Review your print out for checklist items.

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

U.S. Individual Income Tax Return

2018 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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

Your first name and initial	Last name	Your social security number
CARINE A	DE LOZIER	[redacted]-8272

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

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

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

☒ Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Presidential Election Campaign (see inst.) ☐ You ☐ Spouse
2716 19th Pl	2	

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.

Forest Grove OR 97116

If more than four dependents, see inst. and ✓ here ▶ ☐

Dependents (see instructions): (1) First name / Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Sign Here

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

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

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

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
				☐ 3rd Party Designee
Firm's name ▶ Self-Prepared		Phone no.		☐ Self-employed
Firm's address ▶				

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

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	
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a	13.	b Ordinary dividends	3b	13.
4a	IRAs, pensions, and annuities	4a	6,841.	b Taxable amount	4b	5,503.
5a	Social security benefits	5a	15,468.	b Taxable amount	5b	0.
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 59.				6	5,575.
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	5,575.
8	**Standard deduction or itemized deductions** (from Schedule A)				8	12,000.
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	0.
11	**a** Tax (see inst.) 0. (check if any from: **1** ☐ Form(s) 8814 **2** ☐ Form 4972 **3** ☐)					
	b Add any amount from Schedule 2 and check here ▶ ☐				11	0.
12	**a** Child tax credit/credit for other dependents **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	0.
14	Other taxes. Attach Schedule 4				14	0.
15	Total tax. Add lines 13 and 14				15	0.
16	Federal income tax withheld from Forms W-2 and 1099				16	1,147.
17	Refundable credits: **a** EIC (see inst.) NO **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	1,147.

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

19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you **overpaid**	19	1,147.
20a	Amount of line 19 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	20a	1,147.
▶ b	Routing number 256078446 ▶ c Type: ☒ Checking ☐ Savings		
▶ d	Account number 746516402 3		
21	Amount of line 19 you want **applied to your 2019 estimated tax** ▶ 21		

Amount You Owe

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		

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* for instructions and the latest information.**

OMB No. 1545-0074

2018

Attachment Sequence No. **01**

Name(s) shown on Form 1040: CARINE A DE LOZIER

Your social security number: 560-85-8272

Additional Income	**1–9b**	Reserved		**1–9b**	
	10	Taxable refunds, credits, or offsets of state and local income taxes		**10**	
	11	Alimony received		**11**	
	12	Business income or (loss). Attach Schedule C or C-EZ		**12**	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► ☒		**13**	59.
	14	Other gains or (losses). Attach Form 4797		**14**	
	15a	Reserved		**15b**	
	16a	Reserved		**16b**	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		**17**	
	18	Farm income or (loss). Attach Schedule F		**18**	
	19	Unemployment compensation		**19**	
	20a	Reserved		**20b**	
	21	Other income. List type and amount ►		**21**	
	22	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		**22**	59.
Adjustments to Income	**23**	Educator expenses	**23**		
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	**24**		
	25	Health savings account deduction. Attach Form 8889	**25**		
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	**26**		
	27	Deductible part of self-employment tax. Attach Schedule SE	**27**		
	28	Self-employed SEP, SIMPLE, and qualified plans	**28**		
	29	Self-employed health insurance deduction	**29**		
	30	Penalty on early withdrawal of savings	**30**		
	31a	Alimony paid **b** Recipient's SSN ►	**31a**		
	32	IRA deduction	**32**		
	33	Student loan interest deduction	**33**		
	34	Reserved	**34**		
	35	Reserved	**35**		
	36	Add lines 23 through 35		**36**	

Tax History Report 2018

► Keep for your records

Name(s) Shown on Return
CARINE A DE LOZIER

	Five Year Tax History:				
	2014	2015	2016	2017	2018
Filing status				Single	Single
Total income				5,405.	5,575.
Adjustments to income					
Adjusted gross income				5,405.	5,575.
Tax expense					0.
Interest expense					
Contributions				25.	41.
Misc. deductions					
Other itemized ded'ns				4,897.	3,620.
Total itemized/ standard deduction				6,350.	12,000.
Exemption amount				4,050.	0.
QBI deduction					
Taxable income				0.	0.
Tax					
Alternative min tax					
Total credits					
Other taxes				0.	0.
Payments				1,248.	1,147.
Form 2210 penalty					
Amount owed					
Applied to next year's estimated tax					
Refund				1,248.	1,147.
Effective tax rate %				0.00	0.00
**Tax bracket %				10.0	10.0

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

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

You can file your federal tax return electronically or by paper and obtain your federal tax refund *directly* from the Internal Revenue Service ("IRS") *for free.* If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of $39.99 (the "RPS fee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

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

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

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

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

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

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks [2]	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks [2]	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days [2]	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days [2]	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your prepaid card [1].	Usually within 21 days [2]	$39.99

[1] You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card.

[2] However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

Questions? Call 1-877-908-7228

We need your consent to process with this payment option

This is an IRS requirement

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

IRS regulations require the following statements:

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

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

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

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

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2018 return to determine whether a portion of the refund can be used to pay for tax preparation.

CARINE
First Name

DE LOZIER
Last Name

Please type the date below:
01/31/2019
Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Green Dot Bank, Member FDIC ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

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

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

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

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2018 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

CARINE DE LOZIER

Please type the date below:

01/31/2019

Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Civista Bank of Sandusky, OH ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

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

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

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

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2018 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Please type the date below:

Date

1040 WORKSHEET

2018

NOTE: Form 1040 and new Schedules 1-6 are fully calculated.

Use the 1040 Worksheet to enter all data which will flow to the Form 1040 and Schedules 1- 6.
Use these QuickZooms to jump to the entry sections for Schedules 1- 6 on the 1040 Worksheet:

1040 Worksheet Navigation QuickZooms

QuickZoom to Schedule 1 **-** Additional Income and Adjustments . . . . . ►
QuickZoom to Schedule 2 **-** Tax section . . . . . ►
QuickZoom to Schedule 3 **-** Nonrefundable credits . . . . . ►
QuickZoom to Schedule 4 **-** Other Taxes . . . . . ►
QuickZoom to Schedule 5 **-** Other Payments and Refundable Credits . . . . . ►
QuickZoom to Schedule 6 **-** Foreign Address and Third Party Designee . . . . . ►

Form 1040 - Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2018, or other tax year
beginning _____, 2018, ending _____, 20 ____.

Your First Name	MI	Last Name	Your Social Security No.
CARINE	A	DE LOZIER	560-85-8272
If Joint Return, Spouse's First Name	MI	Last Name	Spouse's Social Security No.

Home Address (No. and Street). If You Have a P.O. Box, See Instructions. Apt. No.
2716 19th Pl 2

City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code
Forest Grove OR 97116

Schedule 6 - Foreign Address

Foreign country name | Foreign province/state/county | Foreign postal code

QuickZoom to explanation statement for overseas extension . . . . . ►

Form 1040 - Personal Info, Filing Status, Dependent Info (cont'd)

Presidential Election Campaign

Checking a box below will not change your tax or refund.
Check here if you, or your spouse if filing jointly, want $3 to go to this fund . . . . ► ☐ **You** . . ☐ **Spouse**

Filing Status

Check only one box.
All entries for filing status and dependents should be made on the Federal Information Worksheet.

- [X] Single
- [ ] Married filing jointly (even if only one had income)
- [ ] Married filing separately. Enter spouse's SSN above and full name here.
- [ ] _____ Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here. . . . . ► _____
- [ ] Qualifying widow(er) (See instructions)

If more than four dependents, see instructions and check here . . ► ☐

Dependents: **(1)** First name	Last name	**(2)** Dependent's social security number	**(3)** Dependent's relationship to you	**(4)** ✓ if qualifies for (see instr): under age 17 qualifying for child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

QuickZoom to the Federal Information Worksheet . . . . . .
QuickZoom to the Dependent and Nondependent Information Worksheet . . . . .

Form 1040, Identifying Information (cont'd)

☐ Someone can claim you as a dependent
☐ Someone can claim your spouse as a dependent

a Check if: ☐ **You** were born before January 2, 1954, ☐ Blind.
☐ **Spouse** was born before January 2, 1954, ☐ Blind.
Total boxes checked . . . . . ► **a** ____

b If your spouse itemizes on a separate return or you were a dual-status alien, check here . . . . . ► **b** ☐

Form 1040 Lines 1-5

1	Wages, salaries, tips, etc. Attach Form(s) W-2	**1**	
2 a	**Tax-exempt** interest		
b	**Taxable** interest	**2b**	
3 a	Qualified dividends (see instructions) 13.		
b	Ordinary dividends. Attach Schedule B if required	**3b**	13.
4	IRA distributions		
	Taxable amount (see instructions)		0.
	Pensions and annuities 6,841.		
	Taxable amount (see instructions)	**4b**	5,503.
5 a	Social security benefits 15,468.		
b	Taxable amount (see instructions)	**5b**	0.
QuickZoom to Schedule 1 **-** Additional Income and Adjustments		►	

Form 1040, Lines 6 and 7

6	**Total income.** Add lines 1 through 5b and Schedule 1, line 22	**6**	5,575.
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**	5,575.
	AGI including excludable Puerto Rico Income		5,575.

Form 1040, Line 8 - Standard or Itemized Deduction

8 **Standard deduction or itemized deductions** (from Schedule A)

Standard Deduction for -

- People who checked blind or over 65 **or** who can be claimed as a dependent, see instructions.
- All others:
  - Single or Married filing separately: $12,000
  - Married filing jointly or Qualifying widow(er): $24,000
  - Head of household: $18,000

QuickZoom to the Standard Deduction Worksheet

Itemized deductions (from Schedule A) **or** your **standard deduction,** see above	**8**	12,000.
Subtract itemized or standard deduction from adjusted gross income amount		-6,425.

Form 1040, Lines 9-11

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**	0.

11			
a	**Tax.** (see instructions). Check if any from:		
	1 ☐ Form(s) 8814		
	2 ☐ Form 4972		
	3 ☐		0.
b	**Total tax. Add** any amount from Schedule 2 and check here ► ☐	**11**	0.
	QuickZoom to Schedule 2 **-** Tax section ►		

Form 1040, Line 12 -15

12 a	Child tax credit/credit for other dependents **12a**			
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**	0.
14	Other taxes. Attach Schedule 4		**14**	0.
15	Total tax. Add lines 13 and 14		**15**	0.
	QuickZoom to Schedule 3 **-** Nonrefundable credits ►			
	QuickZoom to Schedule 4 **-** Other Taxes ►			

Form 1040, Lines 16-17

16	Federal income tax withheld from Forms W-2 and 1099		**16**	1,147.
17 a	**Earned income credit (EIC)**			No
	Nontaxable combat pay election			
b	Additional child tax credit. Attach Schedule 8812			
c	American opportunity credit from Form 8863, line 8			
	Add lines 17a,b,c and any amount from Schedule 5		**17**	
18	Add Lines 16 and 17. These are your total payments		**18**	1,147.
	QuickZoom to Schedule EIC Worksheet, pg 2 if credit is not calculated **QuickZoom** ►			
	QuickZoom to "due diligence checklist" substitute for Form 8867 **QuickZoom** ►			
	QuickZoom to Schedule 5 - Other Payments and Refundable Credits ► **QuickZoom** ►			

Form 1040, Lines 19-21

Refund:

19	If total Payments is more than total tax, subtract **total tax** from **payments** This is the amount you **overpaid**		**19**	1,147.
20 a	Amount of overpayment you want **refunded to you**. If Form 8888 is attached, check here ► ☐		**20**	1,147.
b	Routing number ► 256078446			
c	Type: ► [X] Checking ► [ ] Savings			
d	Account number ► 7465164023			
21	Amount of overpayment on line 19 you want **applied to your 2019 estimated tax** ►			

Form 1040, Lines 22-23

Amount You Owe:

22	Subtract line total payments from total tax ►		**22**	
23	Estimated tax penalty (see instructions) **23**			

QuickZoom to Late Penalties and Interest Worksheet ► **QuickZoom** ►

Schedule 1 - Additional Income and Adjustments

1-9b	Reserved		
10	Taxable refunds, credits, or offsets of state and local income taxes (see instr.)	**10**	
11	Alimony received . . . . Taxpayer _____ Spouse _____	**11**	
12	Business income or (loss). Attach Schedule C or C-EZ	**12**	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here [X]	**13**	59.
14	Other gains or (losses). Attach Form 4797	**14**	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	**17**	
18	Farm income or (loss). Attach Schedule F	**18**	
19	Unemployment compensation (see instr.)	**19**	
21	Other income. List type and amount (see instructions).	**21**	
22	Combine the amounts in the far right column for lines 10 through 21. Enter here and include on Form 1040, line 6 field to left of amount field. ►	**22**	59.
	Total Income. Combine Form 1040 lines 1- 5b and Schedule 1, line 22 **,** enter on Form 1040, line 6. ► 5,575.		
	Quickzoom to 1040 Workhseet, line 6 - Total Income ► **QuickZoom** ►		

Schedule 1 - Adjustments to Income

23	Educator expenses	**23**			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	**24**			
25	Health savings account deduction. Attach Form 8889	**25**			
26	Moving expenses. Attach Form 3903	**26**			
27	Deductible part of self-employment tax. Attach Schedule SE	**27**			
28	Self-employed SEP, SIMPLE, and qualified plans	**28**			
29	Self-employed health insurance deduction	**29**			
30	Penalty on early withdrawal of savings	**30**			

Alimony Paid Smart Worksheet

	Recipient's name	Recipient's SSN	Alimony paid
A			
B			

31 a	Alimony paid				
b	Recipient's SSN ► _____	**31 a**			
32	IRA deduction	**32**			
33	Student loan interest deduction	**33**			
34	Reserved	**34**			
35	Reserved	**35**			
36	Add lines 23 through 35			**36**	

Schedule 2 - Tax

38-44	Reserved	38-44	
45	**Alternative minimum tax** (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add the amounts in the far right column. Enter here and include on Form 1040, line 11 ►	47	

Schedule 3 - Nonrefundable Credits

48	Foreign tax credit. Attach Form 1116 if required	48			
49	Credit for child and dependent care expenses. Attach Form 2441	49			
50	Education credits from Form 8863, line 19	50			
51	Retirement savings contributions credit. Attach Form 8880	51			
52	Reserved	52			
53	Residential Energy Credit. Attach Form 5695	53			
54	Other credits from Form:				
a	☐ 3800				
b	☐ 8801				
c	☐	54			
55	Add lines 12a, and 48 through 54. These are your **total credits**			55	
a	If amount on line 55 above includes Schedule 3 amount, check here ► ☐				
b	Total non-refundable credits				
c	Subtract total credits on line 55 from total tax above		0.		
	Quickzoom to 1040 Workhseet, line 15 - Total Tax ► **QuickZoom** ►				

Schedule 4 - Other Taxes

57	Self-employment tax. Attach Schedule SE			57	
58	Unreported social security and Medicare tax from Form:				
a	☐ 4137 **b** ☐ 8919				
	Explain underreported tips			58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required			59	
60 a	Household employment taxes from Schedule H			60 a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required			b	
61	Health care: Individual responsibility. Full-year coverage ☒			61	0.
62	Taxes from:				
a	☐ Form 8959				
b	☐ Form 8960				
c	☐ Instructions; enter code(s)	62			
63	Section 965 net tax liability installment from Form 965-A	63			
64	Add lines 57 through 62. **Total Other taxes amount** ►			64	0.
	Tax after credits: Add lines 64 and line 55c				0.

Schedule 5 - Other Payments and Refundable Credits

65	Reserved for future use	**65**			
66	2018 estimated tax payments and amount applied from 2017 return	**66**			
67	Reserved for future use	**67**			
68	Reserved for future use	**68**			
69	Reserved for future use	**69**			
70	Net premium tax credit. Attach Form 8962	**70**			
71	Amount paid with request for extension to file	**71**			
72	Excess social security and tier 1 RRTA tax withheld	**72**			
73	Credit for federal tax on fuels. Attach Form 4136	**73**			
74	Credits from Form:				
a	☐ 2439				
b	☐ **Reserved**				
c	☐ 8885				
d	☐	**74**			
75	Add lines 66, and 70 through 74. These are your **total payments** ►			**75**	1,147.
	Amount included above on line 75 from Schedule 5 ►				
	Amount included above on line 75 from Form 1040, line 17 ►				

Schedule 6 - Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete the following. ☒ **No**

Designee's Name ►

Phone No. ► Personal Identification Number (PIN) ►

Signature and Paid Preparer

Sign Here

Joint return? See instructions.

Keep a copy of this return 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 accurately list all amounts and sources of income I received during the year. 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
		DISABLED	►
Spouse's Signature. If joint, **both** must sign.	Date	Spouse's Occupation	►

Daytime Phone No. (503)820-8115

Paid Preparer's Use Only

Print/Type Preparer's name	Preparer's PTIN	Check if:
		☐ 3rd Party Designee
Preparer's Signature		☐ Self-employed

Firm's Adress (or yours if self-employed)	Firm's EIN.	Phone No.
Self-Prepared		
	State	ZIP Code

Filing Address Information

Send Form 1040 to: You have chosen to electronically file this return.

Date

Form 8960
Lines 4b, 5b, 7, 9, 10

Form 8960 Worksheet

2018

Name(s) Shown on Return	Your SSN
CARINE A DE LOZIER	560-85-8272

Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss

Enter additional adjustments not included above:

Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2017 for net investment tax purposes	

Enter additional adjustments not included above and check the box if a capital gain or loss:

	☐	
	☐	

Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss

Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0.
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above) . . .	3	0.

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 20	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State, local, and foreign income taxes allocable to net investment income

1	State and local income taxes	**1**	
2	Investment income	**2**	
3	Total adjusted gross income	**3**	
4	Divide line 2 by line 3. Enter result as a decimal amount	**4**	
5	State and local income taxes allocable to investment income	**5**	
6	State and local taxes (Schedule A, line 5e)	**6**	
7	Lesser of line 5 or line 6	**7**	
8	Foreign income taxes	**8**	
9	Foreign income taxes allocable to investment income. Line 8 times line 4.	**9**	
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income	**10**	

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet

Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income

1	Reserved	**1**	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	**2**	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation:		
		3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3	**4**	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 8	**5**	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	**6**	
7	Subtract line 6 from line 5	**7**	
8	Enter the lesser of line 7 or line 4	**8**	

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Reserved		
2 State, local, and foreign income taxes	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3	x	=
	x	=
	x	=
	x	=
Penalty on early withdrawal of savings		
Other modifications:		
Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII

1) Former Passive Activity Suspended Losses

(a) Activity name	(b) Suspended 12/31/2017	(c) Suspended 12/31/2018	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2017	(c) Suspended 12/31/2018	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2017	(c) Suspended 12/31/2018	(d) Used against activity	(e) Used against other passive

Charitable Organization Worksheet 2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Charity Name . . . AJ's Wheels and Wishes
Address . . . . . .
City. . . . . State . . . . ZIP code . .

