                         | 0.     |                      |
| 4. Add lines 2 and 3                                                                                                                                      | 1,025. |                      |
| 5. If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of that form. Otherwise enter zero.                        | 0.     |                      |
| 6. Subtract line 5 from line 4. If zero or less, enter zero.                                                                                              |        | 1,025.               |
| 7. Subtract line 6 from line 1. If zero or less, enter zero.                                                                                              |        | 42,516.              |
| 8. Enter:                                                                                                                                                 |        |                      |
| \$38,600 if single or married filing separately,                                                                                                          |        |                      |
| \$77,200 if married filing jointly or qualifying widow(er), \$51,700 if head of household                                                                 |        | 77,200.              |
| 9. Enter the smaller of line 1 or line 8                                                                                                                  |        | 43,541.              |
| 10. Enter the smaller of line 7 or line 9                                                                                                                 |        | 42,516.              |
| 11. Subtract line 10 from line 9. This amount is taxed at 0%                                                                                              |        | 1,025.               |
| 12. Enter the smaller of line 1 or line 6                                                                                                                 |        | 1,025.               |
| 13. Enter the amount from line 11                                                                                                                         |        | 1,025.               |
| 14. Subtract line 13 from line 12                                                                                                                         |        | 0.                   |
| 15. Enter:                                                                                                                                                |        |                      |
| \$425,800 if single, \$239,500 if married filing separately, \$479,000 if married filing jointly or qualifying widow(er), \$452,400 if head of household. |        | 479,000.             |
| 16. Enter the smaller of line 1 or line 15                                                                                                                |        | 43,541.              |
| 17. Add lines 7 and 11                                                                                                                                    |        | 43,541.              |
| 18. Subtract line 17 from line 16. If zero or less, enter zero.                                                                                           |        | 0.                   |
| 19. Enter the smaller of line 14 or line 18                                                                                                               |        | 0.                   |
| 20. Multiply line 19 by 15% (.15)                                                                                                                         |        | 0.                   |
| 21. Add lines 11 and 19                                                                                                                                   |        | 1,025.               |
| 22. Subtract line 21 from line 12                                                                                                                         |        | 0.                   |
| 23. Multiply line 22 by 20% (.20)                                                                                                                         |        | 0.                   |
| 24. Figure the tax on the amount on line 7. (Use the Tax Table or Tax Computation Worksheet)                                                              |        | 4,722.               |
| 25. Add lines 20, 23, and 24                                                                                                                              |        | 4,722.               |
| 26. Figure the tax on the amount on line 1. (Use the Tax Table or Tax Computation Worksheet)                                                              |        | 4,842.               |
| 27. Tax on all taxable income (including capital gain distributions). Enter the smaller of line 25 or line 26 here and on Form 1040, line 11              |        | <u><u>4,722.</u></u> |

**Child Tax Credit and Credit for Other Dependents Worksheet (Form 1040, Line 12a)**

1. Number of qualifying children with required SSN from Form 1040, Dependents: 0 x \$2,000 0.
2. Number of other dependents, including qualifying children without the required SSN from Form 1040, Dependents: 1 x \$500 500.
3. Add lines 1 and 2 500.
4. Enter the amount from Form 1040, line 7. 67,541.
5. Enter \$400,000 if MFJ (\$200,000 for all others) 400,000.
6. Is line 4 more than the amount on line 5?  
 NO - Leave line 6 blank. Enter -0- on line 7.  
 YES - Subtract line 5 from line 4.  
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.
7. Multiply the amount on line 6 by 5% (.05).  
 Enter the result. 0.
8. Is the amount on line 3 more than the amount on line 7?  
 NO - Stop. You can't take the child tax credit on Form 1040, line 12a. You also cannot take the additional child tax credit on Form 1040, line 17b.  
 YES - Subtract line 7 from line 3.  
 Enter the result. 500.
9. Enter the amount from Form 1040, line 11. 4,722.
10. Add the amounts from:
 

|                     |    |
|---------------------|----|
| Schedule 3, Line 48 | 0. |
| Schedule 3, Line 49 | 0. |
| Schedule 3, Line 50 | 0. |
| Schedule 3, Line 51 | 0. |
| Form 5695, Line 30  | 0. |
| Form 8910, Line 15  | 0. |
| Form 8936, Line 23  | 0. |
| Schedule R, Line 22 | 0. |
| Enter the total.    | 0. |
11. Are the amounts on line 9 and 10 the same?  
 YES - Stop. You can't take the credit because there is no tax to reduce.  
 NO - Subtract line 10 from line 9. 4,722.
12. Is the amount on line 8 more than the amount on line 11?  
 YES - Enter the amount from line 11.  
 NO - Enter the amount from line 8.  
 This is your Child Tax Credit and credit for other dependents. Enter on Form 1040, line 12a. 500.

**Federal Income Tax Withheld**

5,780.

1,600.

|       |                      |
|-------|----------------------|
|       | 150.                 |
| Total | <u><u>7,530.</u></u> |