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet**.**

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	Various		Money	23.17
			Total:	23.17

Prior Year Total:	

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

CARINE A DE LOZIER 560-85-8272

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date / Acquired Date	Donation Description / Donation Type / How Acquired	Donation Cost / How Valued / Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring	2018 Amount
1	Various	23.17	1	[ ] Once [X] Recur	23.17
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip / Miles Per Trip	Trips Per Yr	Once or Recurring	Miles Driven / Other Costs	Description of Other Costs	Value of Miles	Total Donation Value
				[ ] Once [ ] Recur				
				[ ] Once [ ] Recur				
				[ ] Once [ ] Recur				

CARINE A DE LOZIER 560-85-8272

Detail of Stock Donations Worksheet

Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

1 Was the **entire interest** given for all property donated to this charity? . . . . . [X] **Yes** [ ] **No**

2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ► [ ] **Yes** [ ] **No**

3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ► [ ] **Yes** [ ] **No**

4 What Type of charitable organization was it? Check one:

[X] **(a)** 50% charity [ ] **(b**) Other than 50% charity

Charitable Organization Worksheet 2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Charity Name . . . Epilepsy Foundation
Address . . . . . .
City. . . . . State . . . . ZIP code . .

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet**.**

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	Various		Money	0.45
			Total:	0.45

Prior Year Total:	

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

CARINE A DE LOZIER 560-85-8272

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date / Acquired Date	Donation Description / Donation Type / How Acquired	Donation Cost / How Valued / Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring	2018 Amount
1	Various	0.45	1	[ ] Once [X] Recur	0.45
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip / Miles Per Trip	Trips Per Yr	Once or Recurring	Miles Driven / Value of Miles	Other Costs / Description of Other Costs	Total Donation Value
				[ ] Once [ ] Recur			
				[ ] Once [ ] Recur			
				[ ] Once [ ] Recur			

CARINE A DE LOZIER 560-85-8272

Detail of Stock Donations Worksheet

Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

1 Was the **entire interest** given for all property donated to this charity? . . . . . [X] **Yes** [ ] **No**

2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ► [ ] **Yes** [ ] **No**

3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ► [ ] **Yes** [ ] **No**

4 What Type of charitable organization was it? Check one:

[X] **(a)** 50% charity [ ] **(b**) Other than 50% charity

Charitable Organization Worksheet 2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Charity Name . . . Make-A-Wish Foundation of America
Address . . . . . .
City. . . . . State . . . . ZIP code . .

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet**.**

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	(not needed)		Money	1.23
			Total:	1.23

Prior Year Total:	

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

CARINE A DE LOZIER 560-85-8272

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date / Acquired Date	Donation Description / Donation Type / How Acquired	Donation Cost / How Valued / Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring	2018 Amount
1	(not needed)	1.23	1	[X] Once [ ] Recur	1.23
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No. / Donation Date	Description of Trip / Miles Per Trip / Trips Per Yr / Once or Recurring / Miles Driven / Other Costs / Description of Other Costs / Value of Miles	Total Donation Value
	[ ] Once [ ] Recur	
	[ ] Once [ ] Recur	
	[ ] Once [ ] Recur	

CARINE A DE LOZIER 560-85-8272

Detail of Stock Donations Worksheet

Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

1 Was the **entire interest** given for all property donated to this charity? . . . . . [X] **Yes** [ ] **No**

2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ► [ ] **Yes** [ ] **No**

3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ► [ ] **Yes** [ ] **No**

4 What Type of charitable organization was it? Check one:

[X] **(a)** 50% charity [ ] **(b**) Other than 50% charity

Charitable Organization Worksheet 2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Charity Name . . . Children's Music Fund
Address . . . . . .
City. . . . . State . . . . ZIP code . .

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet**.**

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	(not needed)		Money	0.20
			Total:	0.20

Prior Year Total:	

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

CARINE A DE LOZIER 560-85-8272

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date / Acquired Date	Donation Description / Donation Type / How Acquired	Donation Cost / How Valued / Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring	2018 Amount
1	(not needed)	0.20	1	[X] Once [ ] Recur	0.20
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No. / Donation Date	Description of Trip / Miles Per Trip / Trips Per Yr / Once or Recurring / Miles Driven / Other Costs / Description of Other Costs / Value of Miles	Total Donation Value
	[ ] Once [ ] Recur	
	[ ] Once [ ] Recur	
	[ ] Once [ ] Recur	

CARINE A DE LOZIER 560-85-8272

Detail of Stock Donations Worksheet

Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

1 Was the **entire interest** given for all property donated to this charity? . . . . . [X] **Yes** [ ] **No**

2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ► [ ] **Yes** [ ] **No**

3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ► [ ] **Yes** [ ] **No**

4 What Type of charitable organization was it? Check one:

[X] **(a)** 50% charity [ ] **(b**) Other than 50% charity

Charitable Organization Worksheet 2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Charity Name . . . Katelyn's Cause
Address . . . . . .
City. . . . . State . . . . ZIP code . .

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet**.**

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	Various		Money	9.60
			Total:	9.60

Prior Year Total:	

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

CARINE A DE LOZIER 560-85-8272

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date / Acquired Date	Donation Description / Donation Type / How Acquired	Donation Cost / How Valued / Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring	2018 Amount
1	Various	9.60	1	[ ] Once [X] Recur	9.60
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip / Miles Per Trip	Trips Per Yr	Once or Recurring	Miles Driven / Value of Miles	Other Costs / Description of Other Costs	Total Donation Value
				[ ] Once [ ] Recur			
				[ ] Once [ ] Recur			
				[ ] Once [ ] Recur			

CARINE A DE LOZIER 560-85-8272

Detail of Stock Donations Worksheet

Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

1 Was the **entire interest** given for all property donated to this charity? . . . . . [X] **Yes** [ ] **No**

2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ► [ ] **Yes** [ ] **No**

3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ► [ ] **Yes** [ ] **No**

4 What Type of charitable organization was it? Check one:

[X] **(a)** 50% charity [ ] **(b**) Other than 50% charity

Charitable Organization Worksheet 2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Charity Name . . . Migraine Research Foundation
Address . . . . . .
City. . . . . State . . . . ZIP code . .

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet**.**

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	(not needed)		Money	0.19
			Total:	0.19

Prior Year Total:	

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

CARINE A DE LOZIER 560-85-8272

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date / Acquired Date	Donation Description / Donation Type / How Acquired	Donation Cost / How Valued / Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring	2018 Amount
1	(not needed)	0.19	1	[X] Once [ ] Recur	0.19
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No. / Donation Date	Description of Trip / Miles Per Trip / Trips Per Yr / Once or Recurring / Miles Driven / Other Costs / Description of Other Costs / Value of Miles	Total Donation Value
	[ ] Once [ ] Recur	
	[ ] Once [ ] Recur	
	[ ] Once [ ] Recur	

CARINE A DE LOZIER 560-85-8272

Detail of Stock Donations Worksheet

Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

1 Was the **entire interest** given for all property donated to this charity? . . . . . [X] **Yes** [ ] **No**

2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ► [ ] **Yes** [ ] **No**

3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ► [ ] **Yes** [ ] **No**

4 What Type of charitable organization was it? Check one:

[X] **(a)** 50% charity [ ] **(b**) Other than 50% charity

Charitable Organization Worksheet 2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Charity Name . . . Healing Improv
Address . . . . . .
City. . . . . State . . . . ZIP code . .

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet**.**

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	Various		Money	1.16
			Total:	1.16

Prior Year Total:	

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

CARINE A DE LOZIER 560-85-8272

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date / Acquired Date	Donation Description / Donation Type / How Acquired	Donation Cost / How Valued / Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring	2018 Amount
1	Various	1.16	1	[ ] Once [X] Recur	1.16
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip / Miles Per Trip	Trips Per Yr	Once or Recurring	Miles Driven / Value of Miles	Other Costs / Description of Other Costs	Total Donation Value
				[ ] Once [ ] Recur			
				[ ] Once [ ] Recur			
				[ ] Once [ ] Recur			

CARINE A DE LOZIER 560-85-8272

Detail of Stock Donations Worksheet

Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

1 Was the **entire interest** given for all property donated to this charity? . . . . . [X] **Yes** [ ] **No**

2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ► [ ] **Yes** [ ] **No**

3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ► [ ] **Yes** [ ] **No**

4 What Type of charitable organization was it? Check one:

[X] **(a)** 50% charity [ ] **(b**) Other than 50% charity

Charitable Organization Worksheet 2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Charity Name . . . Obsessive Compulsive Foundation of Western PA
Address . . . . . .
City. . . . . State . . . . ZIP code . .

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet**.**

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	Various		Money	0.82
			Total:	0.82

Prior Year Total:	

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

CARINE A DE LOZIER 560-85-8272

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date / Acquired Date	Donation Description / Donation Type / How Acquired	Donation Cost / How Valued / Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring	2018 Amount
1	Various	0.82	1	[ ] Once [X] Recur	0.82
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip / Miles Per Trip	Trips Per Yr	Once or Recurring	Miles Driven / Value of Miles	Other Costs / Description of Other Costs	Total Donation Value
				[ ] Once [ ] Recur			
				[ ] Once [ ] Recur			
				[ ] Once [ ] Recur			

CARINE A DE LOZIER 560-85-8272

Detail of Stock Donations Worksheet

Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

1 Was the **entire interest** given for all property donated to this charity? . . . . . [X] **Yes** [ ] **No**

2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ► [ ] **Yes** [ ] **No**

3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ► [ ] **Yes** [ ] **No**

4 What Type of charitable organization was it? Check one:

[X] **(a)** 50% charity [ ] **(b**) Other than 50% charity

Charitable Organization Worksheet 2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Charity Name . . . A Well-Fed World
Address . . . . . .
City. . . . . State . . . . ZIP code . .

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet**.**

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	Various		Money	2.98
			Total:	2.98

Prior Year Total:	

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

CARINE A DE LOZIER 560-85-8272

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date / Acquired Date	Donation Description / Donation Type / How Acquired	Donation Cost / How Valued / Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring	2018 Amount
1	Various	2.98	1	[ ] Once [X] Recur	2.98
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No.	Donation Date	Description of Trip / Miles Per Trip	Trips Per Yr	Once or Recurring	Miles Driven / Value of Miles	Other Costs / Description of Other Costs	Total Donation Value
				[ ] Once [ ] Recur			
				[ ] Once [ ] Recur			
				[ ] Once [ ] Recur			

CARINE A DE LOZIER 560-85-8272

Detail of Stock Donations Worksheet

Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

1 Was the **entire interest** given for all property donated to this charity? . . . . . [X] **Yes** [ ] **No**

2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ► [ ] **Yes** [ ] **No**

3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ► [ ] **Yes** [ ] **No**

4 What Type of charitable organization was it? Check one:

[X] **(a)** 50% charity [ ] **(b**) Other than 50% charity

Charitable Organization Worksheet 2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Charity Name . . . Invisible Disabilities Association
Address . . . . . .
City. . . . . State . . . . ZIP code . .

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet**.**

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	(not needed)		Money	1.27
			Total:	1.27

Prior Year Total:	

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

CARINE A DE LOZIER 560-85-8272

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date / Acquired Date	Donation Description / Donation Type / How Acquired	Donation Cost / How Valued / Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring	2018 Amount
1	(not needed)	1.27	1	[X] Once [ ] Recur	1.27
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No. / Donation Date	Description of Trip / Miles Per Trip / Trips Per Yr / Once or Recurring / Miles Driven / Other Costs / Description of Other Costs / Value of Miles	Total Donation Value
	[ ] Once [ ] Recur	
	[ ] Once [ ] Recur	
	[ ] Once [ ] Recur	

CARINE A DE LOZIER 560-85-8272

Detail of Stock Donations Worksheet

Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

1 Was the **entire interest** given for all property donated to this charity? . . . . . [X] **Yes** [ ] **No**

2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ► [ ] **Yes** [ ] **No**

3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ► [ ] **Yes** [ ] **No**

4 What Type of charitable organization was it? Check one:

[X] **(a)** 50% charity [ ] **(b**) Other than 50% charity

Charitable Organization Worksheet 2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Charity Name . . . Maureen J Meehl bipolar/BPD foundation
Address . . . . . .
City. . . . . State . . . . ZIP code . .

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet**.**

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	(not needed)		Money	0.78
			Total:	0.78

Prior Year Total:	

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

CARINE A DE LOZIER 560-85-8272

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date / Acquired Date	Donation Description / Donation Type / How Acquired	Donation Cost / How Valued / Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring	2018 Amount
1	(not needed)	0.78	1	[X] Once [ ] Recur	0.78
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No. / Donation Date	Description of Trip / Miles Per Trip / Trips Per Yr / Once or Recurring / Miles Driven / Other Costs / Description of Other Costs / Value of Miles	Total Donation Value
	[ ] Once [ ] Recur	
	[ ] Once [ ] Recur	
	[ ] Once [ ] Recur	

CARINE A DE LOZIER 560-85-8272

Detail of Stock Donations Worksheet

Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

1 Was the **entire interest** given for all property donated to this charity? . . . . . [X] **Yes** [ ] **No**

2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ► [ ] **Yes** [ ] **No**

3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ► [ ] **Yes** [ ] **No**

4 What Type of charitable organization was it? Check one:

[X] **(a)** 50% charity [ ] **(b**) Other than 50% charity

Charitable Organization Worksheet 2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Charity Name . . . American Association of Kidney Patients
Address . . . . . .
City. . . . . State . . . . ZIP code . .

Combined Amounts Worksheet

Note: Amounts entered in worksheets below will be summarized in this worksheet**.**

Ref. No.	Date	Donation Description	Donation Type	Donation Amount
1	(not needed)		Money	0.25
			Total:	0.25

Prior Year Total:	

ItsDeductible Item Donations Worksheet

Note: Amounts in this worksheet can only be entered using the interview process.

Ref. No.	Donat. Date	VM*	Item Description	High Value	Qty.	Med. Value	Qty.	Total Value

* VM, Valuation Method. 1 indicates it has been valued by ItsDeductible, 0 indicates you have created a custom valuation item.

CARINE A DE LOZIER 560-85-8272

Other Item Donations Worksheet

Note: Double-click to enter additional information if needed.

Ref. No.	Donated Date / Acquired Date	Donation Description / Donation Type / How Acquired	Donation Cost / How Valued / Donation Value	Donation Allowed

Detail of Money Donations Worksheet

Ref. No.	Donat. Date	Each Don. Amt	Don. Per Yr	Once or Recurring	2018 Amount
1	(not needed)	0.25	1	[X] Once [ ] Recur	0.25
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	
				[ ] Once [ ] Recur	

Detail of Mileage and Transportation Costs Worksheet

Ref. No. / Donation Date	Description of Trip / Miles Per Trip / Trips Per Yr / Once or Recurring / Miles Driven / Other Costs / Description of Other Costs / Value of Miles	Total Donation Value
	[ ] Once [ ] Recur	
	[ ] Once [ ] Recur	
	[ ] Once [ ] Recur	

CARINE A DE LOZIER 560-85-8272

Detail of Stock Donations Worksheet

Ref. No.	Date of Donation	Stock Symbol, # shares	Value on Donation Date	Date Acquired	Stock Original Cost	Donation Value

Charitable Organization Questions

1 Was the **entire interest** given for all property donated to this charity? . . . . . [X] **Yes** [ ] **No**

2 Were **restrictions** attached to the charity's right to use or dispose of any property donated to this charity? . . . . . ► [ ] **Yes** [ ] **No**

3 Did you give to anyone other than this charity the right to income from any of the donated property or to possession of any of the donated property? . . . . . ► [ ] **Yes** [ ] **No**

4 What Type of charitable organization was it? Check one:

[X] **(a)** 50% charity [ ] **(b**) Other than 50% charity

Federal Information Worksheet 2018

► Keep for your records

Part I — Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

Taxpayer:
First name . . . . . CARINE
Middle initial . . . . . A Suffix . . . . .
Last name . . . . . DE LOZIER
Social security no. . . 560-85-8272
Occupation . . . . . DISABLED
Date of birth . . . . . 03/05/1961 (mm/dd/yyyy)
Age as of 1-1-2019 . . 57
Daytime phone . . . . (503)820-8115 Ext
Legally blind . . . . . [ ]
Date of death . . . . .

Spouse:
First name . . . . .
Middle initial . . . . . Suffix . . . . .
Last name . . . . .
Social security no. . .
Occupation . . . . .
Date of birth . . . . . (mm/dd/yyyy)
Age as of 1-1-2019 . .
Daytime phone . . . . Ext
Legally blind . . . . . [ ]
Date of death . . . . .

Dependent of Someone Else:
Can taxpayer be claimed as dependent of another person (such as parent)? . . [ ] Yes [X] No
If yes, **was** taxpayer claimed as dependent on that person's return? . . . . . [ ] Yes [X] No

Dependent of Someone Else:
Can spouse be claimed as dependent of another person (such as parent)? . . [ ] Yes [ ] No
If yes, **was** spouse claimed as dependent on that person's return? . . . . . [ ] Yes [ ] No

Credit for the Elderly or Disabled (Schedule R):
Is the taxpayer retired on total and permanent disability? . . [ ] Yes [X] No

Credit for the Elderly or Disabled (Schedule R):
Is the spouse retired on total and permanent disability? . . [ ] Yes [ ] No

Presidential Election Campaign Fund:
Does the taxpayer want $3 to go to the Presidential Election Campaign Fund? . . [ ] Yes [X] No

Presidential Election Campaign Fund:
Does the spouse want $3 to go to the Presidential Election Campaign Fund? . . [ ] Yes [ ] No

Part II — Address and Federal Filing Status (enter information in this section)

US Address:
Address . . . . . 2716 19th Pl Apt no. . 2
City. . . . . Forest Grove State . . . OR ZIP code . . 97116
Foreign Address: Check this box to use foreign address . . ► [ ]
Address . . . . . Apt no. . .
City. . . . .
Foreign code . . . Foreign country . . .
Foreign province/county Foreign postal code

APO/FPO/DPO address, check if appropriate . . . . . APO [ ] FPO [ ] DPO [ ]

Home phone . . .
Check to print phone number on Form 1040 . . . [ ] Home [X] Taxpayer daytime [ ] Spouse daytime

Federal filing status:
[X] **1** Single
[ ] **2** Married filing jointly
[ ] **3** Married filing separately
Check this box if you **did not** live with your spouse at any time during the year . . . . . ► [ ]
Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help) . . . . . ► [ ]
[ ] **4** Head of household
If the 'qualifying person' is your child but **not** your dependent:
Child's First name MI Last Name Suff
Child's social security number . .
[ ] **5** Qualifying widow(er)
Check the appropriate box for the year your spouse died . . . . . 2016 ► [ ] 2017 ► [ ]
Are you a dependent with a qualifying child . . . . . Yes ► [ ] No ► [ ]
Enter qualifying person's name:
Child's First name MI Last Name Suff
Child's social security number . .

Part III — Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy) Age	Code	**Not** qual for child tax cr	Date of death (mm/dd/yyyy) Qualified child/dep care exps incurred and paid 2018	EIC	Lived with taxpyr in U.S.	**Not** qual credit other dep Educ Tuitn and Fees	* Dep
					[ ]				[ ]	
					[ ]				[ ]	
					[ ]				[ ]	
					[ ]				[ ]	

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV — Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ► ☐ Yes ☐ No
Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2018? ► ☐ Yes ☐ No
If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box (see Help) ► ☐
Check if you are filing head of household **and** your spouse is a nonresident alien **and** you lived with your spouse during the last six months of 2018 ► ☐
Check if you were notified by the IRS that EIC cannot be claimed in 2018 or if you are ineligible to claim the EIC in 2018 for any other reason ► ☐

Part V — Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ► ☒ Yes ☐ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? ► ☐ Yes ☐ No

If you selected either of the options above, fill out the information below:
Name of Financial Institution (optional) ► Pentagon Federal Credit Union
Check the appropriate box ► Checking ☒ Savings ☐
Routing number ► 256078446 Account number ► 7465164023

Enter the following information only if you are requesting direct debit of balance due:
Enter the payment date to withdraw from the account above ►
Balance-due amount from this return ►

Part VI — Additional Information for Your Federal Return

Standard Deduction/Itemized Deductions:
Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ► ☐
Check this box if you are married filing separately and your spouse itemized deductions ► ☐
Check this box to take the standard deduction even if less than itemized deductions ► ☐

Real Estate Professionals:
Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ► ☐ Yes ☐ No

Credit for Qualified Retirement Savings Contributions (Form 8880):
Is the taxpayer a full-time student? ► ☐ Yes ☐ No
Is the spouse a full-time student? ► ☐ Yes ☐ No

American Opportunity and Lifetime Learning Credit, and Tuition and Fees Deduction (Form 8863 and 8917)
For 2018, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ► ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):
Check this box to file Form 1116 even if you're not required to file Form 1116 ► ☐
Resident country ► USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:
Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands
Excludable income from Puerto Rico

Dual Status Alien Return:
Check this box if you are a dual-status alien ► ☐
Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 ► ☐

Third Party Designee:
Caution: Review transferred information for accuracy.
Do you want to allow another person to discuss this return with the IRS? ► ☐ Yes ☐ No
If Yes, complete the following:
Third party designee name ►
Third party designee phone number ►
Personal Identification number (enter any 5 numbers) ►

Part VI — Additional Information for Your Federal Return - Continued

Personal Representative for deceased taxpayers:
Name of personal representative required for E-filed returns when Form 1310 is not filed or it is not the surviving spouse . . . . . ►

Part VII — State Filing Information

Identity Protection PIN:
If the IRS sent the taxpayer an Identity Protection PIN, enter it here . . . . . ►
If the IRS sent the spouse an Identity Protection PIN, enter it here . . . . . ►

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2018 . . . . . ► OR
Check the appropriate box:
Taxpayer is a resident of the state above for the entire year . . . . . ► [ ]
Taxpayer is a resident of the state above for only part of year . . . . . ► [X]
Date the taxpayer established residence in state above . . . . . ► 03/29/2018
In which state (or foreign country) did the taxpayer reside before this change? . . . . . ► KS

Spouse:

Enter the spouse's state of residence as of December 31, 2018 . . . . . ►
Check the appropriate box:
Spouse is a resident of the state above for the entire year . . . . . ► [ ]
Spouse is a resident of the state above for only part of year . . . . . ► [ ]
Date the spouse established residence in state above . . . . . ►
In which state (or foreign country) did the spouse reside before this change? . . . . . ►

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

Check this box if you are in a Registered Domestic Partnership or a civil union . . . . . ► [ ]
If you checked the box on the line above, also check the appropriate box below:
Check if this is your individual federal return you are filing with the IRS . . . . . ► [ ]
Check if this is the joint return created to file joint state tax return (see Help) . . . . . ► [ ]

Use the PIN that you signed last year's tax return with.
Taxpayer's Prior year PIN
Spouse's Prior year PIN

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return
Taxpayer's PIN used to sign the return 43988
Spouse's PIN used to sign the return

Taxpayer:
Drivers license or state ID number A992508
Issued by what state OR
License or ID license . ► ☐ ID . ► ☒ neither . ► ☐ decline . ► ☐

Spouse
Drivers license or state ID number
Issued by what state
License or ID license . ► ☐ ID . ► ☐ neither . ► ☐ decline . ► ☐

Personal Information Worksheet 2018
For the Taxpayer
► Keep for your records

QuickZoom to another copy of Personal Information Worksheet . . . . . ►
QuickZoom to Federal Information Worksheet . . . . . ►

Part I — Taxpayer's Personal Information

First name . . . CARINE Middle initial . A Last name . . DE LOZIER
Suffix . . . . .
Social security no. . . 560-85-8272 Member of U.S. Armed Forces in 2018? . . [ ] Yes [X] No

Date of birth . . . . . 03/05/1961 (mm/dd/yyyy) age as of 1-1-2019 57

Occupation . . . .DISABLED Daytime phone . . . .(503)820-8115 Ext

Marital status . . .Divorced
If widowed, check the appropriate box for the year your spouse died:
After 2018 ►[ ] 2018 . ►[ ] 2017 . ►[ ] 2016 . ►[ ] Before 2016 . ►[ ]

Are you retired on total and permanent disability? (for Schedule R, see Help). . . . . ►[ ] Yes [X] No
Check if this person is legally blind . . . . . ►[ ] Yes [X] No
If deceased, enter the date of death . . . . . ► (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2019 and this is the first year you are filing a tax return? . . . . . ►[ ] Yes [ ] No

Do you want $3 to go to Presidential Election Campaign Fund? . . . . . ►[ ] Yes [X] No

Part II — Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 **Can** someone (such as your parent) claim you as a dependent? . . . . . ►[ ] Yes [X] No
2 If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return? . . . . . ►[ ] Yes [X] No
Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.
3 Were you a full-time student during any part of five months during 2018? . . . . . ►[ ] Yes [ ] No
4 Did your earned income exceed one-half of your support? . . . . . ►[ ] Yes [ ] No
5 Was at least one of your parents alive on December 31, 2018? . . . . . ►[ ] Yes [ ] No

Part III — Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2018 . . . . . OR
Check the appropriate box:
This person is a resident of the state above for the entire year . . . . . [ ]
This person is a resident of the state above for only part of year . . . . . [X]
Date this person established residence in state above . . . . . ►03/29/2018
In which state (or foreign country) did this person reside before this change? . . . . . ►KS

Part IV — Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2018 . . . . . .
Unreimbursed medical expenses paid for qualifying person in 2018 . . . . . .
Employment taxes paid for dependent care providers in 2018 . . . . . .
Full-time student for 5 calendar months during 2018? . . . . . ►[ ] Yes [ ] No
Disabled person who was not physically or mentally capable of self-care? . . . . . ►[ ] Yes [ ] No
This person is a qualifying person for the child and dependent care credit . . . . . ►[ ] Yes [X] No

Part VI — Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. [X] Yes [ ] No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.
Check if covered or exempt (other than short gap) for prior year November . . . . . [X]
Check if covered or exempt (other than short gap) for prior year December . . . . . [X]

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]	[X]

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type	Check Full Year or Months Exempt for Each Type											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Full Year . . . ►											
	Full Year . . . ►											
	Full Year . . . ►											

Healthcare coverage information has been completed for this person. . . . . ☐

Personal Information Worksheet 2018
For the Spouse
► Keep for your records

QuickZoom to another copy of Personal Information Worksheet . . . . . ►
QuickZoom to Federal Information Worksheet . . . . . ►

Part I – Spouse's Personal Information

First name . . . _____ Middle initial . ___ Last name . . _____
Suffix . . . . . _____
Social security no. . . _____ Member of U.S. Armed Forces in 2018? . . ☐ Yes ☐ No

Date of birth . . . . . _____ (mm/dd/yyyy) age as of 1-1-2019 . . . . . ____

Occupation . . . . _____ Daytime phone . . . . _____ Ext _____

Marital status . . . _____
If widowed, check the appropriate box for the year your spouse died:
After 2018 ►☐ 2018 . ►☐ 2017 . ►☐ 2016 . ►☐ Before 2016 . ►☐

Are you retired on total and permanent disability? (for Schedule R, see Help). . . . . ►☐ Yes ☐ No
Check if this person is legally blind . . . . . ►☐ Yes ☐ No
If deceased, enter the date of death . . . . . ► (mm/dd/yyyy) _____

Were you under the age of 16 as of 1-1-2019 and this is the first year you are filing a tax return? . . . . . ►☐ Yes ☐ No

Do you want $3 to go to Presidential Election Campaign Fund? . . . . . ►☐ Yes ☐ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 **Can** someone (such as your parent) claim you as a dependent? . . . . . ►☐ Yes ☐ No
2 If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return? . . . . . ►☐ Yes ☐ No
Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.
3 Were you a full-time student during any part of five months during 2018? . . . . . ►☐ Yes ☐ No
4 Did your earned income exceed one-half of your support? . . . . . ►☐ Yes ☐ No
5 Was at least one of your parents alive on December 31, 2018? . . . . . ►☐ Yes ☐ No

Part III – Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2018 . . . . . ____
Check the appropriate box:
This person is a resident of the state above for the entire year . . . . . ☐
This person is a resident of the state above for only part of year . . . . . ☐
Date this person established residence in state above . . . . . ► _____
In which state (or foreign country) did this person reside before this change? . . . . . ► ____

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2018 . . . . . _____
Unreimbursed medical expenses paid for qualifying person in 2018 . . . . . _____
Employment taxes paid for dependent care providers in 2018 . . . . . _____
Full-time student for 5 calendar months during 2018? . . . . . ►☐ Yes ☐ No
Disabled person who was not physically or mentally capable of self-care? . . . . . ►☐ Yes ☐ No
This person is a qualifying person for the child and dependent care credit . . . . . ►☐ Yes ☒ No

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. ☐ Yes ☒ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.
Check if covered or exempt (other than short gap) for prior year November . . . . . ☐
Check if covered or exempt (other than short gap) for prior year December . . . . . ☐

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒	☒

Enter any Marketplace-granted coverage exemption for this person below:

Exemption Certificate Number	Exemption Start Month	Exemption End Month

Enter any other insurance coverage exemption requested for this person below:

Exemption Type	Check Full Year or Months Exempt for Each Type											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Full Year . . . ►											
	Full Year . . . ►											
	Full Year . . . ►											

Healthcare coverage information has been completed for this person. . . . . ☐

Form 1040 **Forms W-2 & W-2G Summary** **2018**

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C			
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages			
	Unreported tips			
2	Total federal tax withheld			
3 & 7	Total social security wages/tips			
4	Total social security tax withheld			
5	Total Medicare wages and tips			
6	Total Medicare tax withheld			
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan			
g	Income 409A nonqual deferred comp plan			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips			
j	Total other items from box 14			
16	Total state wages and tips			
17	Total state tax withheld			
19	Total local tax withheld			

Healthcare Entry Sheet 2018

► Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes	No/Partial	
X		Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit**.** The 1095-B or the 1095-C can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.
Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

The box at the top, "Everyone on the tax return was covered by health insurance all year" was checked. The covered all 12 months for each individual below will be checked regardless of the information entered on the Personal Information and Dependent Nondependent Information worksheets.

	a. Name of covered individual(s) **b.** SSN **c.** DOB	Covered all 12 months	*Short Gap Eligible** Yes No	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1	CARINE DE LOZIER 560-85-8272 03/05/61	X	*Short gap:*				*Yes*		*No*							T
2			*Short gap:*				*Yes*		*No*							
3			*Short gap:*				*Yes*		*No*							
4			*Short gap:*				*Yes*		*No*							
5			*Short gap:*				*Yes*		*No*							
6			*Short gap:*				*Yes*		*No*							

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. . . . . ►

Completion checkbox:

X Check this box once you are finished with all the healthcare related entries.

Form 1099-R Summary 2018

► Keep for your records

Name(s) Shown on Return	Social Security No.
CARINE A DE LOZIER	560-85-8272

			Taxpayer	Spouse
Traditional IRA Distributions				
Gross	**1**	Total gross distributions from box 1 of Form 1099-R		
	a	Less: Amounts rolled over		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited IRA amount		
	d	Less: Return of contributions		
	e	Less: Qualified charitable distributions		
	f	Less: HSA funding distributions		
	2	Balance of gross traditional IRA distributions		
	a	Gross distribution transferred to Form 8915B, 3(a)		
	b	Qualified disaster distributions		
	c	Less: Amount rolled over		
	d	Gross distribution transferred to Form 8915B, 3(b)		
	e	Less: Amount rolled over		
	3	Amount of line 2 converted to a Roth IRA		
	4	Net amount of line 2 converted to a Roth IRA		
	5	Amount of line 2 not converted to a Roth IRA		
Taxable	**6**	Earnings on return of contributions		
	7	Taxable amount of inherited IRAs on line 1c		
	8	Taxable amount not converted to Roth IRA		
	9	Taxable amount of Roth IRA conversions		
	10	Taxable amount included on Form 1040, line 4b		
	11	If checked, taxable amount calculated on Form 8606	☐	☐
Roth IRA Distributions				
Gross	**12**	Total gross distributions from box 1 of Form 1099-R		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
	d	Less: Return of contributions		
	e	Qualified disaster distribution		
	13	Roth IRA distributions subject to distribution rules		
Qualified	**14**	Total gross qualified distributions		
	a	Less: Rollover to another Roth IRA		
	b	Less: Inherited and treat as own		
	c	Less: Other inherited Roth IRA amount		
	15	Qualified distributions subject to distribution rules		
Taxable	**16**	Net nonqualified distributions for Form 8606		
	17	Earnings on return of contributions		
	18	Taxable amount of inherited Roth IRAs on line 12c		
	19	Taxable earnings on nonqualified distributions		
	20	Taxable amount included on Form 1040, line 4b		
IRA Qualified Disaster Distributions From Form 8915A and 8915B				
Taxable	**20 a**	Qualified distributions on Form 1040, line 4b	0.	
Recharacterizations *(See Help)*				
Gross	**21 a**	2018 form code N (included on Form 1040, line 4a)		
	21 b	2019 form code R (not included on 1040, line 4a)		

CARINE A DE LOZIER 560-85-8272

Pensions and Annuities			**Taxpayer**	**Spouse**
Gross	**22**	Total gross distributions from box 1 of Form 1099-R	6,841.	
	a	Less: Lump sum transferred to Form 4972		
	b	Less: Amount not reported on Form 1040, line 4		
	c	Designated Roth distribution allocated to an IRR		
	23	Amount of line 22 converted to a Roth IRA		
	24	Distributions from Canada RRP Wks, line 7a		
	25	Gross distribution transferred to Form 1040, line 4a	6,841.	
	a	Less: Amount rolled over		
	b	Amount attributable to an in-plan Roth rollover		
	c	Gross distribution transferred to Form 8915B, 2(a)		
	d	Qualified disaster distribution		
	e	Less: Amount rolled over		
	f	Gross distribution transferred to Form 8915B, 2(b)		
Taxable	**26**	Taxable amount in box 2a, Form 1099-R	5,503.	
	a	Taxable amount rolled over		
	b	Non-taxable amount rolled over		
	c	Designated Roth contribution basis rolled to Roth IRA		
	d	Insurance premiums for retired public safety officers		
	e	Qualified disaster amount to Form 8915B		
	27	Lump sum amount transferred to Form 4972		
	28	Amount transferred to Form 1040, line 1		
	a	Disability before minimum retirement age		
	b	Return of contributions		
	c	Insurance premiums for retired public safety officers		
	29	Nontaxable amount from Simplified Method		
	30	Capital gains from charitable gift annuities		
	a	Capital gain subject to the 28% rate		
	b	Unrecaptured section 1250 gain		
	31	Taxable amount of Roth IRA conversions		
	a	Taxable amount of in-plan Roth rollovers		
	32 a	Taxable amount of distributions	5,503.	
	b	Taxable distributions from Canada RRP Wks, line 7b		
	c	Taxable disaster distributions from Form 8915B	0.	
	d	Taxable amount transferred to Form 1040, line 4b	5,503.	
Section 1035 Tax-free Exchange				
Pensions	**33**	Total gross distributions from box 1 of Form 1099-R		
IRAs	**34**	Total gross distributions from box 1 of Form 1099-R		
Distributions on 2018 1099-Rs Not Reported on the 2018 Return				
Code P	**35**	Distribution reported on 2017 tax return		
Code R	**36**	Recharacterizations of prior year contributions or conversions. Need not be reported on tax return.		
Tax Withholding				
Box 4	**37**	Total federal tax withheld	181.	
Box 10	**38**	Total state tax withheld		
Box 13	**39**	Total local tax withheld		
Nontaxable Distributions for Sales Tax Deduction				
	40	Nontaxable IRA distributions	0.	
	41	Nontaxable pension distributions	1,338.	
Health Insurance Premiums				
	42	Health insurance deductible on Schedule A		
Taxable Distributions included in Net Investment Income				
	43	Annuity payments and other distributions that may be subject to the net investment income tax		

Form **1099-R** **Distributions from Pensions, IRAs, etc** **2018**

► Keep for your records

Name: CARINE A DE LOZIER

Social Security Number: 560-85-8272

Source Form : 1099-R . ► [X] CSA-1099-R . ► [ ] CSF-1099-R . ► [ ] RRB-1099-R . ► [ ]

If Spouse's 1099-R, check this box . ► [ ]
Do not transfer this 1099-R to next year [ ]

Corrected [ ]

This section is for RRB-1099-R use only

Payer's name, street address, city, state, and ZIP code.
SAN DIEGO COUNTY EMPLOYEES RETIREMENT ASSOCIATION
2275 RIO BONITO WAY STE 100
SAN DIEGO CA 92108-1685
Payer's foreign province | Payer's foreign postal code
Payer's country | Payer's Phone No.

Payer's Federal identification number: 95-6099342

Recipient's identification number: 560-85-8272

Check to transfer Recipient's information from Federal Information Worksheet . . . . . [X]

Recipient's name: CARINE A DE LOZIER
Street address (including apartment number): 2716 19th Pl, Apt. 2
City: Forest Grove State: OR ZIP code: 97116
Foreign Province | Foreign Postal Code
Foreign Country

10 Amount allocable to IRR within 5 years $

FATCA filing requirement . . . . . ► [ ]
Special use code for first state (See Help) . . . . . ►
Special use code for second state (See Help) . . . . ►

Account number

Date of payment

1 Gross distribution	$ 6,841.44	
2a Taxable amount (See Help)	$ 5,503.44	
2b Taxable amount not determined ► [ ] Total distribution ► [ ]		
3 Capital gain (included in box 2a)	$	**4** Federal income tax withheld $ 180.75
5 Employee contributions /Designated Roth contributns or insurance premiums	$ 9.12	**6** Net unrealized appreciation in employer securities $
7 Distribn code(s) 1st code 2 2nd code	IRA/SEP/ SIMPLE [ ]	**8** Other $ %
9a Your percentage of total distribution %		**9b** Total employee contributions $
11 1st year of desig. Roth contrib.		