| Form 1040 (2018)                                                                                                                                   |  | Carl Conch and Mary Duval |  | 835-21-5423 |                                                | Page 2 |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|--|-------------|------------------------------------------------|--------|---------|
| Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.                                                                       |  |                           |  | 1           | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1      | 67,700. |
| 2a Tax-exempt interest                                                                                                                             |  |                           |  | 2a          |                                                | 2b     | 355.    |
| 3a Qualified dividends                                                                                                                             |  |                           |  | 3a          |                                                | 3b     | 210.    |
| 4a IRAs, pensions, and annuities                                                                                                                   |  |                           |  | 4a          |                                                | 4b     |         |
| 5a Social security benefits                                                                                                                        |  |                           |  | 5a          |                                                | 5b     |         |
| 6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22                                                                     |  |                           |  | 6           | 3,550.                                         | 6      | 71,815. |
| 7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6. |  |                           |  | 7           |                                                | 7      | 71,815. |
| 8 Standard deduction or itemized deductions (from Schedule A)                                                                                      |  |                           |  | 8           |                                                | 8      | 24,000. |
| 9 Qualified business income deduction (see instructions).                                                                                          |  |                           |  | 9           |                                                | 9      |         |
| 10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-                                                                  |  |                           |  | 10          |                                                | 10     | 47,815. |
| 11 a Tax (see inst.) 5,358. (check if any from: 1 <input type="checkbox"/> Form(s) 8814                                                            |  |                           |  |             |                                                |        |         |
| 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____)                                                                             |  |                           |  |             |                                                |        |         |
| b Add any amount from Schedule 2 and check here. <input type="checkbox"/>                                                                          |  |                           |  | 11          |                                                | 11     | 5,358.  |
| 12 a Child tax credit/credit for other dependents _____                                                                                            |  |                           |  |             |                                                |        |         |
| b Add any amount from Schedule 3 and check here. <input type="checkbox"/>                                                                          |  |                           |  | 12          |                                                | 12     |         |
| 13 Subtract line 12 from line 11. If zero or less, enter -0-                                                                                       |  |                           |  | 13          |                                                | 13     | 5,358.  |
| 14 Other taxes. Attach Schedule 4.                                                                                                                 |  |                           |  | 14          |                                                | 14     |         |
| 15 Total tax. Add lines 13 and 14.                                                                                                                 |  |                           |  | 15          |                                                | 15     | 5,358.  |
| 16 Federal income tax withheld from Forms W-2 and 1099                                                                                             |  |                           |  | 16          |                                                | 16     | 6,860.  |
| 17 Refundable credits: a EIC (see inst.) _____                                                                                                     |  |                           |  |             |                                                |        |         |
| b Sch. 8812 _____ c Form 8863 _____                                                                                                                |  |                           |  |             |                                                |        |         |
| Add any amount from Schedule 5 _____                                                                                                               |  |                           |  | 17          |                                                | 17     |         |
| 18 Add lines 16 and 17. These are your total payments                                                                                              |  |                           |  | 18          |                                                | 18     | 6,860.  |
| 19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid                                                 |  |                           |  | 19          |                                                | 19     | 1,502.  |
| 20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here. <input type="checkbox"/>                                     |  |                           |  | 20a         |                                                | 20a    | 1,502.  |
| b Routing number _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings                                                  |  |                           |  |             |                                                |        |         |
| d Account number. _____                                                                                                                            |  |                           |  |             |                                                |        |         |
| 21 Amount of line 19 you want applied to your 2019 estimated tax                                                                                   |  |                           |  | 21          |                                                | 21     |         |
| 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions.                                                     |  |                           |  | 22          |                                                | 22     |         |
| 23 Estimated tax penalty (see instructions).                                                                                                       |  |                           |  | 23          |                                                | 23     |         |

**Standard Deduction for –**

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

## Refund

Direct deposit?  
See instructions.

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

Form 1040 (2018)

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

► **Attach to Form 1040.**  
► **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040

Carl Conch and Mary Duval

Your social security number

835-21-5423

|                              |             |                                                                                                                                                                       |             |        |
|------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------|
| <b>Additional Income</b>     | <b>1-9b</b> | Reserved .....                                                                                                                                                        | <b>1-9b</b> |        |
|                              | <b>10</b>   | Taxable refunds, credits, or offsets of state and local income taxes .....                                                                                            | <b>10</b>   |        |
|                              | <b>11</b>   | Alimony received .....                                                                                                                                                | <b>11</b>   |        |
|                              | <b>12</b>   | Business income or (loss). Attach Schedule C or C-EZ .....                                                                                                            | <b>12</b>   |        |
|                              | <b>13</b>   | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> .....                                                     | <b>13</b>   |        |
|                              | <b>14</b>   | Other gains or (losses). Attach Form 4797 .....                                                                                                                       | <b>14</b>   |        |
|                              | <b>15a</b>  | Reserved .....                                                                                                                                                        | <b>15b</b>  |        |
|                              | <b>16a</b>  | Reserved .....                                                                                                                                                        | <b>16b</b>  |        |
|                              | <b>17</b>   | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E .....                                                                     | <b>17</b>   |        |
|                              | <b>18</b>   | Farm income or (loss). Attach Schedule F .....                                                                                                                        | <b>18</b>   |        |
|                              | <b>19</b>   | Unemployment compensation .....                                                                                                                                       | <b>19</b>   | 2,800. |
|                              | <b>20a</b>  | Reserved .....                                                                                                                                                        | <b>20b</b>  |        |
|                              | <b>21</b>   | Other income. List type and amount <u>Raffle prize</u> .....                                                                                                          | <b>21</b>   | 750.   |
|                              | <b>22</b>   | Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 ..... | <b>22</b>   | 3,550. |
| <b>Adjustments to Income</b> | <b>23</b>   | Educator expenses .....                                                                                                                                               | <b>23</b>   |        |
|                              | <b>24</b>   | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 .....                                               | <b>24</b>   |        |
|                              | <b>25</b>   | Health savings account deduction. Attach Form 8889 .....                                                                                                              | <b>25</b>   |        |
|                              | <b>26</b>   | Moving expenses for members of the Armed Forces. Attach Form 3903 .....                                                                                               | <b>26</b>   |        |
|                              | <b>27</b>   | Deductible part of self-employment tax. Attach Schedule SE .....                                                                                                      | <b>27</b>   |        |
|                              | <b>28</b>   | Self-employed SEP, SIMPLE, and qualified plans .....                                                                                                                  | <b>28</b>   |        |
|                              | <b>29</b>   | Self-employed health insurance deduction .....                                                                                                                        | <b>29</b>   |        |
|                              | <b>30</b>   | Penalty on early withdrawal of savings .....                                                                                                                          | <b>30</b>   |        |
|                              | <b>31a</b>  | Alimony paid <b>b</b> Recipient's SSN ► .....                                                                                                                         | <b>31a</b>  |        |
|                              | <b>32</b>   | IRA deduction .....                                                                                                                                                   | <b>32</b>   |        |
|                              | <b>33</b>   | Student loan interest deduction .....                                                                                                                                 | <b>33</b>   |        |
|                              | <b>34</b>   | Reserved .....                                                                                                                                                        | <b>34</b>   |        |
|                              | <b>35</b>   | Reserved .....                                                                                                                                                        | <b>35</b>   |        |
|                              | <b>36</b>   | Add lines 23 through 35 .....                                                                                                                                         | <b>36</b>   | 0.     |

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

**Schedule 1 (Form 1040) 2018**

## 2018 ProConnect Tax Online Lab Instructions, Whittenburg, Gill

### Ch. 2 Hair

Sign in to your Intuit account and select *New Return* at the upper right.

Select *Individual* and fill out the information for Ken. Click on *Save and Continue* at the lower right. On the next screen, click on *Save and Continue* at the bottom right.

From the menu at the top, select *Profile*. In the *Actions* columns, click on the Delete icon for the Missouri return, and click *OK* in the window that opens.

From the menu at the top, select *Input Return*. From the menu at the left, select *General; Client Information; Filing Status*. For *Filing Status*, enter 2 for *married filing joint*.

From the menu at the left, select *General; Client Information; Taxpayer Information*. Enter Ken's occupation.

From the menu at the left, select *General; Client Information; Spouse Information*. Enter Bev's information.

From the menu at the left, select *General; Client Information; Miscellaneous Info*, and for *Prepared By*, enter 3 for *Self-Prepared*.

From the menu at the left, select *General; Misc. Info./Direct Deposit; Miscellaneous*; and under *Designee/IRS Discussion*, for *Allow discussion*, enter 3 for *blank*.