12 State tax withheld $	**13** Payer's State / state no. /	**14** State distribution $ $
I confirm that the state withholding identification number(s) are accurate . . . . . [ ]		
15 Local tax withheld $ $	**16** Name of locality	**17** Local distribution $ $

- Check if NOT from a qualified retirement plan or IRA (*see Help*) ► [ ]
- If box 7 code is **J or T**, check if a **qualified** distribution (*see Help*) ► [ ]
- If box 7 code is **J**, enter amount used for first time home purchase
- If box 7 code is 2 or 5, check if this distribution is from a Roth IRA (See Help) ► [ ]

Inherited IRA If this distribution is from an inherited IRA, indicate the distribution is from the IRA of

- Treat as recipient's own (this is treated as a rollover) . . . . . ► [ ]
- Recipient, but was originally inherited from a spouse (treated as recipient's IRA) . . . . ► [ ]
- Spouse and not treat as recipient's own (taxable amount must be in box 2a) . . . . . ► [ ]
- Someone other than a spouse (taxable amount must be in box 2a) . . . . . ► [ ]
- From a traditional IRA . . . . . ► [ ]
- From a Roth IRA . . . . . ► [ ]
- From a SIMPLE plan (first two years of participation only) . . . . . ► [ ]
- From a SIMPLE plan (more than two years of participation) . . . . . ► [ ]
- From a SEP IRA . . . . . ► [ ]
- None . . . . . ► [ ]
- Subject to the penalty of early withdrawal . . . . . ► [ ]
- Not subject to the penalty of early withdrawal . . . . . ► [ ]

▶ **Insurance**	▶ Amount of insurance premiums deductible on Schedule A	
	▶ Amount of health savings account (HSA) funding distributions	
	▶ Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution	
▶ **Qualified Charitable Distribution**	Enter IRA distributions made directly by the trustee to a qualified charitable organization	
▶ **RMD**	If this is a distribution from a **traditional IRA** or **qualified retirement plan**, and if this is a **Required Minimum Distribution** (RMD) (See Help), Entire gross is RMD . ► ☐ **or** the amount of gross distbn that is the RMD . .	

Wages, Salaries, & Tips Worksheet 2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

		Taxpayer	Spouse	Total
1	Wages, from Form W-2			
2	Miscellaneous income, from Form 8919			
3	Items from Form 1099-R:			
a	Disability before minimum retirement age			
b	Return of contributions			
4	Excess reimbursement, from Form 2106			
5 a	Taxable tips, from Form 4137			
b	Noncash tips			
6	Excess moving expense reimbursement, from Form 3903			
7	Wages earned as a household employee (if less than $2,100 and without a Form W-2)			
8	Items not on Form W-2 or Form 1099-R:			
a	Sick pay or disability payments			
b	Total foreign source income			
c	Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction ►	☐	☐	
d	Ordinary income from employer stock transactions not reported on Form W-2			
9	Other earned income:			
a	Non-gov unemployment received/repaid 2018			
b				
10	**Subtotal. Add lines 1 through 9**			
11	Taxable employer-provided dependent care benefits, from Form 2441			
12	Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13	Scholarship/fellowship income not on Form W-2			
14	Other non-earned income:			
15	**Total of lines 10 through 14**			

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

► Keep for your records

2018

Name(s) Shown on Return: CARINE A DE LOZIER

Social Security Number: 560-85-8272

			Regular Tax	Alternative Minimum Tax
	If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.			
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the **smaller** of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	**1**		
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	**2**		
3	Subtract line 2 from line 1	**3**		
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	**4**		
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	**5**		
6	Add lines 3 through 5	**6**		
7	Enter the **smaller** of line 6 or the gain from Form 4797, line 7	**7**		
8	Enter the amount, if any, from Form 4797, line 8	**8**		
9	Subtract line 8 from line 7. If zero or less, enter -0-	**9**		
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain	**10**		
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund			
	a On Form 1099-DIV (Regular / AMT)			
	b On Form 2439 (Regular / AMT)			
	c On Schedule(s) K-1 (Regular / AMT)			
	d On Form 1099-R (Regular / AMT)			
	e From Form 8814 (Regular / AMT)			
	f Other (Regular / AMT)			
	Total	**11**		
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	**12**		
13	Add lines 9 through 12	**13**		
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the **28% Rate Gain Worksheet**. Otherwise, enter -0-	**14**	0.	0.
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	**15**	0.	0.
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	**16**		
a	Enter your capital gain excess, if you are filing Form 2555	**a**		0.
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	**17**	0.	0.
18	**Unrecaptured section 1250 gain.** Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19	**18**		

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

2018

Name(s) Shown on Return: CARINE A DE LOZIER

Social Security Number: 560-85-8272

			Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II	**1**		
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.			

	50 % Exclusion	60 % Exclusion	75% Exclusion
a Schedule D			
b Form 8814			
c Schedule B			
d Form 6252			
e Form 2439			
f Other			

	Total	**2**		
3	Enter the total of all collectibles gain or (loss) from:			

	Regular	AMT
a Form 4684, line 4 (but only if line 15 is more than zero)		
b Form 6252		
c Form 6781, Part II		
d Form 8824		

	Total	**3**		
4	Enter the total of any collectibles gain reported to you on:			

	Regular	AMT
a Form 1099-DIV, box 2d		
b Form 2439, box 1d		
c Schedule K-1 from a partnership, S corporation, estate, or trust		
d Disposition of interest in partnership or S corporation		
e Other		

	Total	**4**		
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	**5**		
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-	**6**		
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18	**7**		
8	Enter the amount of any capital gain excess	**8**		0.
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a	**9**	0.	0.

Form 1040
Line 11a

Schedule D Tax Worksheet

► Keep for your records

2018

Name(s) Shown on Return: CARINE A DE LOZIER

Social Security Number: 560-85-8272

1	a	Enter your taxable income from Form 1040, line 10			1a	0.	
	b	Enter the amount from your (and your spouse's) Form 2555, lines 45 and 50			b		
	c	Add lines 1a and 1b					1c 0.
2	a	Enter your qualified dividends from Form 1040, line 3a	2a	13.			
	b	Enter any capital gain excess attributable to qualified dividends	b				
	c	Subtract line 2b from line 2a			2c	13.	
3		Amount from Form 4952, line 4g	3				
4	a	Amount from Form 4952, line 4e	4a				
	b	Amount from the dotted line next to Form 4952, line 4e	b				
	c	Line 4b, if applicable, 4a, if not	c				
5		Subtract line 4c from line 3			5	0.	
6		Subtract line 5 from line 2c. If zero or less, enter -0-			6	13.	
7	a	Enter line 15 of Schedule D	7a	59.			
	b	Enter line 16 of Schedule D	b	59.			
	c	Enter the **smaller** of line 7a or line 7b			7c	59.	
8		Enter the **smaller** of line 3 or line 4c			8		
9	a	Subtract line 8 from line 7			9a	59.	
	b	Enter any capital gain excess attributable to capital gains			b		
	c	Subtract line 9b from line 9a			9c	59.	
10		Add lines 6 and 9c				10	72.
11	a	Enter the amount from Schedule D, line 18	11a	0.			
	b	Enter the amount from Schedule D, line 19	b				
	c	Add lines 11a and 11b			11c	0.	
12		Enter the **smaller** of line 9c or line 11c				12	0.
13		Subtract line 12 from line 10					13 72.
14		Subtract line 13 from line 1c. If zero or less, enter -0-					14 0.
15		Enter: • $38,600 if single or married filing separately; • $77,200 if married filing jointly or qualifying widow(er); or • $51,700 if head of household.			15	38,600.	
16		Enter the **smaller** of line 1c or line 15				16	0.
17		Enter the **smaller** of line 14 or line 16			17	0.	
18	a	Subtr ln 10 from ln 1c. If zero or less, enter -0-	18a	0.			
	b	Enter the **smaller** of line 1c or $157,500 ($315,000 if married filing jointly or qualifying widow(er))	b	0.			
	c	Enter the **smaller** of line 14 or line 18b	c	0.			
19		Enter the **larger** of line 18a or line 18c				19	0.
20		Subtract line 17 from line 16. This amount is taxed at **0%**				20	0.
		If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.					
21		Enter the **smaller** of line 1c or line 13			21		
22		Enter the amount from line 20 (if line 20 is blank, enter -0-)			22		
23		Subtract line 22 from line 21. If zero or less, enter -0-				23	
24		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.				24	
25		Enter the smaller of line 1c or line 24				25	
26		Add lines 19 and 20				26	
27		Subtract line 26 from line 25. If zero or less, enter -0-				27	
28		Enter the **smaller** of line 23 or line 27				28	
29		Multiply line 28 by **15%** (0.15)					29
30		Add lines 22 and 28				30	
31		Subtract line 30 from line 21				31	
32		Multiply line 31 by **20%** (0.20)					32
		If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.					
33		Enter the **smaller** of line 9c above or Schedule D, line 19			33		
34		Add lines 10 and 19			34		
35		Enter the amount from line 1c above			35		

36	Subtract line 35 from line 34. If zero or less, enter -0-	**36**		
37	Subtract line 36 from line 33. If zero or less, enter -0-	**37**		
38	Multiply line 37 by **25%** (0.25)		**38**	
	If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39.			
39	Add lines 19, 20, 28, 31, and 37	**39**		
40	Subtract line 39 from line 1c	**40**		
41	Multiply line 40 by **28%** (0.28)		**41**	
42	Figure the tax on the amount on **line 19**. If the amount on line 19 is less than $100,000, use the Tax Table to figure this tax. If the amount on line 19 is $100,000 or more, use the Tax Computation Worksheet		**42**	
43	Add lines 29, 32, 38, 41, and 42		**43**	0.
44	Figure the tax on the amount on **line 1c**. If the amount on line 1c is less than $100,000, use the Tax Table to figure this tax. If the amount on line 1c is $100,000 or more, use the Tax Computation Worksheet		**44**	
45	**Tax on all taxable income (including capital gains and qualified dividends).** Enter the **smaller** of line 43 or line 44. Also include this amount on Form 1040, line 11a		**45**	

Form 1040 Line 11a **Qualified Dividends and Capital Gain Tax Worksheet** **2018**

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

1	Enter the amount from Form 1040, line 10	**1**	0.	
2	Enter the amount from Form 1040, line 3a	**2** 13.		
3	Are you filing Schedule D? ☐ **Yes**. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	**3** 59.		
	☒ **No**. Enter the amount from Schedule 1, line 13.			
4	Add lines 2 and 3	**4** 72.		
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**	72.	
7	Subtract line 6 from line 1. If zero or less, enter -0-	**7**	0.	
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.	**8**	38,600.	
9	Enter the smaller of line 1 or line 8	**9**	0.	
10	Enter the smaller of line 7 or line 9	**10**	0.	
11	Subtract line 10 from line 9 (this amount taxed at 0%)	**11**	0.	
12	Enter the smaller of line 1 or line 6	**12**	0.	
13	Enter the amount from line 11	**13**	0.	
14	Subtract line 13 from line 12	**14**	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.	**15**	425,800.	
16	Enter the smaller of line 1 or line 15	**16**	0.	
17	Add lines 7 and 11	**17**	0.	
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**	0.	
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**		0.
25	Add lines 20, 23, and 24	**25**		0.
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 this tax. If the amount on line 1 is $100,000 or more, use the Tax Computation Worksheet	**26**		0.
27	**Tax on all taxable income.** Enter the **smaller** of line 25 or line 26 here and on Form 1040, line 11a.	**27**		0.

Form 1040
Line 5

Social Security Benefits Worksheet

► Keep for your records

2018

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Social Security/Railroad Retirement benefits received in 2017 . . . . . ► [X]

		Taxpayer	Spouse
A	**Total** net benefits from Box 5 of **all SSA-1099** forms	15,468.	
B	**Total** federal tax withheld from box 6 of **all SSA-1099** forms	966.	
C	**Total** Medicare B premiums withheld from **all SSA-1099** forms	1,608.	
D	**Total** Medicare C premiums withheld from **all SSA-1099** forms		
E	**Total** Medicare D premiums withheld from **all SSA-1099** forms	66.	
	Note: If self-employed, Medicare premiums are deductible as Self-Employed Health Insurance. If self-employed, enter premiums on the business activity form (Schedule C, F, etc), not on Lines C, D and E above.		
F	**Total** net benefits from Box 5 of **all RRB-1099** forms		
G	**Total** federal tax withheld from box 10 of **all RRB-1099** forms		
H	**Total** Medicare premiums from Box 11 of **all RRB-1099** forms		

1	Add amounts from line A and line F above. Also enter this amount on Form 1040, line 5a	**1**	15,468.
2	Enter one-half of line 1	**2**	7,734.
3	Add the amounts on Form 1040, lines 1 (before adoption benefits exclusion), 2a (before U.S. savings bond interest exclusion), 2b, 3b, 4b, and Schedule 1, line 22 Also include certain income of bona fide residents of American Samoa or Puerto Rico.	**3**	5,575.
4	Enter the total of any exclusions/adjustments for: • Foreign earned income or housing exclusion	**4**	
5	Add lines 2, 3, and 4	**5**	13,309.
6	Amount from Schedule 1, lines 23 through 32, plus any write-in amounts on line 36 (other than foreign housing deduction)	**6**	
7	Subtract line 6 from line 5	**7**	13,309.
8	Enter $25,000 ($32,000 if married filing jointly; $0 if married filing separately and you lived with your spouse at any time in 2018)	**8**	25,000.
9	Subtract line 8 from line 7. If zero or less, enter -0-	**9**	0.
	If line 9 is zero or less, stop here; none of your social security benefits are taxable. Enter -0- on Form 1040, line 5b. If you are married filing separately and you **lived apart** from your spouse for all of 2018, enter 'D' to the right of the word 'benefits' on line 5a. **If line 9 is more than zero,** go to line 10.		
10	Enter $9,000 ($12,000 if married filing jointly; $0 if married filing separately and you lived with your spouse at any time in 2018)	**10**	
11	Subtract line 10 from line 9. If zero or less, enter -0-	**11**	
12	Enter the **smaller** of line 9 or line 10	**12**	
13	Enter one-half of line 12	**13**	
14	Enter the **smaller** of line 2 or line 13	**14**	
15	Multiply line 11 by 85% (.85). If line 11 is zero, enter -0-	**15**	
16	Add lines 14 and 15	**16**	
17	Multiply line 1 by 85% (.85)	**17**	
18	Taxable social security benefits. Enter the **smaller** of line 16 or line 17 If prior year lump-sum benefits were received, go to line 19, otherwise, skip line 19 and enter the amount from line 18 on line 20.	**18**	
19	Taxable benefits **with** lump sum election. Enter the amount from line 20 of the Lump-Sum Social Security Worksheet	**19**	
20	**Taxable Social Security benefits.** Enter the **smaller** of line 18 or line 19 Also enter this amount on Form 1040, line 5b	**20**	

Schedule A
Line 1

Medical Expenses Worksheet

► Keep for your records

2018

Name(s) Shown on Return: CARINE A DE LOZIER

Social Security Number: 560-85-8272

1	Prescription medications			**1**	232.
2	**Health insurance premiums:**				
a	Premiums other than self-employed health insurance **or** reported on a 1095-A			**2 a**	
b	From Form(s) 1095-A - net of adjustments			**b**	
	Taxpayer's portion of 1095-A premiums (total less spouse)				
	Spouse's portion of 1095-A premiums, enter the amount for the spouse, the remaining goes to the taxpayer				
c	Medicare premiums			**c**	1,674.
d	From Form(s) 1099-R			**d**	
	NOTE: If LTC premiums are associated with a specific business activity, enter them directly on the applicable Self-Employed Health and Long-Term Care Insurance Deduction Worksheet, **not** on lines 2e - 2j below.				
e	Taxpayer's gross long-term care premiums	**2 e**			
f	Taxpayer's allowable long-term care premiums	**f**			
g	Spouse's gross long-term care premiums	**g**			
h	Spouse's allowable long-term care premiums	**h**			
i	Dep or child under 27 gross long-term care premiums	**i**			
j	Dep or child under 27 allowable long-term care prem.	**j**			
k	Total allowable long-term care premiums, sum of lines 2f, 2h, and 2j			**k**	
l	Taxpayer's long-term care premiums not deducted as an adjustment to income			**l**	
m	Spouse's long-term care premiums not deducted as an adjustment to income			**m**	
n	Dependent's long-term care premiums not deducted as an adj to income			**n**	
o	Other self-employed health insurance not deducted as an adj to income			**o**	
3	Fees for doctors, dentists, etc			**3**	1,189.
4	Fees for hospitals, clinics, etc			**4**	
5	Lab and x-ray fees			**5**	115.
6	Expenses for qualified long-term care			**6**	
7	Eyeglasses and contact lenses			**7**	574.
8	Medical equipment and supplies			**8**	
9	Medical transportation expenses:				
a	Medical miles driven	**9 a**			
b	Multiply the number of miles on line 9a by 18 cents per mile	**b**			
c	Other medical transportation costs not included above for example: ambulance fees	**c**	254.		
d	Total medical transportation expenses (add lines 9b and 9c)			**9 d**	254.
10	Lodging for medical purposes (up to $50 per night per person)			**10**	
11	Other medical and dental expenses:				
a				**11 a**	
b				**b**	
c				**c**	
d				**d**	
e				**e**	
f				**f**	
g				**g**	
h				**h**	
i				**i**	
j				**j**	
12	Total of medical and dental expenses (add lines 1 through 11j)			**12**	4,038.
13 a	Less: insurance reimbursement for any expenses listed			**13 a**	
b	Less: medical savings account (MSA) or health savings account (HSA) distributions			**b**	
14	**Total deductible medical and dental expenses.** Subtract lines 13a plus 13b from line 12 (to Schedule A, line 1)			**14**	4,038.