From the menu at the left, select *Credits; Health Coverage, Exemptions and Miscellaneous; Minimum Essential Coverage Not Indicated Elsewhere* and enter 1 for *entire household covered for all months*. This will show that the Hairs had coverage and do not have to pay the penalty tax for failing to carry health insurance.

From the menu at the left, select *Income; Wages, Salaries, Tips (W-2); Wages*. For *Spouse W-2*, check the *Yes* box. Enter the amounts for Bev's wages and federal income tax withheld. There's no need to enter her state income tax withheld, because we're not preparing a state return, and the Hairs are not itemizing.

Select the tab with the + sign at the top, for a new Form W-2. From the Menu at the left, select *Wages*. Enter the amounts for Ken's wages and federal income tax withheld.

For the interest income, from the menu at the left, select *Income; Interest Income (1099-INT, 1099-OID); Interest Income*. For the taxable interest, enter the name of the payer and the amount. For the tax-exempt interest, enter the name of the payer and then click on *Details*. From the menu at the left, select Form *1099-INT* and under *Tax-exempt interest*, enter the amount for *Total municipal bonds*.

For the dividend income, from the menu at the left, select *Income (1099-DIV); Dividend Income*. Enter the name of the payer, and enter the amount under *Dividend Income/Total Ordinary Dividends* and also under *Dividend Income/Qualified Dividends*.

To enter Bev's unemployment compensation, from the menu at the left, select *Income; Tax Refund, Unempl. Comp./1099-G; Federal*. Under *Unemployment Compensation*, enter the amount as *Total received (1)*.

From the menu at the top, select *File Return*. From the menu at the left, under *Print*, select *Partial Print*. Check the boxes for *1040, Sch 1* and *Worksheets*. Click on the blue button for *Generate PDF* and then on the blue button for *View Return PDF*. Review the return and then download it – remember where you save it. Close the PDF.

## **Ch. 2 Gomez**

Sign in to your Intuit account and select *New Return* at the upper right.

Select *Individual* and fill out the information for Ray. Click on *Save and Continue* at the lower right. On the next screen, click on *Save and Continue* at the bottom right.

From the menu at the top, select *Input Return*. From the menu at the left, select *General; Client Information; Filing Status*. For *Filing Status*, enter 2 for *married filing joint*.

From the menu at the left, select *General; Client Information; Taxpayer Information*. Enter Ray's occupation.

From the menu at the left, select *General; Client Information; Spouse Information*. Enter Maria's information.

From the menu at the left, select *General; Client Information; Miscellaneous Info*, and for *Prepared By*, enter 3 for *Self-Prepared*.

From the menu at the left, select *General; Misc. Info./Direct Deposit; Miscellaneous*; and under *Designee/IRS Discussion*, for *Allow discussion*, enter 3 for *blank*.

From the menu at the left, select *Credits; Health Coverage, Exemptions and Miscellaneous; Minimum Essential Coverage Not Indicated Elsewhere* and enter 1 for *entire household covered for all months*. This will show that the Gomezes had coverage and do not have to pay the penalty tax for failing to carry health insurance.

From the menu at the left, select *Income; Wages, Salaries, Tips (W-2); Wages*. Enter the amounts for Ray's wages and federal income tax withheld.

Select the tab with the + sign at the top, for a new Form W-2. From the Menu at the left, select *Wages*. For *Spouse W-2*, check the *Yes* box. Enter the amounts for Maria's wages and federal income tax withheld.

For the interest income, from the menu at the left, select *Income; Interest Income (1099-INT, 1099-OID); Interest Income*. For the taxable interest, enter the name of the payer and the amount.

To enter the alimony paid, from the menu at the left, select *Deductions; Adjustments to Income; Alimony Paid*. Enter the amount for the year for *Alimony Paid* in the *Taxpayer* column, click on the button to expand, and enter the *Recipient's SSN*.

To enter Maria's lottery winnings, from the menu at the left, select *Income; Gambling Winnings/Losses (W-2G) (Losses/Misc Winnings); Gambling Losses and Non W-2G Winnings*. Enter the amount for *Winnings not reported on Form W-2G*.

From the menu at the top, select *File Return*. From the menu at the left, under *Print*, select *Partial Print*. Check the boxes for *1040* and *Sch 1*. Click on the blue button for *Generate PDF* and then on the blue button for *View Return PDF*. Review the return and then download it – remember where you save it. Close the PDF.

## **Ch. 2 Conch and Duval**

Sign in to your Intuit account and select *New Return* at the upper right.

Select *Individual* and fill out the information for Carl. There is a spot for the Apartment/Suite #. Click on *Save and Continue* at the lower right. On the next screen, click on *Save and Continue* at the bottom right.

From the menu at the top, select *Profile*. In the *Actions* columns, click on the Delete icon for the Florida return, and click *OK* in the window that opens.

From the menu at the top, select *Input Return*. From the menu at the left, select *General; Client Information; Filing Status*. For *Filing Status*, enter 2 for *married filing joint*.

From the menu at the left, select *General; Client Information; Taxpayer Information*. Enter Carl's occupation.

From the menu at the left, select *General; Client Information; Spouse Information*. Enter Mary's information.

From the menu at the left, select *General; Client Information; Miscellaneous Info*, and for *Prepared By*, enter 3 for *Self-Prepared*.

From the menu at the left, select *General; Misc. Info./Direct Deposit; Miscellaneous*; and under *Designee/IRS Discussion*, for *Allow discussion*, enter 3 for *blank*.

From the menu at the left, select *Credits; Health Coverage, Exemptions and Miscellaneous; Minimum Essential Coverage Not Indicated Elsewhere* and enter 1 for *entire household covered*

*for all months.* This will show that Carl and Mary had coverage and do not have to pay the penalty tax for failing to carry health insurance.

From the menu at the left, select *Income; Wages, Salaries, Tips (W-2); Wages*. Enter the amounts for Carl's wages and federal income tax withheld.

For the interest income, from the menu at the left, select *Income; Interest Income (1099-INT, 1099-OID); Interest Income*. For the taxable interest, enter the name of the payer and the amount.

For the dividend income, from the menu at the left, select *Income (1099-DIV); Dividend Income*. Enter the name of the payer, and enter the amount under *Dividend Income/Total Ordinary Dividends*.

To enter Mary's unemployment compensation, from the menu at the left, select *Income; Tax Refund, Unempl. Comp./1099-G; General Information*. Enter 1 for *spouse*. Scroll down to *Federal*, and under *Unemployment Compensation*, enter the amount as *Total received (1)*. Scroll down and enter the *Federal income tax withheld (4)*.

To enter Mary's raffle prize, from the menu at the left, select *Income; Gambling Winnings/Losses (W-2G) (Losses/Misc Winnings); Gambling Losses and Non W-2G Winnings*. Enter the amount for *Winnings not reported on Form W-2G*.