Tax Payments Worksheet 2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Estimated Tax Payments for 2018 (If more than 4 payments for any state or locality, see Tax Help)

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/17/18		04/17/18			04/17/18		
2	06/15/18		06/15/18			06/15/18		
3	09/17/18		09/17/18			09/17/18		
4	01/15/19		01/15/19			01/15/19		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)	Federal	State	ID	Local	ID
6 Overpayments applied to 2018					
7 Credited by estates and trusts					
8 **Totals** Lines 1 through 7					
9 2018 extensions					

Taxes Withheld From:	Federal	State	Local
10 Forms W-2			
11 Forms W-2G			
12 Forms 1099-R	181.		
13 Forms 1099-MISC, 1099-K and 1099-G			
14 Schedules K-1			
15 Forms 1099-INT, DIV and OID			
16 Social Security and Railroad Benefits	966.		
17 Form 1099-B . . . . . St ___ Loc ___			
18 a Other withholding . . . . St ___ Loc ___			
b Other withholding . . . . St ___ Loc ___			
c Other withholding . . . . St ___ Loc ___			
d Positive Adjustment . . . St ___ Loc ___			
e Negative Adjustment . . St ___ Loc ___			
f Additional Medicare Tax			
19 **Total Withholding** Lines 10 through 18f	1,147.		
20 **Total Tax Payments for 2018**	1,147.		

Prior Year Taxes Paid In 2018 (If multiple states or localities, see Tax Help)	State	ID	Local	ID
21 Tax paid with 2017 extensions				
22 2017 estimated tax paid after 12/31/2017				
23 Balance due paid with 2017 return				
24 Other (amended returns, installment payments, etc) . .				

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

► Keep for your records

2018

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	5,575.
(2) Nontaxable income entered elsewhere on return	16,806.
(3) Available income: 2017 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	
(5) Total available income	22,381.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).
Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:
Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items)

h State and Local Income Taxes:

State and Local Income taxes

i State and Local Tax Deduction to Schedule A, line 5a:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a)

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes [ ] Sales Taxes [ ] Greater amount [X]

2 State and local real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

b Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .

c Real estate taxes paid on additional homes or land . . . . . .

Personal portion of real estate taxes from Schedule E Worksheet for:

d Principal residence . . . . . .

e Vacation home . . . . . .

f Less real estate taxes deducted on Form 8829 . . . . . .

g Foreign real propety taxes included in lines 2a-2f above . . . . . .

h Add lines 2a through 2f, less line 2g (to Schedule A, line 5b) . . . . . .

3 State and local personal property taxes:

a Auto registration fees based on the value of the vehicle.

2017 Amount | Enter 2018 description:

b Non-business portion of personal property taxes from Car & Truck Exp Wks . . . . . .

c Other personal property taxes . . . . . .

d Add lines 3a through 3c (to Schedule A, line 5c) . . . . . .

4 Other taxes:

a Other taxes from Schedule(s) K-1 . . . . . .

b Foreign taxes from interest and dividends . . . . . .

c Foreign taxes from Schedule(s) K-1 . . . . . .

d Other foreign taxes (not used to claim a foreign tax credit) . . . . . .

e Other taxes.

2017 Amount | Enter 2018 description:

f Foreign real propety taxes included in lines 4a-4e above . . . . . .

g Add lines 4a through 4e, less line 4f (to Schedule A, line 6) . . . . . .

Interest Deductions

5 Home mortgage interest and points reported on Form 1098:

a Mortgage interest and points from the Home Mortgage Interest Worksheet . . . . . .

b Qualified mortgage interest from Schedule E Worksheet . . . . . .

c Less home mortgage interest/points deducted on Form 8829 . . . . . .

d Less home mortgage interest from Form 8396, line 3 . . . . . .

e Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above . . . . . .

6 Home mortgage interest not reported on Form 1098:

a Mortgage interest from the Home Mortgage Interest Worksheet . . . . . .

b Less home mortgage interest deducted on Form 8829 . . . . . .

c Add lines 6a and 6b (to Sch A, line 8b) or line B2 from above . . . . . .

7 Points not reported on Form 1098:

a Amortizable points from the Home Mortgage Interest Worksheet . . . . . .

b Other points not on Form 1098 from the Home Mortgage Interest Worksheet . . . . . .

c Less points deducted on Form 8829 . . . . . .

d Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above . . . . . .

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

State and Local Income Taxes

	State income taxes:		
1	State income tax withheld	**1**	
2	2018 state estimated taxes paid in 2018	**2**	
3	2017 state estimated taxes paid in 2018	**3**	
4	Amount paid with 2017 state application for extension	**4**	
5	Amount paid with 2017 state income tax return	**5**	
6	Overpayment on 2017 state income tax return applied to 2018 tax	**6**	
7	Other amounts paid in 2018 (amended returns, installment payments, etc.)	**7**	
8	State estimated tax from Schedule(s) K-1 (Form 1041)	**8**	
	Local income taxes:		
9	Local income tax withheld	**9**	
10	2018 local estimated taxes paid in 2018	**10**	
11	2017 local estimated taxes paid in 2018	**11**	
12	Amount paid with 2017 local application for extension	**12**	
13	Amount paid with 2017 local income tax return	**13**	
14	Overpayment on 2017 local income tax return applied to 2018 tax	**14**	
15	Other amounts paid in 2018 (amended returns, installment payments, etc.)	**15**	
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	**16**	
	Other:		
17		**17**	
18	**Total** Add lines 1 through 17	**18**	
19	State and local refund allocated to 2018	**19**	
20	Nondeductible state income tax from line 28	**20**	
21	**Total reductions** Add lines 19 and 20.	**21**	
22	**Total state and local income tax deduction** Line 18 less line 21	**22**	

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance	**23**	
24	Adjusted gross income	**24**	
25	Add lines 23 and 24	**25**	
26	Nondeductible percent. Line 23 divided by line 25	**26**	%
27	Hawaii state income tax included in line 18	**27**	
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	**28**	

Schedule A
Line 16

Cash Contributions Worksheet

► Keep for your records

2018

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Cash Contributions

	Name of Charitable Organization **Note:** Summarized from the Charitable Organization Worksheet**.** Enter amounts on the Charitable Organization Worksheet.	Type	2018 Amount
1a	AJ's Wheels and Wishes	A	23.17
	Epilepsy Foundation	A	0.45
	Make-A-Wish Foundation of America	A	1.23
	Children's Music Fund	A	0.20
	Katelyn's Cause	A	9.60
	Migraine Research Foundation	A	0.19
	Healing Improv	A	1.16
	Obsessive Compulsive Foundation of Western PA	A	0.82
	A Well-Fed World	A	2.98
	Invisible Disabilities Association	A	1.27
	Maureen J Meehl bipolar/BPD foundation	A	0.78
	American Association of Kidney Patients	A	0.25

1b	From Schedule A — Cash contributions for qualified disaster relief allowed against 100% of AGI	**1b**			
2	From Schedule K-1 — Partnerships and S Corporations	**2**			
3	From Form(s) W-2, Box 14	**3**			
4	Miles driven:				
a	To perform charitable service	**4a**			
b	From Detail of Mileage and Transportation Costs Worksheet above	**4b**			
c	Add lines 4a and 4b	**4c**			
d	Multiply line 4c by 14 cents per mile			**4d**	
5	Parking fees, tolls, and local transportation				
a	To perform charitable service	**5a**			
b	From Charitable Org. Wks	**5b**			
c	Add lines 5a and 5b.			**5c**	
6	Add lines 1 thru 5 and enter here (to Schedule A, line 16)			**6**	42.10

Charitable Deduction Limits Worksheet For Current Year Contributions

2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Step 1. List your qualified charitable contributions made during the year.

1	Enter contributions for relief efforts in the California wildfire disaster areas that you elect to treat as qualified contributions. Do not include this amount on line 2 below	

Step 2. List your other charitable contributions made during the year.

2	Enter your cash contributions to 50% (60%) limit organizations. Do not include contributions entered on line 1	41.
3	Enter your non-cash contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value	
4	Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value	
5	Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations	
6	Enter your contributions "for the use" of any qualified organization	
7	Add lines 5 and 6	
8	Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1, 2 or 3)	

Step 3. Figure your deduction for the year and your carryover to the next year.

9	Enter your adjusted gross income	5,575.
10 a	Multiply line 9 by 0.5. This is your 50% limit.	2,788.
b	Multiply line 9 by 0.6. This is your 60% limit.	3,345.

		Limits				Deduct this year	Carryover to next year
		Cash and Other		Capital gain			
		50% Org	Other	50% Org	Other		
	Cash Contributions to 50%(60%) limit organizations						
11	Enter the smaller of line 2 or line 10b					41.	
12	Subtract line 11 from line 2						0.
13	Subtract line 11 from line 10b			3,304.			
	Contributions to 50% limit organizations						
14	Subtract line 2 from line 10a		2,747.				
15	Enter the smallest of line 3, 10a or 14					0.	
16	Subtract line 15 from line 3						0.
17	Subtract line 16 from line 15			2,747.			
	Contributions not to 50% limit organizations						
18	Add lines 2, 3 and 4		41.				
19	Multiply line 9 by 0.3. This is your 30% limit.		1,673.	1,673.			
20	Subtract line 18 from line 10a		2,747.				
21	Enter the smallest of line 7, 19, or 20					0.	
22	Subtract line 21 from line 7						0.
23	Subtract line 21 from line 19				1,673.		
	Capital gain property to 50% limit organizations						
24	Enter the smallest of line 4, 17, or 19					0.	
25	Subtract line 24 from line 4						0.
26	Subtract line 21 from line 20				2,747.		
27	Subtract line 24 from line 19				1,673.		
	Capital gain property not to 50% limit organizations						
28	Multiply line 9 by 0.2. This is your 20% limit.				1,115.		
29	Enter the smaller of line 8, 23, 26, 27, or 28					0.	
30	Subtract line 29 from line 8						0.
31	Add lines 11, 15, 21, 24, and 29. Amount for Schedule A, Line 14					41.	

32	Subtract line 31 from line 9	5,534.					
33	Enter the smaller of line 1 or line 32 here on Schedule A, line 14.					0.	
34	Subtract line 33 from line 1						0.
35	Add lines 12, 16, 22, 25, 30 and 34. Carry to next year.						0.

Charitable Deduction Limits Worksheet For Carryover Contributions

2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Step 1. List your qualified charitable contributions made during the year.

1	Enter contributions for relief efforts in the California wildfire disaster areas that you elect to treat as qualified contributions. Do not include this amount on line 2 below	

Step 2. List your other charitable contributions made during the year.

2	Enter your cash contributions to 50% (60%) limit organizations. Do not include contributions entered on line 1	
3	Enter your non-cash contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value	
4	Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value	
5	Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations	
6	Enter your contributions "for the use" of any qualified organization	
7	Add lines 5 and 6	
8	Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1, 2 or 3)	

Step 3. Figure your deduction for the year and your carryover to the next year.

9	Enter your adjusted gross income			5,575.
10 a	Multiply line 9 by 0.5. This is your 50% limit.	2,788.	less 41.	2,747.
b	Multiply line 9 by 0.6. This is your 60% limit.	3,345.	less 41.	3,304.

		Limits				Deduct this year	Carryover to next year
		Cash and Other		Capital gain			
		50% Org	Other	50% Org	Other		
	Cash Contributions to 50%(60%) limit organizations						
11	Enter the smaller of line 2 or line 10b					0.	
12	Subtract line 11 from line 2						0.
13	Subtract line 11 from line 10b			3,304.			
	Contributions to 50% limit organizations						
14	Subtract line 2 from line 10a		2,747.				
15	Enter the smallest of line 3, 10a or 14					0.	
16	Subtract line 15 from line 3						0.
17	Subtract line 16 from line 15			2,747.			
	Contributions not to 50% limit organizations						
18	Add lines 2, 3 and 4		41.				
19	Multiply line 9 by 0.3. This is your 30% limit.		1,673.	1,673.			
20	Subtract line 18 from line 10a		2,747.				
21	Enter the smallest of line 7, 19, or 20					0.	
22	Subtract line 21 from line 7						0.
23	Subtract line 21 from line 19				1,673.		
	Capital gain property to 50% limit organizations						
24	Enter the smallest of line 4, 17, or 19					0.	
25	Subtract line 24 from line 4						0.
26	Subtract line 21 from line 20				2,747.		
27	Subtract line 24 from line 19				1,673.		
	Capital gain property not to 50% limit organizations						
28	Multiply line 9 by 0.2. This is your 20% limit.				1,115.		
29	Enter the smaller of line 8, 23, 26, 27, or 28					0.	
30	Subtract line 29 from line 8						0.
31	Add lines 11, 15, 21, 24, and 29. Amount for Schedule A, Line 14					0.	

32	Subtract line 31 from line 9	5,575.					
33	Enter the smaller of line 1 or line 32 here on Schedule A, line 14.					0.	
34	Subtract line 33 from line 1						0.
35	Add lines 12, 16, 22, 25, 30 and 34. Carry to next year.						0.

Charitable Contributions Summary 2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Part I Cash Contributions Summary

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
AJ's Wheels and Wishes	23.	23.		
Epilepsy Foundation	0.	0.		
Make-A-Wish Foundation of America	1.	1.		
Children's Music Fund	0.	0.		
Katelyn's Cause	10.	10.		
Migraine Research Foundation	0.	0.		
Healing Improv	1.	1.		
Obsessive Compulsive Foundation of	1.	1.		
A Well-Fed World	3.	3.		
See Additional Cash Contributions Summary	2.	2.		
Totals:	41.	41.		

Part II Non-Cash Contributions Summary

Name of Charitable Organization	Total (a) Total	Other Property (b) 50% Limit	Other Property (c) 30% Limit	Capital Gain Property (d) 30% Limit	Capital Gain Property (e) 20% Limit
Totals:					

Part III Contribution Carryovers to 2019

	Total (a) Total	Cash and Other Non-Capital Gain Property (b) 100% Limit	(c) 60% Limit	(d) 50% Limit	(e) 30% Limit	Capital Gain Property (f) 30% Limit	(g) 20% Limit
1 2018 contributions	41.		41.				
2 2018 contributions allowed	41.	0.	41.	0.	0.	0.	0.
3 Carryovers from:							
a 2017 tax year							
b 2016 tax year							
c 2015 tax year							
d 2014 tax year							
e 2013 tax year							
4 Carryovers allowed in 2018	0.			0.	0.	0.	0.
5 Carryovers disallowed in 2018	0.			0.	0.	0.	0.
6 Carryovers to 2019:							
a From 2018	0.		0.	0.	0.	0.	0.
b From 2017							
c From 2016							
d From 2015							
e From 2014							
f From 2013							

Part IV Special Situations in Your Return for Current Year Donations

1	Was the **entire interest** given for all property donated to all charities?	[X] **Yes**	[ ] **No**
2	Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? ►	[ ] **Yes**	[X] **No**
3	Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? ►	[ ] **Yes**	[X] **No**
4	Was any charity other than a 60%/50% charity?	[ ] **Yes**	[X] **No**

Schedule A
Lines 16

Miscellaneous Itemized Deductions Worksheet

2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

FOR STATE USE ONLY: Employee Business Expenses – Subject to 2% Limitation

1	Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere	1	
2 a	Qualified Educator Expenses (from Educator Expenses Worksheet)	2a	
b	Educator Expense Deduction (from 1040, line 23)	2b	
c	Excess Educator Expenses (line 2a less line 2b)	2c	
3	Union and professional dues	3	
4	Professional subscriptions	4	
5	Uniforms and protective clothing	5	
6	Job search costs	6	
7	Tax preparation fees	7	126.
8	Entertainment expenses	8	
9	Other:	9	
10	Combine lines 1 through 9	10	126.

FOR STATE USE ONLY: Miscellaneous Expenses – Subject to 2% Limitation

Check the box in investment column if an investment expense

		Investment Expense		
11	Depreciation and amortization deductions	X	11	
12	Casualty/theft losses of property used in services as an employee		12	
13	REMIC expenses, from Schedule E	X	13	
14	Investment expenses related to interest and dividend income	X	14	
15	Expenses related to portfolio income, from Schedule(s) K-1	X	15	
16	Miscellaneous deductions, from Schedule(s) K-1		16	
17	Excess deductions on termination, from Schedule(s) K-1		17	
18	Investment counsel and advisory fees	X	18	
19	Certain attorney and accounting fees	X	19	
20	Safe deposit box rental fees	X	20	
21	IRA custodial fees	X	21	
22	Loss incurred from total distribution of all traditional IRAs		22	
23	Loss incurred from total distribution of all Roth IRAs		23	
24	Loss incurred from final distribution of a QTP investment		24	
25	Hobby expense (limited to hobby income)		25	
26	Other:			
a	Prior year government unemployment benefits repaid in 2018		26	
b				
27	Combine lines 11 through 26		27	

FOR FEDERAL AND STATE USE: Other Miscellaneous Deductions – Not Subject to 2% Limitation

28	Expenses related to portfolio income, from Schedule(s) K-1	X	28	
29	Federal estate tax paid on decedent's income reported on this return		29	
30	Impairment-related expenses of a handicapped employee, from Form 2106		30	
31	Amortizable bond premiums on bonds acquired before 10/23/86		31	
32	Gambling losses		32	
33	Deduction for repayment of amounts under claim of right if over $3,000		33	
34	Casualty/theft losses of income-producing property		34	
35	Unrecovered investment in annuity		35	
36	Ordinary loss attributable to certain debt instruments		36	
37	Net Qualified Disaster Loss		37	
38	Combine lines 28 through 37 (to Schedule A, line 16)		38	

Form 1040
Line 8

Standard Deduction Worksheet for Dependents

2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

1	Is your **earned income*** more than $700? ☐ **Yes.** Add $350 to your earned income. Enter the total ► . . . ☐ **No.** Enter $1,050	**1**	
2	Enter the amount shown below for your filing status. • Single or married filing separately — $12,000 • Married filing jointly or Qualifying widow(er) — $24,000 ► . . . • Head of household — $18,000	**2**	12,000.
3	**Standard deduction.**		
3 a	Enter the **smaller** of line 1 or line 2. If born after January 1, 1954, and not blind, **stop here** and enter this amount on Form 1040, line 8. Otherwise go to line 3b	**3 a**	
3 b	If born before January 2, 1954, or blind, multiply the number on Form 1040 Wks, line 39a, by $1,300 ($1,600 if single or head of household)	**3 b**	
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040, line 8	**3 c**	

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040, line 1, and Schedule 1, lines 12 and 18, minus the amou8nt, if any, on Schedule 1, line 27..