From the menu at the top, select *File Return*. From the menu at the left, under *Print*, select *Partial Print*. Check the boxes for *1040* and *Sch 1*. Click on the blue button for *Generate PDF* and then on the blue button for *View Return PDF*. Review the return and then download it – remember where you save it. Close the PDF.

## **Ch. 2 Gaytor**

This return is a continuation of the Gaytor return that you prepared in Chapter One.

Sign in to your Intuit account and from the list of *Return Names*, select the name of your Chapter One Gaytor return. At the upper right, select *Copy return* from the *Return Actions* drop-down list. To access this copy, at the left, select *Tax Returns* and from the list of *Return Names*, select the copy. At the upper right, select *Rename return* from the *Return Actions* drop-down list and for *Tax Return Name* enter a name that you will recognize as the Chapter Two Gaytor return. Click on *Rename Return*.

There's no need to add any information from Albert's Form W-2.

For the interest income, from the menu at the left, select *Income; Interest Income (1099-INT, 1099-OID); Interest Income*. For the taxable interest, enter the name of the payer and the amount. For the tax-exempt interest, enter the name of the payer and then click on *Details*. From the menu at the left, select *Form 1099-INT* and under *Tax-exempt interest*, enter the amount for *Total municipal bonds*.

For the dividend income, from the menu at the left, select *Income (1099-DIV); Dividend Income*. Enter the names of the payer, and enter the amounts under *Dividend Income/Total Ordinary Dividends*. If the dividends are qualified, also enter the amounts under *Dividend Income/Qualified Dividends*.

To enter Albert's gambling winnings, from the menu at the left, select *Income; Gambling Winnings/Losses (W-2G)*. Enter the amounts for *Gross Winnings* and *Tax Withheld/Federal Withholding*.

To enter the alimony paid, from the menu at the left, select *Deductions; Adjustments to Income; Alimony Paid*. Enter the amount for the year for *Alimony Paid* in the *Taxpayer* column, click on the button to expand, and enter the *Recipient's SSN*.

To enter Allison's unemployment compensation, from the menu at the left, select *Income; Tax Refund, Unempl. Comp./1099-G; General Information*. Enter 1 for *spouse*. Scroll down to *Federal*, and under *Unemployment Compensation*, enter the amount as *Total received (1)*. Scroll down and enter the *Federal income tax withheld (4)*.

From the menu at the top, select *File Return*. From the menu at the left, under *Print*, select *Partial Print*. Check the boxes for *1040*, *Sch 1* and *Worksheets*. Click on the blue button for *Generate PDF* and then on the blue button for *View Return PDF*. Review the return and then download it – remember where you save it. Close the PDF.

## **Chapter Two**

### **Gross Income and Exclusions**

#### **2019**

#### **Learning Objective 2.1      The Nature of Gross Income**

Gross income is the initial point of tax computation and is composed of the following items:

1. Compensation for services, including fees, commissions, fringe benefits, and similar items
2. Gross income derived from business
3. Gains derived from dealings in property
4. Interest
5. Rents
6. Royalties
7. Dividends
8. Alimony and separate maintenance payments
9. Annuities
10. Income from life insurance and endowment contracts
11. Pensions
12. Income from discharge of indebtedness
13. Distributive share of partnership gross income
14. Income in respect of a decedent
15. Income from an interest in an estate or trust

The general rule is that “*all income from whatever source derived*” must be included in gross income unless specifically excluded.

- Noncash items should be reported at a fair market value.
- Specific exclusions can be found in Table 2.2.

#### **Learning Objective 2.2      Salaries & Wages Income**

- Wages are primary way of earning income in U.S.
- Reported on Form W-2, and then employee reporting Box 1 on Line 1 of Form 1040
- Figure 2.1 illustrates W-2

#### **Learning Objective 2.3 Accident & Health Insurance**

Taxpayers may exclude from income the entire amount received from accident or health insurance plans for payment of medical care.

- Taxpayers may also exclude any premiums paid by a taxpayer's employer from income.
- If the employer pays premiums on behalf of the employee for health, accident, or long-term care insurance, the employer may deduct them.

#### **Learning Objective 2.4      Meals and Lodging**

Meals and lodging provided by employers to employees for the convenience of the employer

are generally not considered part of compensation and *so are not included in employee's taxable income*.

- Taxpayers may exclude from income the value of lodging provided by an employer if the lodging is located on the business premises and must be accepted as a requirement of employment.
- Meals provided by employer for employee are excludable, but employer, under TCJA, may only deduct 50% of cost of providing meals

### **Learning Objective 2.5 Employee Fringe Benefits**

All fringe benefits must be included in an employee's gross income unless specifically excluded by law as follows.

#### **Flexible Spending Accounts**

Employers may form plans which allow employees to set aside money from their salary before it is taxed to pay for one or more expenses.

- These expenses, in 2018, include
  - Dependent care accounts (maximum of \$5,000)
  - Medical flexible spending accounts (up to \$2,650 per year)
  - Public transportation and parking at work (up to \$260/month).

#### **Group Term Life-Insurance**

Employers may pay for up to \$50,000 of group term life insurance for employees.

#### **Education Assistance Programs**

Employer may provide up to \$5,250 of excludable tuition assistance.

- Requires existence of a written plan.

#### **No-Additional-Cost Services**

Employees may receive tax-free services from their employer, if it is in major line of business in which employed.

- For example - an airline employee's free standby airplane ticket (employee is flying at no additional cost to the employer).

#### **Qualified Employee Discounts**

Employees may receive tax-free discounts from their employer

- On services, limited to 20% of typical customer price
- On merchandise, limited to mark up on product

#### **Working Condition Fringe Benefits**

Employees may exclude from income any property or services provided by the employer that would be excluded from income anyway.

- For example: use of company car for business or subscription to an appropriate professional journal (for example, a tax journal for a CPA firm).

### ***De Minimis* Fringe Benefits**

Some benefits are so minimal that accounting for them is impractical.

- For example: occasional use of office equipment for personal use, Christmas turkeys, picnics, etc.

### **Tuition Reduction**

Employees of educational institutions can exclude the value of a tuition reduction from their income if it was for undergraduate work and is available to all employees.

- Exclusion applies to employees, spouses, and dependents if a tuition reduction plan exists for them.
- Graduate students can only exclude tuition reductions if they work at the same school where they are teaching or doing research.

### **Athletic Facilities**

Employees may exclude from gross income the value of the use of an athletic facility located onsite

### **Retirement Planning Fringe Benefit**

Qualified retirement planning services are any retirement planning services provided to an employee and his/her spouse by an employer maintaining a “qualified employer plan.”

- The exclusion *does not apply* to services that may be related to tax preparation, accounting, legal or brokerage services.

### **Learning Objective 2.6 Prizes and Awards**

Prizes and awards are taxable income to the recipient.

- Other awards are also generally taxable, even if they are awards given for accomplishments and without solicitation by the taxpayer.
- Certain employee achievement awards made in recognition of length of service or safety achievement can be excluded from income.
  - As a rule, the maximum excludable amount is \$400
  - But if the award is given through a "qualified plan" the maximum exclusion increases to \$1,600.

### **Learning Objective 2.7 Annuities**

- An annuity is an investment that pays periodic payments to the purchaser for the remainder of his/her life.
- Standard mortality tables, based on the current age of the annuitant, are used to calculate
- Each annuity payment received contains an element of taxable income and an element of tax-free return of the original purchase price.
- To calculate the taxable portion of the payment, the tax law provides two methods
  - The Simplified Method or the general rule.

### **The Simplified Method**

Taxpayers are generally required to use the simplified method to calculate the taxable amount of

annuities started *after November 18, 1996*.

- *Note:* Non-qualified plan annuitants and some annuitants age 75 and over still have to use the general rule rather than the simplified method.
- To calculate the taxable amount, the IRS provides a Simplified Method Worksheet. The exclusion ratio is calculated at the start of the annuity and remains constant.

### The General Rule

Prior to implementing the simplified method, the general rule ratio used to calculate the amount excluded for most annuities. The calculation is as follows:

$$\frac{\text{Investment in the Contract}}{\text{Annual Payment} \times \text{Life Expectancy}} \times \text{Amount Received} = \text{Excluded Amount}$$

### Employee Annuities

If an employer makes periodic payments to a retirement annuity on behalf of an employee and the payments are made to a qualified retirement plan, *the contributions by the employer are not taxable to the employee*.

- Because the contributions are not taxable when they are made, they are not considered part of the employee's investment in the contract when calculating the exclusion ratio.

### Learning Objective 2.8 Life Insurance

Life insurance proceeds are excluded from gross income.

- To be excluded, proceeds must be paid to the beneficiary by reason of the death of the insured.
  - If the proceeds are taken over several years instead of in a lump sum, the insurance company pays interest on the unpaid proceeds. The interest is generally taxable income
- Early payouts of life insurance are excludable
- Payouts from viatical settlements can be excluded from gross income:
  - For terminally ill taxpayers and
  - For a chronically ill taxpayer to extent proceeds pay for long-term care.
    - These exclusions require certification by an M.D.

### Learning Objective 2.9 Interest and Dividend Income

Interest and dividend income is part of gross income.

- If a taxpayer earns \$1,500 or more in interest and dividends, must file a Schedule B
- Interest and dividends from cooperative banks, credit unions, domestic building and loan associations, domestic savings and loan associations, federal savings and loan associations and mutual savings banks are included.

Savings bonds come in three different forms:

- Series EE, Series HH and Series I.
  - Series EE bonds are issued at a discount.
  - Series HH bonds are bonds that have interest paid semi-annually.

- Series I bonds do not pay interest until maturity, but earnings are adjusted for inflation on a semi-annual basis.
- *Note:* Cash basis taxpayers report the increase in redemption value on a Series EE or Series I bonds
- Dividends are one type of distribution paid to a taxpayer by a corporation
- Types of dividends are:
  - Ordinary dividends, nontaxable distributions and capital gain distributions.
    - There are special lower tax rates for qualifying dividends.
    - *Note:* Dividends that do not qualify are taxed at ordinary rates.

| <b>Income Level</b>                                                                                                                    | <b>Qualifying dividends and long-term capital gains rates*</b> |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>MFJ</b> \$0-\$77,200                                                                                                                | 0%                                                             |
| \$77,201-\$479,000                                                                                                                     | 15%                                                            |
| > \$479,001                                                                                                                            | 20%                                                            |
| <b>SINGLE</b> \$0-\$38,600                                                                                                             | 0%                                                             |
| \$38,601-\$425,800                                                                                                                     | 15%                                                            |
| > \$425,801                                                                                                                            | 20%                                                            |
| <b>HOH</b> \$0-\$51,700                                                                                                                | 0%                                                             |
| \$51,701-\$452,400                                                                                                                     | 15%                                                            |
| \$452,401                                                                                                                              | 20%                                                            |
| *An additional 3.8% Medicare surtax on Net Investment Income including qualifying dividends applies to high-income taxpayers. (LO 1.9) |                                                                |

- Interest reported on Form 1099-INT (Box 1)
- States may not tax interest from U.S. government obligations (reported in Box 3)
- Tax-exempt interest reported in Box 8
- Dividends reported on Form 1099-DIV
  - Ordinary dividends (Box 1a); qualified dividends (Box 1a); capital gain

- dividends (Box 2a)
- Capital gains dividends are reported on Schedule D

### **Learning Objective 2.10    Municipal Bond Interest**

- Interest income earned on state or local government bonds is exempt from federal tax.

*Note:* The interest exclusion encourages high-income taxpayers to lend money to state and local governments at lower interest rates.

$$\text{After-tax return} = \text{Tax-free interest rate} / (1.00 - \text{tax rate})$$

### **Learning Objective 2.11    Gifts and Inheritances**

The fair market value of gifts and inheritances may be excluded from taxable income

- But income received from property after the transfer is taxable.
- Gifts given in the business setting are considered taxable income
  - If gift recipient provides service in return for gift, presumed that gift is income for the service performed.

### **Learning Objective 2.12    Scholarships**

Scholarship dollars awarded that are used to *pay room and board are taxable*

- Scholarship dollars spent for tuition, fees, books, and course-required supplies and equipment are *exempt*.
- Payments received by students for part-time employment including work-study are taxable as compensation.

### **Learning Objective 2.13    Alimony**

Alimony payments are deductible by the individual making the payments and taxable income to the person receiving the payments.

- The term "alimony," for income tax purposes, includes separate *or periodic maintenance payments* made to a spouse or former spouse.
- Payments must meet certain requirements to be considered alimony.
  - Rules for divorces prior to 1985 were different than they are now so consult the tax rules for that time period if reference to those particular rules are needed.

To qualify as alimony, payments must:

- ...be in cash and be received by spouse.
- ...be made under a decree of divorce/separation or associated written agreement
- ...cease upon the death of the spouse
- ...not be designated as anything other than alimony in the written agreement
- ...not be made to members of the same household
- ...not be child support payments

Payments contingent on age or marital status of child are not alimony and therefore

nondeductible.

- *Note: Alimony paid by high-income spouse to low-income spouse will result in tax savings to high-income spouse.*
- Payments contingent on age or marital status of child are not alimony.
  - May be an important factor in determining which spouse is entitled to claim the dependency exemption for the child.
- Child support payments must be up to date before any amounts paid may be treated as alimony.