Earned Income Worksheet 2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Part I — Earned Income Credit Worksheet Computation

		Taxpayer	Spouse	Total
1	**If filing Schedule SE:**			
a	Net self-employment income			
b	Optional Method and Church Employee income			
c	Add lines 1a and 1b			
d	One-half of self-employment tax			
e	Subtract line 1d from line 1c			
2	**If not required to file Schedule SE:**			
a	Net farm profit or (loss)			
b	Net nonfarm profit or (loss)			
c	Add lines 2a and 2b			
3	**If filing Schedule C or C-EZ as a statutory employee,** enter the amount from line 1 of that Schedule C or C-EZ			
4	Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II — Form 2441 and Standard Deduction Worksheet Computations

5	Net self-employment earnings (line 4 above)			
6	Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc			
7 a	Taxable employer-provided adoption benefits			
b	Foreign earned income exclusion			
8	Add lines 5 through 7b. To Form 2441, lines 19 and 20			
9 a	Taxable dependent care benefits			
b	Nontaxable combat pay			
10	Add lines 8, 9a & 9b . To Form 2441, lines 4 and 5			
11	Scholarship or fellowship income not on W-2			
12	SE exempt earnings less nontaxable income			
13	Distributions from nonqualified/Sec. 457 plans			
14	Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet			

Part III — IRA Deduction Worksheet Computation

15	Net self-employment income or (loss)			
16	Wages, salaries, tips, etc			
17	Net self-employment loss			
18	Alimony received			
19	Nontaxable combat pay			
20	Foreign earned income exclusion			
21	Keogh, SEP or SIMPLE deduction			
22	Combine lines 15 through 21. To IRA Wks, ln 2			

Part IV — Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

23	Self-employed, church and statutory employees			
24	Wages, salaries, tips, etc			
25	Nontaxable combat pay			
26	Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2			

Form 4952 **Investment Interest Expense Worksheet** **2018**

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Investment Interest Expense (Form 4952, line 1)

1	Investment interest expense, from Schedule K-1	1	
2	Investment interest expense from royalties	2	
3	Other investment interest expense:		
a		3 a	
b		b	
c		c	
d		d	
4	**Total investment interest expense.** Add lines 1 through 3.	4	

Gross Income from Property Held for Investment (Form 4952, line 4a)

5	Taxable investment income:		
a	From Schedule B, Interest and Dividend Income	5 a	13.
b	From Schedules K-1, Partnerships, S Corporations, Estates and Trusts	b	
c	From Form 8814, Parents' Election to Report Child's Interest and Dividends	c	
d	Total	d	13.
6	Royalty income, from Schedule E	6	
7	Net passive income from publicly traded partnerships	7	
8	Income from **nonpassive** trade or business **without** material participation	8	
9	Other investment income:		
a		9 a	
b		b	
c		c	
d		d	
10	**Total investment income.** Add lines 5d through 9.	10	13.

Net Capital Gain Income (Form 4952, lines 4d and 4e)

			Regular Tax	Alt Min Tax
11 a	Net gains from Schedule D, line 16	11 a	59.	59.
b	Less net gains from property not held for investment	b		
c	**Net gains from property held for investment.**	c	59.	59.
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16	12 a	59.	59.
b	Less net capital gains from property not held for investment	b		
c	**Net capital gains from property held for investment.**	c	59.	59.

Investment Expenses (Form 4952, line 5)

13	Royalty expenses	13	
14	Investment expenses reported on schedule K-1 partnership or S-corp	14	
15	Expenses from **nonpassive** trade or business **without** material participation	15	
16	Other investment expenses:		
a		16 a	
b		b	
c		c	
d		d	
17	**Total investment expenses.** Add lines 13 through 17.	17	

Allocation of Investment Interest Expense (Schedule A, line 14)

			Regular Tax	Alt Min Tax
18	Allowed investment interest expense, Form 4952, line 8	18		
19	Less amount deducted on other forms and schedules:	19		
a	Deducted on Schedule E, page 2 for passthru entities	a		
b	Deducted on Schedule E, page 1 for royalties	b		
c	Other amounts deducted on other forms and schedules	c		
d	Total amount deducted on other forms and schedules	d		
20	**Investment interest expense.**	20		

Form 1040
Line 17a

Earned Income Credit Worksheet

► Keep for your records

2018

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

QuickZoom to Schedule EIC . . . . . ►
QuickZoom to Dependent Information Worksheet to enter qualifying children information . . . . ►
QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►
QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7 . . . . . ►

1	Enter the amount from Form 1040 line 1 less amounts considered **not** earned for EIC purposes		**1**	
2	Adjustments to line 1 amount:			
a	Income reported as wages **and** as self-employment income		**2 a**	
b	Other income entered as wages that is not considered earned income		**b**	
c	Distributions from section 457 and other nonqualified plans reported on W-2		**c**	
3	Subtract lines 2a, 2b and 2c from line 1		**3**	
4 a	Taxpayer's nontaxable combat pay election for EIC	**4 a**		
b	Spouse's nontaxable combat pay election for EIC	**b**		
c	Total nontaxable combat pay election		**4 c**	
5	If you were self-employed **or** used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4		**5**	
6	**Earned income.** Add lines 3, 4, and 5		**6**	
7	Enter the credit, from the **EIC Table**, for the amount on line 6. Be sure to use the correct column for filing status and number of children		**7**	0.
	If line 7 is zero, **stop**. You **cannot** take the credit. Enter "No" on the dotted line next to Form 1040, line 17a.			
8	Enter your **AGI** from Form 1040, line 7		**8**	
9	If you have: ● No qualifying children, is the amount on line 8 less than $8,500 ($14,200 if married filing jointly)? ● 1 or more qualifying children, is the amount on line 8 less than $18,700 ($24,350 if married filing jointly)?			
	[X] **Yes.** Go to line 10 now. [ ] **No.** Enter the credit, from the **EIC Table,** for the amount on line **8**. Be sure to use the correct column for filing status and number of children		**9**	
10	**Earned income credit.** ● If 'Yes' on line 9, enter the amount from line 7 ● If 'No' on line 9, enter the **smaller** of line 7 or line 9		**10**	

Enter line 10 amount on Form 1040, line 17a.

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2018?

☐ **Yes**, all of the above is correct.
☐ **No**, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2018?

2 ☐ **Yes**, my dependents lived with me at this address.
☐ **No**, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2018.

Compliance and Due Diligence Indicator		X
Disqualified from Earned Income Credit	X **Yes**	☐ **No**

Potential qualifying child count ►	0
Non dependent potential qualifying child count ►	0
Qualifying child count (max 3) ►	0

Schedule SE Adjustments Worksheet 2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

	(a) Taxpayer	(b) Spouse
QuickZoom to the **Short Schedule SE** (Schedule SE, page 1) ►	☐	☐
QuickZoom to the **Long Schedule SE** (Schedule SE, page 2) ►	☐	☐
A Use Long Schedule SE, even if qualified to use Short Schedule SE	☐	☐
B Approved Form 4029. Exempt from SE tax on all income	☐	☐
C Chapter 11 bankruptcy **net** profit or loss for Schedule SE, line 3		
D **QuickZoom** to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help)		
Part I **Farm Profit or (Loss)** Schedule SE, line 1		
1 Total Schedules F		
2 Farm partnerships, Schedules K-1		
3 Other SE farm profit or (loss) (See Help)		
4 Less SE exempt farm profit or (loss) (See Help)		
5 **Total for Schedule SE, line 1**		
6 Conservation Reserve Program payments not subject to self-employment tax reported on:		
a Schedule F, line 4b		
b Schedule K-1 (Form 1065), box 20, code AH		
c Total CRP payments not subject to SE tax		
Part II **Nonfarm Profit or (Loss)** Schedule SE, line 2		
1 a Total Schedules C		
b Less SE exempt Schedules C (approved Form 4361)		
2 Nonfarm partnerships, Schedules K-1		
3 Forms 6781		
4 Other SE income reported as income on Form 1040, line 7		
5 a Clergy Form W-2 wages		
b Clergy housing allowance		
c Less clergy business deductions		
d **QuickZoom** to the Explanation statement for entry on line 5c		
6 Other SE nonfarm profit or (loss) (See Help)		
7 Less other SE exempt nonfarm profit or (loss) (See Help)		
8 **Total for Schedule SE, line 2**		
9 Exempt Notary Public income for Schedule SE, line 3 (See Help)		
Part III **Farm Optional Method** Schedule SE, page 2, Part II		
1 Use Farm Optional Method	☐	☐
2 Gross farm income from Schedules F		
3 Gross farming or fishing income from partnership Schedules K-1		
4 Other gross farming or fishing self-employment income		
5 **Total** gross income for Farm Optional Method		
Part IV **Nonfarm Optional Method** Schedule SE, page 2, Part II		
1 Use Nonfarm Optional Method (Must have had net SE earnings of $400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times)	☐	☐
2 Gross nonfarm income from Schedules C		
3 Gross nonfarm income from partnership Schedules K-1		
4 Other gross nonfarm self-employment income		
5 **Total** gross income for Nonfarm Optional Method		

Form 6251
Line 37

Schedule D Tax Worksheet as refigured for the Alternative Minimum Tax

2018

► Keep for your records

Name(s) Shown on Return: CARINE A DE LOZIER

Social Security Number: 560-85-8272

		(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1	Not applicable			
2	Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a	Total qualified dividends 13.			
b	Adjustment from Schedules K-1			
c	Other adjustments to qualified dividends			
d	Total. Combine lines 2a, 2b, and 2c	13.	0.	13.
3	Enter the amount from Form 4952 for AMT, line 4g			
4	Enter the amount from Form 4952 for AMT, line 4e			
5	Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6	Subtract line 5 from line 2. If zero or less, enter -0-	13.		13.
7	Net long-term capital gain:			
a	Enter the gain from line 15 of Schedule D as refigured for the AMT 59.			
b	Enter the gain from line 16 of Schedule D as refigured for the AMT 59.			
c	Enter the **smaller** of line 7a or line 7b	59.		59.
8	Enter the **smaller** of line 3 or line 4			
9	Subtract line 8 from line 7c. If zero or less, enter -0-	59.	0.	59.
10	Add lines 6 and 9	72.		72.
A	Enter the amount from Form 6251, line 6.	0.		
B	**Capital gain excess**. Subtract line A from line 10. *	0.		
11	Total 28% rate and unrecaptured section 1250 gain:			
a	Enter the gain from line 18 of Schedule D as refigured for the AMT 0.			
b	Enter the gain from line 19 of Schedule D as refigured for the AMT			
c	Add lines 11a and 11b			0.
12	Enter the **smaller** of line 9 or line 11c			0.
13	Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			72.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

Form 6251 **Alternative Minimum Tax Worksheet** **2018**

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Taxable Income — Line 1

1	Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.)	**1**	-6,425.
2	Additions to income	**2**	
3	Add lines 1 and 2	**3**	-6,425.
4	Subtractions from income	**4**	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	**5**	-6,425.

Taxes — Line 2a

1	Generation skipping transfer taxes included on Schedule A, line 6	**1**	

Refund of Taxes — Line 2b

1	Taxable refund of state and local income tax	**1**	
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986	**2**	
3	Total tax refund adjustment. Enter on Form 6251, line 2b	**3**	

Alternative Tax Net Operating Loss Deduction (ATNOLD) — Line 2f

1	Alternative minimum taxable income (AMTI) without ATNOLD	**1**	5,575.
2	Enter adjustments	**2**	
3	Adjustment for domestic production activities deduction	**3**	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	**4**	5,575.
5	ATNOLD limitation. Multiply line 4 by 90%	**5**	5,018.
6	Enter ATNOL carried to 2017 from other year(s)	**6**	
7	Enter ATNOL included above attributable to qualified disaster losses	**7**	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	**8**	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	**9**	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	**10**	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	**11**	

Incentive Stock Options — Line 2i

1	Incentive stock options adjustment from Schedule K-1 worksheets	**1**	
2	Incentive stock options from Employer Stock Transaction Worksheets	**2**	
3	Incentive stock options from Exercise of Stock Options Worksheets	**3**	
4	Other incentive stock options	**4**	
5	Total incentive stock options. Enter on Form 6251, line 2i	**5**	

Disposition of Property — Line 2k

		Alternative Minimum Tax	Regular Tax	Difference
1	Net capital gain or loss (Schedule D)	59.	59.	0.
2	Ordinary gain or loss (Form 4797, Part II)			
3	Ordinary income from sale of Incentive Stock			
4	Total. Enter on Form 6251, line 2k			0.

Post-86 Depreciation — Line 2l

1	From depreciation worksheets	1	
2	Plus amount from Schedule K-1 worksheets	2	
3	Add lines 1 and 2.	3	
4	Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5	Total. Subtract line 4 from line 3. Enter on Form 6251, line 2l	5	

Passive Activities — Line 2m

1	Adjustment for recomputed income (loss) from passive activities	1	
2	Adjustment for recomputed income (loss) from publicly traded partnerships	2	
3	Other adjustments to passive activities	3	
4	Total. Add lines 1, 2, and 3. Enter on Form 6251, line 2m	4	

Circulation Costs — Line 2o

1	Circulation costs adjustment from Schedule K-1 Worksheets	1	
2	Other circulation costs adjustment	2	
3	Total. Add lines 1 and 2. Enter on Form 6251, line 2o	3	

Mining Costs — Line 2q

1	Mining costs adjustment from Schedule K-1 Worksheets	1	
2	Other mining costs adjustment	2	
3	Total. Add lines 1 and 2. Enter on Form 6251, line 2q	3	

Research and Experimental Costs — Line 2r

1	Research and Experimental costs adjustment from Schedule K-1 Worksheets	1	
2	Other research and experimental costs adjustment	2	
3	Total. Add lines 1 and 2. Enter on Form 6251, line 2r	3	

Intangible Drilling Costs — Line 2t

1	Excess intangible drilling costs	1	
2	Net income from oil and gas wells	2	
3	Multiply line 2 by 65% (.65)	3	
4	Tentative intangible drilling costs preference. Subtract line 3 from line 1	4	
5	Independent producers exception amount	5	
6	Subtract line 5 from line 4. Enter this amount on Form 6251, line 2t	6	

Other Adjustments — Line 3

1	Pre-1987 depreciation from depreciation worksheets	1	
2	Plus amount from Schedule K-1 worksheets	2	
3	Add lines 1 and 2	3	
4	Any amount relating to an activity for which the partnership interest basis limits apply, for which you are not at risk, or which is a tax shelter farm activity.	4	
5	Subtract line 4 from line 3	5	
6	Enter other adjustments, including income-based related adjustments	6	
7	Add lines 5 and 6	7	
8	Standard deduction if a qualified disaster loss was added to standard deduction.	8	
9	Total other adjustments. Add lines 7 and 8 and enter on Form 6251, line 3	9	

Alternative Minimum Taxable Income — Line 4

If married filing separately and Form 6251, line 4, is more than $718,800:			
1	Alternative minimum taxable income, Form 6251	**1**	
2	Threshold amount	**2**	
3	Subtract line 2 from line 1	**3**	
4	Multiply line 3 by 25% (.25)	**4**	
5	**Smaller** of line 4 or $54,700	**5**	
6	Add line 1 and line 5. Enter on Form 6251, line 4	**6**	

Exemption — Line 5

1	Enter $70,300 if single or head of household, $109,400 if married filing jointly or qualifying widow(er), $54,700 if married filing separately	**1**	70,300.
2	Enter your alternative minimum taxable income from Form 6251, line 4	**2**	5,575.
3	Enter $500,000 if single or head of household, $1,000,000 if married filing jointly or qualifying widow(er), $500,000 if married filing separately	**3**	500,000.
4	Subtract line 3 from line 2. If zero or less, enter -0-	**4**	0.
5	Multiply line 4 by 25% (.25)	**5**	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-	**6**	70,300.
	If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29.		
7	Minimum exemption amount for certain children under age 24	**7**	
8 a	Enter the **child's earned income,** if any	**8 a**	
b	Enter any adjustments	**b**	
9	Add lines 7, 8a and 8b. If zero or less, enter -0-	**9**	
10	Enter the smaller of line 6 or line 9 here and on Form 6251, line 5.	**10**	

Form 6251
Line 7

Foreign Earned Income Alternative Minimum Tax Worksheet

2018

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Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

1		Enter amount from Form 6251, line 6	**1**	
2	**a**	Enter amount from Form(s) 2555, lines 45 and 50	**2a**	
	b	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income	**2b**	
	c	Subtract line 2b from line 2a. If zero or less, enter 0	**2c**	
3		Add line 1 and line 2c. Enter the result here and on Form 6251 line 36	**3**	
4		**Tax on amount on line 3** ● If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; **or** you reported qualified dividends on Form 1040, line 3a; **or** you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40 here. ● **All Others:** If line 3 is $191,100 or less ($95,550 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract $3,822 ($1,911 if married filing separately) from the result.	**4**	
5		**Tax on amount on line 2c.** If line 2c is $191,100 or less ($95,550 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract $3,822 ($1,911 if married filing separately) from the result	**5**	
6		Subtract line 5 from line 4. Enter here and on Form 6251, line 7. If zero or less, enter 0	**6**	

Federal Carryover Worksheet 2018

► Keep for your records

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

2017 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With-held/Pmts	(e) Paid With Return	(f) Total Over-payment	(g) Applied Amount
Totals . .						