### **Learning Objective 2.14 Educational Incentives**

Qualified Tuition Programs (QTP) allow taxpayers to buy in-kind tuition credits for qualified higher education expenses or to contribute to an account

- Qualified higher education expenses include tuition, fees, books, supplies, and equipment required for the enrollment or attendance at an eligible education institution.
  - No income limit on the amount of contributions to the QTP
  - Contributions are *not* tax deductible.
  - The contributions are considered gifts and thus subject to gift tax rules.
- TCJA now includes tuition in connection with enrollment at elementary/secondary public, private, or religious schools
- Distributions from QTPs may be taken in the same year as education credit (Chapter 6), as long as amount distributed is not used to calculate the credit.

Educational savings accounts (ESAs) are established to pay for qualified higher ed expenses.

- The maximum annual contribution to these plans is \$2,000.
- Contributions can be made until the designated beneficiary reaches 18.
- Can't contribute to an ESA in the same year a contribution is made to a QTP
- Contributions to ESAs are phased out {AGI of \$95,000-\$110,000 (S) and \$190,000-\$220,000 (MFJ)}
  - Contributions must be made by April 15 of following tax year.

Higher Education Expense Deduction – ‘above-the-line’ deduction for qualified tuition/related expenses

- No longer available, but this deduction has previously been extended a number of times
- Deduction is \$4,000 for single/head of household with AGI below \$65,000, and married filing jointly with AGI below \$130,000.

### **Learning Objective 2.15 Unemployment Compensation**

Unemployment compensation is fully taxable and must be included in the taxpayer's gross income.

### **Learning Objective 2.16 Social Security Benefits**

- Many taxpayers may exclude all of their Social Security earnings from gross income. Middle and upper income Social Security recipients may have to include *up to 85%* of

their benefits in taxable income.

- The amount of benefits taxable is based on the taxpayer's MAGI (Modified Adjusted Gross Income).

### **Base Amounts Table**

| <b>Base</b> | <b>Applies to</b>                                                    |
|-------------|----------------------------------------------------------------------|
| \$32,000    | Married filing jointly                                               |
| \$0         | Married filing separately but did not live apart for the entire year |
| \$25,000    | All other taxpayers                                                  |

# *Income Tax Fundamentals 2019*

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# CHAPTER 2

## GROSS INCOME & EXCLUSIONS

# LEARNING OBJECTIVES

- Understand and apply definition of gross income
- Describe salaries/wages income reporting
- Explain general tax treatment of health insurance
- Calculate taxable portion of annuities
- Identify exclusions from gross income such as life insurance proceeds, fringe benefits, scholarships, inheritances and gifts, meals and lodging, etc.
- Identify common employee fringe benefit income exclusion
- Determine municipal bond interest tax treatment
- Explain tax implications of educational savings vehicles
- Describe tax treatment of unemployment compensation
- Apply rules governing inclusion of Social Security payments as income
- Distinguish between different rules for married taxpayers residing in community property states (when filing separately)

# DEFINING GROSS INCOME

- Tax code defines gross income as “All income from whatever source derived”
- This means all sources of income are included **unless specifically excluded**
  - See Table 2.1 on page 2-3 for inclusions
  - See Table 2.2 on page 2-3 for exclusions
  - Non-cash items included at fair market value
  - Barter transactions are includable

***Note: IRS now requires that wages paid using virtual currency (such as bitcoin) requires the payor to issue a W-2***

# SALARIES & WAGES

- 83% of all tax returns filed include some amount for wage/salaries
- Employer sends W-2 to taxpayer
  - Taxpayer reports Box 1 “Wages, salaries, tips” on Form 1040
  - Box 2 reports amount of federal income tax withheld
  - Boxes 3-6 report wages subject to SS and Medicare taxes, as well as taxes
  - Box 8 reports allocated tips,
  - Box 12 reports variety of different forms of compensation
    - Code C – Taxable group life insurance
    - Codes D, E, G – Deferrals into retirement plans
    - Code V – Nonstatutory stock options
    - Code WW – Contributions to health savings account
    - Code DD – Cost of employer provided health care

# ACCIDENT & HEALTH INSURANCE PREMIUMS

- Taxpayers may exclude from income the total amount received for
  - Payment of medical care
  - Payment for loss of a body member or function (called accidental death and dismemberment)
- Premiums paid by employer on employee's behalf are excluded from income
  - For medical insurance
  - For accidental death and dismemberment insurance

# MEALS AND LODGING

- Meals and lodging provided by employer are generally excluded from income (if following tests are met)
  - (1) Meals provided by employer on premises during working hours *solely for the benefit of the employer* because employee must be available for emergency calls or is limited to short meal periods
    - With TCJA, only 50% of cost of these meals is deductible by employer
  - (2) Lodging provided by employer on premises and must be accepted as a requirement for employment

# EMPLOYEE FRINGE BENEFITS: FLEXIBLE SPENDING ACCOUNTS

- Employer-sponsored plan allowing employees to set aside pretax dollars for:
  - Dependent care flexible spending accounts (FSAs) up to \$5,000/year (reported on Box 10 of W-2)
  - Health care FSAs up to \$2,650/year
    - Health insurance co-pays, medical care
    - Dental work, optical care, prescription costs
  - Public transport/parking/commuter biking costs up to certain limits

*Can result in significant tax savings for employee*
- “Use-it-or-lose-it” provision
  - If amounts are left in FSAs after certain date, employee loses them
  - Can carryover up to \$500 of unused amounts into a 3-month grace period into the next year

# EMPLOYEE FRINGE BENEFITS

- May exclude certain fringe benefits from gross income, such as:
  - Employer-paid premiums for group term life insurance (face value up to \$50,000)
  - Education assistance plans (up to \$5,250/year)
  - Qualified employee discounts (with exceptions)
  - Working condition fringe benefits - excludable if you could deduct item on your own as an employee
  - De minimis fringe benefits (immaterial - not worth tracking)
  - Tuition reduction for undergraduate and available to all employees
  - Value of membership to onsite athletic facilities
  - Retirement planning services
  - Other excludable fringes (see Table 2.3 on page 2-12)

# PRIZES/AWARDS

- Taxable amount equal to cash prize or fair market value of property

Exception: Employee awards of tangible personal property (up to \$400) received for recognition of length of service or safety achievement are excludable. Up to \$1,600 may be excluded, if it is granted under a “qualified plan award.”

- Game show and reality TV show winners should be aware that prizes/awards are taxable

# PRIZE/AWARD EXAMPLE

## Example

Josef, an employee of Vesuvius Statuaries LLC, receives a clock for 20 years of service valued at \$1,500 and the award is not considered a “qualified plan award;” how much is excludable from Josef’s gross income?

# SOLUTION (1 of 5)

## Example

Josef, an employee of Vesuvius Statuaries LLC, receives a clock for 20 years of service valued at \$1,500 and the award is not considered a “qualified plan award;” how much is excludable from Josef’s gross income?

## Solution

\$400 is excluded and \$1,100 would have to be included in Josef’s gross income calculation

# ANNUITIES

- An annuity is an instrument that a taxpayer buys (usually at retirement) in return for periodic payments for the remainder of his/her life
- The taxable portion of these periodic payments is calculated based on

Mortality tables provided by IRS

*and*

The annuity purchase price

# ANNUITIES – SIMPLIFIED METHOD

- Individuals generally required to use this method to calculate taxable amount from an annuity - if annuity payments commenced after 11/18/96
- Taxpayer must fill in simplified method worksheet provided by IRS
  - See pp. 2-14 through 2-15 for example of simplified method worksheet

# ANNUITIES – THE GENERAL RULE

- Before Simplified Method, the General Rule was used for most annuity calculations
- Payments received are both taxable (income) and nontaxable (return of capital)
- Must calculate amount to exclude from income
  1. First, calculate **exclusion ratio**  
*Investment in Contract / (Annual payment × Life expectancy)*
  2. Secondly, find the amount to exclude  
**Exclusion Ratio (from step 1)** × *Annual Amount of Annuity Received*

# ANNUITIES/PENSIONS EXAMPLE

## *Example*

Din has saved \$750,000 in his retirement account and uses it to purchase an annuity. His annuity equals \$4,800/month and the IRS tables show he is expected to live 19 years. How much is excludable from tax each year of Din's retirement? Assume that Din is required to use the general rule.

## SOLUTION (2 of 5)

### Example

Din has saved \$750,000 in his retirement account and uses it to purchase an annuity. His annuity pays \$4,800/month and the IRS tables show he is expected to live 19 years. How much is excludable from tax each year of Din's retirement? Assume that Din is required to use the general rule.

### Solution

$$\$750,000 / (\$4,800 \times 12 \text{ months} \times 19 \text{ years}) = .685$$

.685 = 68.5% of amount is excluded from tax

$$.685 \times (\$4,800 \times 12 \text{ months}) = \$39,456 \text{ annual exclusion}$$

# EMPLOYEE ANNUITIES

- Employers may make periodic payments to retirement plans on behalf of their employees
- These payments are not taxable to employee in current year
- They are not considered part of investment when calculating exclusion ratio

# LIFE INSURANCE PROCEEDS

- Life insurance proceeds are *excluded* from gross income if:
  - Proceeds paid to beneficiary by reason of death of the insured  
*and*
  - Beneficiary has an insurable interest

***Note: Interest on proceeds paid over several years is generally taxable income***

# LIFE INSURANCE PROCEEDS EXAMPLE

## Example

Karina dies on 6/15/18, leaving her husband, Dann, a \$500,000 life insurance policy. The proceeds will be paid out to Dann \$100,000 per year plus interest for 5 years.

In the current year, Dann receives \$105,000 (\$100,000 + \$5,000 interest). How much is taxable to Dann in the current year?

# SOLUTION (3 of 5)

## Example

Karina dies on 6/15/18, leaving her husband, Dann, a \$500,000 life insurance policy. The proceeds will be paid out to Dann \$100,000 per year plus interest for 5 years. In the current year, Dann receives \$105,000 (\$100,000 + \$5,000 interest). How much is taxable to Dann in the current year?

## Solution

Dann must include the \$5,000 of interest income in his gross income calculation; the face value of \$100,000 is not taxable.

# VIATICAL SETTLEMENTS

- Also known as accelerated death benefits
- Viatical settlements are excludable from gross income in certain situations
  - Chronically or terminally ill taxpayer collects early payout from insurance company or sells/assigns policy to a viatical settlement provider
    - *Terminally ill* patient must have certification from MD stating that he/she reasonably expected to die within 24 months
    - *Chronically ill* must have certification from MD stating the he/she is unable to perform daily living activities unassisted

# LIFE INSURANCE POLICY TRANSFERRED FOR VALUE

- If policy is transferred for value, then all or part of the proceeds may be taxable to recipient

***Taxable amount*** = Proceeds from death of insured

– Cash surrender value at time of transfer  
+ Premiums paid by purchaser

- Exception: if policy is transferred for value to partner of insured, a partnership in which insured is a partner or a corporation in which insured is an officer, then policy proceeds are *not* taxable

# LIFE POLICY TRANSFER EXAMPLE

## *Example*

Bianca transfers a life insurance policy with a face value of \$25,000 and cash surrender value of \$4,000 to Yvette as payment for services rendered. Yvette pays premiums of \$500 per year for a total of \$1,500 in the ensuing 3 years; Bianca dies and Yvette collects the \$25,000. How much must Yvette include in her gross income?

How would this answer differ if Yvette and Bianca were partners in a partnership?

# SOLUTION (4 of 5)

## Example

Bianca transfers a life insurance policy with a face value of \$25,000 and cash surrender value of \$4,000 to Yvette as payment for services rendered. Yvette pays premiums of \$500 per year for a total of \$1,500 in the ensuing three years; Bianca dies and Yvette collects the \$25,000. How much must Yvette include in her gross income? How would this answer differ if Yvette and Bianca were partners in a partnership?

## Solution

Yvette must include \$19,500 in income [ $\$25,000 - \$4,000 + \$1,500$ ].

If Yvette and Bianca were partners in a partnership, the entire proceeds (\$25,000) would be tax-free.

# INTEREST INCOME

- If total interest income >\$1,500, must report on Schedule B of Form 1040
- Interest is reported in year received for cash basis taxpayers
  - Fair market value of gifts/services a taxpayer receives for making long-term deposits or opening an account are taxable interest

# U.S. GOVERNMENT BONDS

- Series EE bonds
  - Purchase at discount and then redeem
    - Interest is generally taxed year bonds are redeemed
- Series HH bonds
  - Issued at face value
    - Pay interest semiannually and interest is taxed each year
    - Treasury stopped issuing 8/04, but there are still outstanding HH bonds paying interest
- Series I bonds
  - Purchase for face value
  - Earnings are adjusted semiannually for inflation
    - Interest taxed each year or at maturity

# DIVIDEND INCOME

- *3 kinds of dividends*
  - Ordinary dividends are most common
    - Return of net income to shareholders
    - Schedule B when total dividend income > \$1,500
  - Nontaxable distributions are return of original investment - not paid from corporation's earnings and profits
    - Not included in taxpayer's income and reduces basis in stock
  - Capital gain distributions (CGD)
    - When stock reaches zero basis, further distributions are CGD
    - *Report on page 1 of Form 1040 or Schedule D of Form 1040*