2017 State Extension Information

(a) State	(b) Paid With Extension

2017 Locality Extension Information

(a) Locality	(b) Paid With Extension

2017 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2017 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2017 State Taxes Due Information

(a) State	(e) Paid With Return

2017 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2017 State Refund Applied Information

(a) State	(g) Applied Amount

2017 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2017 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2017 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

CARINE A DE LOZIER 560-85-8272

Other Tax and Income Information			**2017**	**2018**
1	Filing status	**1**	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	**2**		
3	Itemized deductions	**3**	4,922.	3,661.
4	Check box if required to itemize deductions	**4**	☐	☐
5	Adjusted gross income	**5**	5,405.	5,575.
6	Tax liability for Form 2210 or Form 2210-F	**6**	0.	0.
7	Alternative minimum tax	**7**		
8	Federal overpayment applied to next year estimated tax	**8**		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions			**2017**	**2018**
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	**9 a**		
b	Spouse's excess Archer MSA contributions as of 12/31	**b**		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	**10 a**		
b	Spouse's excess Coverdell ESA contributions as of 12/31	**b**		
11 a	Taxpayer's excess HSA contributions as of 12/31	**11 a**		
b	Spouse's excess HSA contributions as of 12/31	**b**		

Loss and Expense Carryovers Note**:** Enter all entries as a positive amount				**2017**	**2018**
12 a	Short-term capital loss		**12 a**		
b	AMT Short-term capital loss		**b**		
13 a	Long-term capital loss		**13 a**		
b	AMT Long-term capital loss		**b**		
14 a	Net operating loss available to carry forward		**14 a**		
b	AMT Net operating loss available to carry forward		**b**		
15 a	Investment interest expense disallowed		**15 a**		
b	AMT Investment interest expense disallowed		**b**		
16	Nonrecaptured net Section 1231 losses from:	**a** 2018	**16 a**		
		b 2017	**b**		
		c 2016	**c**		
		d 2015	**d**		
		e 2014	**e**		
		f 2013	**f**		
17	AMT Nonrecap'd net Sec 1231 losses from:	**a** 2018	**17 a**		
		b 2017	**b**		
		c 2016	**c**		
		d 2015	**d**		
		e 2014	**e**		
		f 2013	**f**		

CARINE A DE LOZIER 560-85-8272

Credit Carryovers					**2017**	**2018**
18	General business credit			**18**		
19	Adoption credit from:	**a**	2018	**19a**		
		b	2017	**b**		
		c	2016	**c**		
		d	2015	**d**		
		e	2014	**e**		
		f	2013	**f**		
20	Mortgage interest credit from:	**a**	2018	**20a**		
		b	2017	**b**		
		c	2016	**c**		
		d	2015	**d**		
21	Credit for prior year minimum tax			**21**		
22	District of Columbia first-time homebuyer credit			**22**		
23	Residential energy efficient property credit			**23**		

Other Carryovers					**2017**	**2018**
24	Section 179 expense deduction disallowed			**24**		
25	Excess foreign housing deduction:	**a**	Taxpayer (Form 2555, line 46)	**25a**		
		b	Taxpayer (Form 2555, line 48)	**b**		
		c	Spouse (Form 2555, line 46)	**c**		
		d	Spouse (Form 2555, line 48)	**d**		

Charitable Contribution Carryovers

26 **2017** Carryover of charitable contributions from:	**Other Property**		**Capital Gain**		**Cash**
	(a) 50%	**(b)** 30%	**(c)** 30%	**(d)** 20%	**(e)** 60%
a 2017					
b 2016					
c 2015					
d 2014					
e 2013					

27 **2018** Carryover of charitable contributions from:	**Other Property**		**Capital Gain**		**Cash**
	(a) 50%	**(b)** 30%	**(c)** 30%	**(d)** 20%	**(e)** 60%
a 2018					
b 2017					
c 2016					
d 2015					
e 2014					

28 Amount overpaid less earned income credit . . . . . 1,248.

2017 State Capital Loss Carryovers (For users **not** transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

IRA Information Worksheet 2018

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Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Part I	Traditional IRA	Taxpayer	Spouse
	Basis and Value		
1	Total basis in traditional IRAs		
2	Year-end value on 12/31/2018		
3	Basis carryover as of 12/31/2018		
	Excess Contributions		
4	Excess contributions as of 12/31/2017		
5	Carryover of excess contributions to 2019		

Part II	Roth IRA	Taxpayer	Spouse
	Basis (Contribution and Conversion History)		
6	Basis in Roth IRA contributions		
7	Basis in Roth IRA conversions		
8	Contribution basis carryover as of 12/31/2018		
9	Conversion basis carryover as of 12/31/2018		
	Excess Contributions		
10	Excess contributions as of 12/31/2017		
11	Carryover of excess contributions to 2019		

Part III	Traditional IRA Basis Detail	Taxpayer	Spouse
12	Basis for 2017 and earlier years		
13	Adjustment due to return of excess contributions		
14	Rollover of nontaxable portion of a qualified retirement plan		
15	Basis received from former spouse due to divorce or inherited		
16	Basis transferred to former spouse due to divorce		
17	Adjusted total basis in Traditional IRAs		

Part IV	Traditional IRA Year-end Value Detail	Taxpayer	Spouse
18	Enter the combined value of all traditional IRAs (including SEP and SIMPLE IRAs) on 12/31/2018 *(See Help)*		
19	If any amounts were recharacterized either to or from any traditional IRA, enter the net amounts recharacterized after 12/31/2018. qualified charitable distributions (QCD) made in Jan. 2019 to be treated as made in December 2018 *(See Help)*.		
20	Enter the total amount of any traditional IRA distributions that you rolled over, or intend to roll over, to another traditional IRA, but the rollover was (or will be) made after 12/31/2018		
21	Check this box if you converted **all** of the traditional IRAs you had in 2018 to Roth IRAs in 2018	☐	☐

Name(s) Shown on Return: CARINE A DE LOZIER

Social Security Number: 560-85-8272

Part V	Roth IRA Contribution and Conversion Balances	Taxpayer	Spouse
22	**Opened a Roth IRA before 2014**	Yes ☐ No ☐	Yes ☐ No ☐
	2017 Balances (Basis - Before 2018 Transactions)		
23	Cumulative regular **Roth** IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
24	Cumulative pre 2014 conversions - taxable and nontaxable		
25	2014 conversion contributions taxable at conversion		
26	2014 conversion contributions not taxable at conversion		
27	2015 conversion contributions taxable at conversion		
28	2015 conversion contributions not taxable at conversion		
29	2016 conversion contributions taxable at conversion		
30	2016 conversion contributions not taxable at conversion		
31	2017 conversion contributions taxable at conversion		
32	2017 conversion contributions not taxable at conversion		
	2018 Transactions - Contributions	**Taxpayer**	**Spouse**
33	Regular **Roth** IRA contributions		
34	Rollover from Roth 401(k) and Roth 403(b)		
35	Conversion contributions taxable at conversion		
36	Conversion contributions not taxable at conversion		
37	Repayments of qualified Roth reservist distributions		
	2018 Transactions - Distributions		
38	Distributions from regular **Roth** IRA contributions and from rollovers from Roth 401(k) and Roth 403(b)		
39	Distributions from cumulative pre 2014 conversions		
40	Distributions from 2014 conversions taxable at conversion		
41	Distribs. from 2014 conversions not taxable at conversion		
42	Distributions from 2015 conversions taxable at conversion		
43	Distribs. from 2015 conversions not taxable at conversion		
44	Distributions from 2016 conversions taxable at conversion		
45	Distribs. from 2016 conversions not taxable at conversion		
46	Distributions from 2017 conversions taxable at conversion		
47	Distribs. from 2017 conversions not taxable at conversion		
48	Distributions from 2018 conversions taxable at conversion		
49	Distribs. from 2018 conversions not taxable at conversion		
50	Did you have any open Roth IRA accounts on 12/31/2018?	Yes ☐ No ☐	Yes ☐ No ☐
	Balance c/over to 2019 (Basis - After 2018 Transactions)		
51	Cumulative regular **Roth** IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
52	Cumulative pre 2015 conversions - taxable and nontaxable		
53	2015 conversion contributions taxable at conversion		
54	2015 conversion contributions not taxable at conversion		
55	2016 conversion contributions taxable at conversion		
56	2016 conversion contributions not taxable at conversion		
57	2017 conversion contributions taxable at conversion		
58	2017 conversion contributions not taxable at conversion		
59	2018 conversion contributions taxable at conversion		
60	2018 conversion contributions not taxable at conversion		

Name(s) Shown on Return: CARINE A DE LOZIER

Social Security Number: 560-85-8272

Part VI	Roth IRA Basis Adjustments	Taxpayer	Spouse
	Received From Former Spouse due to Divorce or Inheritance		
61	Cumulative regular **Roth** IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
62	Cumulative pre 2014 conversions - taxable and nontaxable		
63	2014 conversion contributions taxable at conversion		
64	2014 conversion contributions not taxable at conversion		
65	2015 conversion contributions taxable at conversion		
66	2015 conversion contributions not taxable at conversion		
67	2016 conversion contributions taxable at conversion		
68	2016 conversion contributions not taxable at conversion		
69	2017 conversion contributions taxable at conversion		
70	2017 conversion contributions not taxable at conversion		
71	2018 conversion contributions taxable at conversion		
72	2018 conversion contributions not taxable at conversion		
	Transferred To Former Spouse due to Divorce		
73	Cumulative regular **Roth** IRA contributions, including rollovers from Roth 401(k) and Roth 403(b)		
74	Cumulative pre 2014 conversions - taxable and nontaxable		
75	2014 conversion contributions taxable at conversion		
76	2014 conversion contributions not taxable at conversion		
77	2015 conversion contributions taxable at conversion		
78	2015 conversion contributions not taxable at conversion		
79	2016 conversion contributions taxable at conversion		
80	2016 conversion contributions not taxable at conversion		
81	2017 conversion contributions taxable at conversion		
82	2017 conversion contributions not taxable at conversion		
83	2018 conversion contributions taxable at conversion		
84	2018 conversion contributions not taxable at conversion		

Form 8582 Line 7

Modified Adjusted Gross Income Worksheet

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2018

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Description	Amount
Income	
Wages	
Interest income before Series EE bond exclusion	
Dividend income	13.
Tax refund	
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	59.
Taxable IRA distributions	
Taxable pension distributions	5,503.
Unemployment compensation	
Other income	
Total income	5,575.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	5,575.

Two-Year Comparison 2018

Name(s) Shown on Return: CARINE A DE LOZIER

Social Security Number:

Income	2017	2018	Difference	%
Wages, salaries, tips, etc				
Interest and dividend income	11.	13.	2.	18.18
State tax refund				
Business income (loss)				
Capital and other gains (losses)	38.	59.	21.	55.26
IRA distributions		0.	0.	
Pensions and annuities	5,356.	5,503.	147.	2.74
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits	0.	0.	0.	
Income other than the above				
Total Income	5,405.	5,575.	170.	3.15
Adjustments to Income				
Adjusted Gross Income	5,405.	5,575.	170.	3.15
Itemized Deductions				
Medical and dental	4,897.	3,620.	-1,277.	-26.08
Income or sales tax				
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity	25.	41.	16.	64.00
Casualty and theft losses				
Miscellaneous	0.		0.	
Phaseout of itemized deductions		0.	0.	
Total Itemized Deductions	4,922.	3,661.	-1,261.	-25.62
Standard or Itemized Deduction	6,350.	12,000.	5,650.	88.98
Exemption Amount	4,050.	0.	-4,050.	-100.00
Qualified Business Income Deduction				
Taxable Income	0.	0.	0.	
Income tax	0.	0.	0.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	0.	0.	0.	
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes	0.	0.	0.	
Total Tax After Credits	0.	0.	0.	
Withholding	1,248.	1,147.	-101.	-8.09
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments	1,248.	1,147.	-101.	-8.09
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	1,248.	1,147.	-101.	-8.09
Balance Due				

Current year effective tax rate 0.00%

Tax Summary 2018

► Keep for your records

Name (s)
CARINE A DE LOZIER

Total income	5,575.
Adjustments to income	
Adjusted gross income	5,575.
Itemized/standard deduction	12,000.
Qualified business income deduction	
Taxable income	0.
Tentative tax	0.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	0.
Total tax	0.
Total payments	1,147.
Estimated tax penalty	
Amount Overpaid	1,147.
Refund	1,147.
Amount Applied to Estimate	
Balance due	0.

Compare to U. S. Averages 2018

► Keep for your records

Name(s) Shown on Return	Social Security No
CARINE A DE LOZIER	560-85-8272

Your 2018 adjusted gross income (AGI) . . . . . 5,575.
National adjusted gross income range used below . . . . . from 0. to 14,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages		7,721.
Taxable interest		986.
Tax-exempt interest		4,993.
Dividends	13.	2,295.
Business net income		7,890.
Business net loss		21,905.
Net capital gain	59.	7,885.
Net capital loss		2,358.
Taxable IRA	0.	5,873.
Taxable pensions and annuities	5,503.	7,340.
Rent and royalty net income		6,718.
Rent and royalty net loss		16,849.
Partnership and S corporation net income		20,314.
Partnership and S corporation net loss		93,060.
Taxable social security benefits	0.	2,669.
Medical and dental expenses deduction	3,620.	9,536.
Taxes paid deduction	0.	4,068.
Interest paid deduction		7,080.
Charitable contributions deduction	41.	1,540.
Total itemized deductions	3,661.	16,871.
Child care credit		195.
Education tax credits		244.
Child tax credit		268.
Retirement savings contributions credit		154.
Earned income credit		1,937.

Other Information	Actual Per Return	National Average
Adjusted gross income	5,575.	2,441.
Taxable income	0.	2,750.
Income tax	0.	304.
Alternative minimum tax		9,519.
Total tax liability	0.	514.

CUSTOMER SERVICE: 877-908-7228

Santa Barbara Tax Products Group LLC

and Green Dot Bank Refund Processing Service Agreement ("Agreement")

Name CARINE A DE LOZIER
Social Security No. 560-85-8272

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Green Dot Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2018 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.
YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF $39.99 ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2018 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2019). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2018 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the Refund Processing Service being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit. None of Intuit, Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	$ 1,147.00
Less Processor Refund Processing Fee	$ 39.99
Less TurboTax Fees	$ 159.97
Less fees for Additional Products and Services Purchased	$ 49.99
Expected Proceeds*	$ 897.05

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

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2018 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased, plus applicable taxes. You also authorize Bank to deduct twenty dollars ($20.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of $25.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will

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

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2018 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2018 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3, including the 39.99 Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of $20.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A $25.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at http://sbtpg.com.

7. Disbursement Methods: You agree that the disbursement method selected below will be used by Bank and Processor to disburse funds to you.

a) [ ] Direct Deposit to Turbo(SM) Prepaid Visa(R) Card: If you choose this option, you authorize and request Bank and Processor to transfer the balance of your Deposit Account to Bank, which issues the Turbo(SM) Prepaid Visa Card ("Card") you have obtained or are obtaining, so that Bank may deposit the balance of your refund into your Card account. **Additional fees may be charged for the use of the Card. Please review the cardholder agreement associated with the use of your Card to learn of other fees, charges, terms and conditions that will apply. Processor will not be responsible for your funds once they have been deposited with Bank.**

b) [X] Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

[X] Checking
[ ] Savings

RTN # 256078446
Account # 7465164023

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a $20.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of $25.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed $45.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax

refunds, we will not process any address or account changes for purposes of disbursing your tax refund. If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund is received by us, upon receipt of your federal tax refund from the IRS we will return your tax refund to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund to the IRS and you will need to work with the IRS directly for disbursement.

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

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

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

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

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

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

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

9. Compensation. In addition to any fees paid directly by you to Intuit, Processor will pay compensation to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its Refund Processing Service. Processor shall pay Bank for its banking services.

10. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Ohio.

11. Arbitration Provision. This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ("AAA") before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction over the dispute. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fees for you. By agreeing to arbitration, you and we are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word "disputes" is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision. You may choose to opt-out of this arbitration provision but *only* by following the process set forth below. If you do not wish to be subject to this arbitration provision, then you must notify us in writing within sixty (60) calendar days of the date of this Agreement at the following address: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037, Attn. Arbitration Opt-Out. Your written notice must include your name, address, Social Security Number, the date of this Agreement, and a statement that you wish to opt out of the arbitration provision. If you choose to opt out, then your choice will apply only to this Agreement.

12. Customer Identity Validation Disclosure: To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2018 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2018 TurboTax User Agreement, (iii) You consent to the release of your 2018 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Rev. 10/2018

Green Dot Bank's Privacy Policy

FACTS **WHAT DOES GREEN DOT BANK DO WITH YOUR PERSONAL INFORMATION?**

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information that we collect and share depend on the product or service you have with us. This information can include: • Social Security number and account balances • account transactions and purchase history • transaction history and overdraft history
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Green Dot Bank Share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes — to offer our products and services to you.	No	We don't share
For joint marketing with other financial companies.	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences.	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For nonaffiliates to market to you.	Yes	Yes

To limit our sharing	Visit us online: https://www.turboprepaidcard.com/privacy-settings Your choice(s) will apply to only the card number you enter when making your choice(s). If you have more than one card or account with us, you will need to make your choice(s) for each card or account separately. **Please note:** If you are a *new* customer, we can begin sharing your information 30 days from the date we sent this notice. When you are *no longer* our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.
Questions?	Call 1-888-285-4169 or go to www.turboprepaidcard.com

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What we do	
How does Green Dot Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Green Dot Bank collect my personal information?	We collect your personal information, for example, when you ● open an account or make deposits or withdrawals from your account ● use your debit card or provide account information ● give us your contact information We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only ● sharing for affiliates' everyday business purposes — information about your creditworthiness ● affiliates from using your information to market to you ● sharing for nonaffiliates to market to you. State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. ● Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation) and tax processing services companies such as Santa Barbara Tax Products Group, LLC.
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. ● The only nonaffilitates we share with are Intuit Inc. and its affiliates and subsidiaries.
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. ● The only joint marketing partners we share with are Intuit Inc. and its affiliates and subsidiaries.

Other important information
Depending on where you live, you may have additional privacy protections under state law. We will comply with applicable state laws before sharing nonpublic personal information about you. We may do this by sending a separate notice of those rights to you. For example, if you are a resident of California, Illinois, North Dakota or Vermont, we will not share with nonaffiliates except for our everyday business purposes or with your consent.

CUSTOMER SERVICE: 877-908-7228

Santa Barbara Tax Products Group, LLC

and Civista Bank Refund Processing Service Agreement ("Agreement")

Name _____

Social Security No. _____

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Civista Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2018 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically. YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF $ ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2018 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2019). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2018 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the Refund Processing Service being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit. None of Intuit, Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	$_____
Less Processor Refund Processing Fee	$_____
Less TurboTax Fees	$_____
Less Fees for Additional Products and Services Purchased	$_____
Expected Proceeds*	$_____

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

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2018 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased plus applicable taxes. You also authorize Bank to deduct twenty dollars ($20.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of $25.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Bank and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If

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

5. Acknowledgements. . (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2018 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2018 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3, including the Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of $20.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A $25.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at http://sbtpg.com.

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a ☐ Direct Deposit to Turbo(SM) Prepaid Visa(R) Card: If you choose this option, you authorize and request Processor to transfer the balance of your Deposit Account to Green Dot Bank, which issues the Turbo(SM) Prepaid Visa Card ("Card") you have obtained or are obtaining, so that Green Dot Bank may deposit the balance of your refund into your Card account. **Additional fees may be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. Neither Bank nor Processor will be responsible for your funds once they have been deposited with Green Dot Bank.**

b ☐ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

☐ Checking
☐ Savings

RTN # . . . . . _____

Account # . . . . . _____

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

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

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

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

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11. Arbitration Provision. This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ("AAA") before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction over the dispute. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fees for you. By agreeing to arbitration, you and we are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word "disputes" is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision. You may choose to opt-out of this arbitration provision but *only* by following the process set forth below. If you do not wish to be subject to this arbitration provision, then you must notify us in writing within sixty (60) calendar days of the date of this Agreement at the following address: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037, Attn. Arbitration Opt-Out. Your written notice must include your name, address, Social Security Number, the date of this Agreement, and a statement that you wish to opt out of the arbitration provision. If you choose to opt out, then your choice will apply only to this Agreement.

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Rev. 02/2015

Civista Bank Tax Product Privacy Policy

FACTS	What does Civista Bank do with your Personal Information?
Why?	Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information that we collect and share depend on the product or service you have with us. This can include: • Social Security number and account balances • payment history and transaction history • overdraft history and account transactions When you are no longer our customer, we continue to share your information as described in this notice.
How?	All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Civista Bank chooses to share and whether you can limit the sharing.