# CURRENT TAX RATES FOR DIVIDENDS

- “Qualifying dividends” are classified by corporations issuing dividends and brokerage firms holding stock investments
- If not “qualifying,” dividends taxed at ordinary rates

| Income Level         | Qualifying dividends and long-term capital gains rates* |
|----------------------|---------------------------------------------------------|
| MFJ \$0-\$77,200     | 0%                                                      |
| \$77,201 – \$479,000 | 15%                                                     |
| > \$479,001          | 20%                                                     |
| S \$0-\$38,600       | 0%                                                      |
| \$38,601 – \$425,800 | 15%                                                     |
| > \$425,801          | 20%                                                     |
| HOH \$0 – \$51,700   | 0%                                                      |
| \$51,701 – \$452,400 | 15%                                                     |
| \$452,401            | 20%                                                     |

\*Additional 3.8% Medicare tax for high-income taxpayers

# REPORTING INTEREST & DIVIDENDS

- Payors send recipients Form 1099-INT or Form 1099-DIV for interest/dividends greater than \$10
  - Taxable interest from each payor reported on Schedule B, if interest > \$1,500
  - Tax exempt interest reported on Line 2a of 1099-DIV
- Ordinary dividends reported in Box 1a of 1099-DIV
  - Box 1b reports qualified dividends (included in Box 1a)
  - Capital gains dividends, which are reported in Box 2a, are reported on Schedule D

# MUNICIPAL BOND INTEREST

- Taxpayer may exclude interest on state and local government
- Interest rates generally reflect after-tax return that compensates higher income taxpayers
- After-tax return for tax-free bond calculated as follows

***After-tax return = Tax-free interest rate / (1.00 – taxpayer's tax rate)***

# MUNICIPAL BOND INTEREST EXAMPLE

## Example

Gopal is in the 32% federal income tax bracket and invests in a Nashville City Bond paying 6%. What taxable interest rate will yield the same after-tax return as the municipal bond?

# SOLUTION (5 of 5)

## Example

Gopal is in the 32% federal income tax bracket and invests in a Nashville City Bond paying 6%. What taxable interest rate will yield the same after-tax return as the municipal bond?

## Solution

Taxable interest rate equivalent = 8.82%

$$(.06) / (1.00 - .32) = .0882$$

# GIFTS & INHERITANCES

- Inheritances are excluded from income
  - Any income generated from property received after transfer is taxable
  - Estate may incur taxes
- Gifts received are excluded from income
  - A gift is defined by the courts as a voluntary transfer of property without adequate consideration
  - Gifts in business settings usually considered taxable income
  - If recipient renders services for the gift, amount is taxable

# SCHOLARSHIPS

- Scholarships received for fees, books, tuition, course-required supplies or equipment are excluded from income
- Must include scholarship amounts in income for:
  - Any amounts applied to room and board
  - Any amounts received as compensation for required work (*including work study*)

# ALIMONY

- Alimony, prior to 12/31/18, was deductible to payer and taxable to payee
  - TCJA eliminated the deduction for alimony; conversely, the recipient need not include alimony received as income
- Alimony payments must meet *five requirements* as follows (if subject to divorce agreement after 1984)
  - Must be in cash and received by ex-spouse
  - Must be made in connection with written instrument
  - Can't continue after death of ex-spouse
  - Can't be designated as anything other than alimony
  - Parties may not be members of the same household

# CHILD SUPPORT

- Child support is not deductible to payer and not taxable to payee
- Is important factor, however, in determining which spouse gets dependency exemption

# QUALIFIED TUITION PROGRAMS (QTP)

- Sometimes called §529 tuition plans
- Allows taxpayers to meet higher education expenses by
  - Buying in-kind tuition credits or certificates
  - or*
  - Contributing to an established savings-type account
- **Distributions are generally not taxed if funds used for higher education**
  - The TCJA identifies “tuition” as the expense targeted; therefore, books, supplies, equipment, etc. do not appear to qualify. *Reasonable room and board costs qualify.*
  - The TCJA expanded this plan to include tuition for elementary/secondary education in public, private or religious schools, up to \$10,000/year
  - If not used for purposes outlined or the taxpayer withdraws early, then distributions are taxable plus 10% penalty

# QTP

- Annual contribution amounts vary
  - Contribution is not deductible
  - High limits in most states (but subject to gift tax rules)
- May claim American Opportunity Credit or Lifetime Learning Credit (see Chapter 7) in same year as distribution taken from a QTP
  - As long as distribution is *not used for the same expenses* for which an education credit was claimed
  - Must also reduce qualified higher education expenses excluded from income by scholarships, veterans' benefits, etc.

# EDUCATION SAVINGS ACCOUNTS (1 of 2)

- These accounts allow taxpayers to meet higher education expenses by contributing to an educational savings account
- Annual contributions are not deductible
  - Allowed until beneficiary reaches 18
  - Limited to \$2,000/year per child
  - Can't make in same year as QTP contribution
  - Phase-out when AGI exceeds \$190,000 (MFJ) or \$95,000 (S)

# EDUCATION SAVINGS ACCOUNTS (2 of 2)

- Distributions are tax free if used for higher education or private elementary/secondary ed
  - Tuition, fees, books, supplies, equipment, room/board if at least 1/2 time student
  - Distribution assumed to be pro rata from each category (return of capital versus earnings)
- May claim educational credit in same year as distribution as long as distribution is not used for the same expenses
  - If distributions > qualified education expenses, part of distribution will be taxable income

# HIGHER EDUCATION EXPENSE DEDUCTION\*

- Up to \$4,000 above-the-line deduction for qualified tuition and related expenses (phased out over \$130,000 AGI (MFJ))  
or
- Up to \$2000 deduction (phased out over \$65,000 AGI (HOH, S))

*\*Currently expired, included herein because has been previously extended multiple times\**

# UNEMPLOYMENT COMPENSATION

- Unemployment compensation payments are fully taxable in 2018
- Reported on Form 1099-G
- These payments are deductible on some state's income tax returns

# SOCIAL SECURITY BENEFITS

- Part of Social Security benefits *may be* included in gross income
  - Maximum inclusion amount = 85%
- Inclusion based on taxpayer's Modified AGI (MAGI)
  - $\text{MAGI} = \text{AGI} + \text{tax-exempt interest (and other items)}$
- If  $[\text{MAGI} + (50\%)(\text{SS benefits})] < \text{base amount}^*$  then benefits are not includable

*\*If this number exceeds base amount, must compute taxable portion. See pages 2-34 and 2-35 for sample worksheets on how to calculate includable Social Security benefits.*

# CALCULATING TAXABLE AMOUNT OF SS BENEFITS

If  $[\text{MAGI} + (50\%)(\text{SS benefits})]$  exceeds base amount as follows:

| <u>Base Amount</u> | <u>Filing Status</u> |
|--------------------|----------------------|
| \$32,000           | MFJ                  |
| \$25,000           | All others           |

...then, the taxable amount is calculated by completing the Simplified Taxable Social Security Worksheet (pages 2-34 – 2-35)

# THE END