Reasons we can share your personal information	**Does Civista Bank Share?**	**Can you limit this sharing?**
For our everyday business purposes — such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
For our marketing purposes — to offer our products and services to you.	No	We don't share
For joint marketing with other financial companies.	No	We don't share
For our affiliates' everyday business purposes — information about your transactions and experiences.	No	We don't share
For our affiliates' everyday business purposes — information about your creditworthiness.	No	We don't share
For our affiliates to market to you.	No	We don't share
For non affiliates to market to you.	No	We don't share

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

Who we are	
Who is providing this notice?	Civista Bank
What we do	
How does Civista Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Civista Bank collect my personal information?	We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us, tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency.
Why can't I limit all sharing?	Federal law gives you the right to limit only: • Sharing for affiliates everyday business purposes – information about your creditworthiness, • Affiliates from using your information to market to you, • Sharing for non affiliates to market to you. State laws and individual companies may give you additional rights to limit sharing.
Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. • Civista Bank does not share with our affiliates.
Non affiliates	Companies not related by common ownership or control. They can be financial or nonfinancial companies. • Civista Bank does not share with non affiliates so they can market to you.
Joint Marketing	A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you. • Civista Bank does not jointly market.
Other Important Information	
This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999.	
This Notice applies only to individuals who have applied for a tax-related bank product.	

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: CARINE A DE LOZIER
Primary SSN: 560-85-8272

Federal Return Submitted: January 31, 2019 08:18 PM PST
Federal Return Acceptance Date: 01/31/2019

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.
The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:
For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2019. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2019, your Intuit electronic postmark will indicate April 15, 2019, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2019, and a corrected return is submitted and accepted before April 20, 2019. If your return is submitted after April 20, 2019, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2019 If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2019, and the corrected return is submitted and accepted by October 20, 2019.

2. THE ACCEPTANCE DATE.
Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

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

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

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

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

First Name Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

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

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

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the MAX bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

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

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

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

CARINE DE LOZIER

Please type the date below:
01/31/2019
Date

IMPORTANT DISCLOSURES

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

You can file your federal tax return electronically or by paper and obtain your federal tax refund *directly* from the Internal Revenue Service ("IRS") *for free.* If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

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

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

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

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

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

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks [3]	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks [3]	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days [3]	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days [3]	
ELECTRONIC FILING (E-FILE) Refund Processing Service	(a) Direct deposit to your personal bank account, or (b) Load to your prepaid card [1].	Usually within 21 days [3]	Free option with your purchase of TurboTax Premium Services or TurboTax MAX [2]

[1] You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card.

[2] The cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Agreement on the next page for the cost of the service you have chosen.

[3] However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2019.

Questions? Call 1-877-908-7228

Pro Delegation Worksheet 2018

Check this box if you are preparing this return as a PRO preparer . . . . . ☐

Preparer / Electronic Return Originator (ERO) Information

Print name in signature area? ☐

Preparer Name _____

Preparer Tax ID # (PTIN) _____

NY Tax Preparer Registration # _____ or NY Exclusion Code ____

For NM, OR Preparers Only: State ID# _____

Preparer E-mail _____ Print date on return? ☐

Preparer Phone _____ CAF # _____

Electronic Filing Only: ERO Practitioner PIN

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

☐ File **federal** return electronically

☐ File **state** returns electronically

Select state returns to file electronically:

State(s)

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the state Department of Revenue, as applicable by law.

Print and Mail Selections (use only if e-file ineligible):

☐ Federal return printed and mailed to IRS

☐ State return printed and mailed to state agency

Select state returns to file by mail:

State(s)

Practitioner PIN Program:

☐ Sign return electronically using Practitioner PIN

Choose one:

☐ Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)

☐ Taxpayer(s) entered own PIN(s)

☐ Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). . . . . _____

Spouse's PIN filing a joint return (enter any 5 numbers) . . . . _____

Date PIN entered. . . . . _____

Identity Verification Information

Driver's License and/or State Id:

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filng the return.

Documents Used to Verify Primary Taxpayer Identity:

- ☐ Driver's license
- ☐ State issued identification card
- ☐ Passport
- ☐ Account statement from financial institution
- ☐ Utility billing statement
- ☐ Credit card billing statement

Finish and File Info:

- ☐ To indicate a client return download in FnF

Late Legislation Worksheet 2018

Name(s) Shown on Return	Social Security Number
CARINE A DE LOZIER	560-85-8272

Is the user impacted by any of the late legislation items below? . . . . . Yes [ ] No [X]

			Affected by This Topic?		Topic Was Extended
			Yes	No	
1	Premiums for mortgage insurance deductible as interest that is qualified residence interest (sec. 163(h)(3)) - Schedule A	**1**		X	
2	Accelerated depreciation for business property on an Indian reservation (sec. 168(j)(8)) - Form 4562	**2**			
3	Special depreciation allowance for second generation biofuel plant property (sec. 168(l)) - Form 4562	**3**			
4	Credit for certain nonbusiness energy property (sec. 25C(g)) - Form 5695	**4**		X	
5	Deduction for qualified tuition and related expenses (sec. 222(e)) - Form 8917	**5**		X	
6	Discharge of indebtedness on principal residence excluded from gross income of individuals (sec. 108(a)(1)(E)) - Form 982	**6**		X	
7	Credit for two-wheeled plug-in electric vehicles (sec. 30D(g)(3)E(ii)) - Form 8936	**7**		X	
8	Credit for alternative fuel vehicle refueling property (sec. 30C(g)) - Form 8911	**8**		X	
9	Incentives for biodiesel and renewable diesel: Excise tax credits and outlay payments for biodiesel fuel mixtures (secs. 6426(c)(6) and 6427(e)(6)(B)) - Form 4136	**9**			
10	Incentives for biodiesel and renewable diesel: Excise tax credits and outlay payments for renewable diesel fuel mixtures (secs. 6426(c)(6) and 6427(e)(6)(B)) - Form 4136	**10**			
11	Incentives for alternative fuel and alternative fuel mixtures: Excise tax credits and outlay payments for alternative fuel (secs. 6426(d)(5) and 6427(e)(6)(c)) - Form 4136	**11**			
12	Incentives for alternative fuel and alternative fuel mixtures: Excise tax credits for alternative fuel mixtures (sec. 6426(e)(3)) - Form 4136	**12**			
13	Alternative motor vehicle credit for qualified fuel cell motor vehicles (sec. 30B(b)) - Form 8910	**13**		X	
14	Three-year depreciation for race horses two years old or younger (sec. 168(e)(3)(A)) - Form 4562	**14**			

Smart Worksheets from your 2018 Federal Tax Return

SMART WORKSHEET FOR: 1040 Wks: 1040 Worksheet

Tax Smart Worksheet

A	Tax	0.
	Check if from:	
1	Tax table	X
2	Tax Computation Worksheet (see instructions)	
3	Schedule D Tax Worksheet	
4	Qualified Dividends and Capital Gain Tax Worksheet	
5	Schedule J	
6	Form 8615	
7	Foreign Earned Income Tax Worksheet	
B	Additional tax from Form 8814	
C	Additional tax from Form 4972	
D	Tax from additional Form(s) 4972	
E	Recapture tax from Form 8863	
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax	
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative	
H	**Tax**. Add lines A through G. Enter the result here and include in tax below	0.

SMART WORKSHEET FOR: Federal Information Worksheet

TurboTax for the Web Filing Status Smart Worksheet

Check this box to override the filing status selected thru Interview	☐
Marital Status	
Filing Status Selected	

SMART WORKSHEET FOR: Federal Information Worksheet

2017 Tax Cuts & Jobs Act
Apply 15-year recovery period to qualified improvement property
(asset types J2, J3, J4 and J5)
placed in service after December 31, 2017?

Yes ☐ **No** X

Refer to Tax Help

SMART WORKSHEET FOR: Form 1099-R : Pension/IRA Distributions (Copy 1)

Qualified Disaster Distribution Smart Worksheet

A	Is this a **2017 Qualified Disaster** distribution	►	☐
B	Amount of Qualified Disaster distribution — Entire distribution is qualified	►	☐
	or amount that is qualified		
C	Indicate amount, if any, of this Qualified Disaster distribution that was repaid before filing the 2018 tax return — Entire distribution repaid	►	☐
	or amount of partial repayment		

SMART WORKSHEET FOR: Form 1099-R : Pension/IRA Distributions (Copy 1)

Nonstandard or Substitute Form 1099-R Smart Worksheet

A If substitute Form 1099-R needed, double-click to link to Form 4852 . . . . . ►

B Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

C Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

D **QuickZoom** to complete Form 4852 . . . . . ►

E Check box if this 1099-R is 'non-standard' (handwritten, typewritten, or altered in any way) . . . ☐

SMART WORKSHEET FOR: Form 1099-R : Pension/IRA Distributions (Copy 1)

Explanation Statement Smart Worksheet

If a box is checked on a line below, an explanation statement is required for the situation described on that line. Highlight the checkbox and select the help to see the required information. Then **QuickZoom** to the appropriate explanation statement.	**Taxpayer** ☐	**Spouse** ☐
☐ Return of IRA contribution before due date of tax return . . . . . ►		
☐ Return of prior year excess traditional IRA contributions . . . . . ►		

SMART WORKSHEET FOR: Form 1099-R : Pension/IRA Distributions (Copy 1)

Simplified Method Smart Worksheet

A If the annuity starting date is **after** December 31, 1997, is the annuity payable based on the life of **more than** one individual? . . . . . Yes ☐ No ☐

B If line A is 'No', enter the age of the annuitant at the annuity starting date. If line A is 'Yes', enter the age of the primary annuitant at the annuity starting date. (If there is no primary annuitant, enter the age of the **oldest** survivor annuitant) . . . . . _____

C If line A is "Yes", enter the age of the **youngest** survivor annuitant at the annuity starting date . . . . . _____

Note: If the annuity starting date is **before** January 1, 1998, enter the age of the recipient at the annuity starting date on line B above.

SMART WORKSHEET FOR: Social Security Benefits Worksheet

Earlier Year Lump-Sum Benefits Smart Worksheet

If you received a lump-sum payment that includes benefits for one or more earlier years after 1983, **QuickZoom** to the Earlier Year Lump-Sum Social Security Worksheet to enter lump-sum payment for an earlier year(s) . . . . . ►

If earlier year payments are entered, check this box to **not** make the lump-sum election . . . . . ► ☐

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below:

- The principal amount of your mortgage and home equity debt is over $750,000 ($375,000 if married filing separate), or
- You had home debt that was **not** used to buy, build or substantially improve your home that secures the loan

QuickZoom to Deductible Home Mortgage Interest Worksheet . . . . . ►

Does your mortgage interest need to be limited: Yes . . . ☐ No . . . ☐

A	**Home mortgage interest and points reported on Form 1098:**	
1	Sum of lines 5a through 5d below	
2	Limited amount to report on Sch A, line 8a	
B	**Home mortgage interest not reported on Form 1098:**	
1	Sum of lines 6a and 6b below	
2	Limited amount to report on Sch A, line 8b	
C	**Points not reported on Form 1098:**	
1	Sum of lines 7a through 7c below	
2	Limited amount to report on Sch A, line 8c	

SMART WORKSHEET FOR: Misc Itemized Deductions Wks

Depreciation Smart Worksheet

A	Enter Section 179 carryover from prior year	
B	**QuickZoom** to the Asset Entry Worksheet	►
C	**QuickZoom** to the Depreciation/Amortization Reports	►
D	**QuickZoom** to Form 4562 for Schedule A	►
E	Treat all MACRS assets for activity as qualified Indian reservation property?	☐ Yes ☒ No
F	Treat all assets acquired after Aug. 27, 2005 as qualified GO Zone property?	☐ Regular ☐ Extension ☒ No
G	Treat all assets acquired after May 4, 2007 as qualified Kansas Disaster Zone property?	☐ Yes ☒ No
H	Was this property located in a Qualified Disaster Area?	☐ Yes ☒ No

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet

QuickZoom to enter nontaxable combat pay on Form W-2 . . . . . ►

A Taxpayer:

1 Taxpayer, nontaxable combat pay . . . . . _____

2 Election for earned income credit (EIC):
Elect taxpayer's nontaxable combat pay as earned income for EIC? . . . . ► ☐ **Yes** ☐ **No**

3 Election for dependent care benefits (DCB):
Elect taxpayer's nontaxable combat pay as earned income for DCB? . . . . ► ☐ **Yes** ☐ **No**

4 Election for child and dependent care credit:
Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit? . . . . . ► ☐ **Yes** ☐ **No**

B Spouse:

1 Spouse, nontaxable combat pay . . . . . _____

2 Election for earned income credit (EIC):
Elect spouse's nontaxable combat pay as earned income for EIC? . . . . . ► ☐ **Yes** ☐ **No**

3 Election for dependent care benefits (DCB):
Elect spouse's nontaxable combat pay as earned income for DCB? . . . . . ► ☐ **Yes** ☐ **No**

4 Election for child and dependent care credit:
Elect spouse's nontaxable combat pay as earned income for child and dependent care credit? . . . . . ► ☐ **Yes** ☐ **No**

C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:

Overpayment 1,147. Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet

A	Taxable and tax exempt interest	
B	Dividend income	13.
C	Capital gain net **income**	59.
D	Royalty and rental of personal property net **income**	
E	Passive activity net **income**:	
1	Rental real estate net income or loss	
2	Farm rental net income or loss	
3	Partnerships and S corporations net income or loss	
4	Estates and trusts net income or loss	
5	Total of lines 1 through 4	
6	Total passive activity net **income**, line 5 if greater than zero	
F	Interest and dividends from Forms 8814	
G	Adjustments	
H	**Total investment income,** add lines A through G	72.

Is line H, **total investment income** over $3,500?

☒ **No.** You may take the credit.

☐ **Yes. Stop.** You **cannot** take the credit.

Additional information from your 2018 Federal Tax Return

Charitable Contributions Summary

Additional Cash Contributions Summary

Continuation Statement

Name of Charitable Organization	(a) Total	(b) 60% Limit	(c) 30% Limit	(d) 100% Limit
Invisible Disabilities Association	1.	1.		
Maureen J Meehl bipolar/BPD founda	1.	1.		
American Association of Kidney Pat	0.	0.		
Total	2.	2.		

K-40 (Rev. 7-18) 2018 KANSAS INDIVIDUAL INCOME TAX 005 122818

CARINE A DE LOZIER 5038208115 DELO 560858272

2716 19TH PL APT 2
FOREST GROVE OR 97116

X Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2018

Amended Return: Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

Filing Status: X Single Married Filing Joint (Even if only one had income) Married Filing Separate Head of Household (Do not check if filing joint return)

Residency Status: Resident NonResident (Complete Sch S, Part B) OR State of Legal Residence

X Part-Year Resident (Complete Sch S, Part B) From 01012018 To 03282018

Exemptions: 1 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. If filing status above is Head of Household, add one exemption. 1 **Total Kansas exemptions**

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.**
If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last	**Date of Birth** - MMDDYYYY	**Relationship**	**SSN**

Food Sales Tax Credit: You must have been a Kansas resident for **ALL** of 2018. Complete this section to determine your qualifications and credit. If you did not mark A, B, and C, **STOP HERE**; you do not qualify for this credit.

A. Had a dependent child who lived with you all year and was under the age of 18 all of 2018?

B. Were you (or spouse) 55 years of age or older all of 2018 (born prior to January 1, 1963)?

C. Were you (or spouse) totally and permanently disabled or blind **all** of 2018, regardless of age?

D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. If it is more than $30,615 **STOP HERE,** you do not qualify for this credit. 0

E. Number of exemptions claimed

F. Number of dependents that are 18 years of age or older (born on or before January 1, 2001)

G. Total qualifying exemptions (subtract line F from line E)

H. Food Sales Tax Credit (multiply line G by $125). Enter result here and on line 18 of this form. 0

REV 10/18/18 INTUIT.CG.CFP.SP

For Office Use Only

K-40 (Rev. 7-18) 2018 KANSAS INDIVIDUAL INCOME TAX 005 122918

CARINE A DE LOZIER DELO 560858272

1. Federal adjusted gross income	5575	23. Estimated tax paid	0
2. Modifications	0	24. Amount paid with Kansas extension	0
3. Kansas adjusted gross income	5575	25. Refundable portion of earned income tax credit	0
4. Standard or itemized deductions	3000	26. Refundable portion of tax credits	0
5. Exemption allowance	2250	27. Payments remitted with original return	0
6. Total deductions	5250	28. Overpayment from original return	0
7. Taxable income	325	29. Total refundable credits	0
8. Tax	0	30. Underpayment	0
9. Nonresident percentage	25.0045	31. Interest	0
10. Nonresident tax	0	32. Penalty	0
11. KS tax on lump sum distributions	0	33. Estimated tax penalty	0
12. TOTAL INCOME TAX	0	34. AMOUNT YOU OWE	0
13. Credit for taxes paid to other states	0	35. Overpayment	0
14. Credit for child and dependent care expenses	0	36. CREDIT FORWARD	0
15. Other credits	0	37. Chickadee Checkoff	0
16. Subtotal	0	38. Senior Citizens Meals On Wheels Contribution Program	0
17. Earned Income Credit	0	39. Breast Cancer Research Fund	0
18. Food Sales Tax Credit	0	40. Military Emergency Relief Fund	0
19. Tax balance after credits	0	41. Kansas Hometown Heroes Fund	0
20. Use Tax Due (Out-of-State and Internet Purchases)	0	42. Kansas Creative Arts Industry Fund	0
21. Total Tax Balance	0	43. Local School District Contribution Fund. School District Number	0
22. KS income tax withheld from W-2, 1099 or K-19	0	44. REFUND	0

I authorize the Director of Taxation or the Director's designee to discuss my K-40 and any enclosures with my preparer.
I declare under the penalties of perjury that to the best of my knowledge and belief this is a true, correct, and complete return.

Taxpayer Signature **(Required)** _____ Date _____ Preparer Signature SELF-PREPARED Preparer PTIN, EIN or SSN

Spouse Signature **(Required)** _____ Date _____ Preparer Phone Number _____

IMPORTANT: **1)** Form K-40 is a 2 PAGE FORM. BOTH PAGES REQUIRED WHEN FILING; **2)** Make sure your NAME, 1st 4-letters last name, and SSN are printed at the top of page 2 of 2; **3)** Refunds are not issued for any unsigned returns. Signature(s) are required; **4)** DO NOT USE RED or SHADES of RED INK on tax returns filed with Kansas

INDIVIDUAL INCOME TAX
PO Box 750260
TOPEKA KS 66675-0260

REV 10/18/18 INTUIT.CG.CFP.SP

SCH S 2018 KANSAS SUPPLEMENTAL SCHEDULE

Rev. 7-18

005 122618

CARINE A DE LOZIER DELO 560858272

PART A - MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME:

A1. State and municipal bond interest not specifically exempt from KS income tax (reduced by related expenses)

A2. Contributions to all KPERS (Kansas Public Employee's Retirement Systems)

A3. Kansas Expensing Recapture (enclose applicable schedules)

A4. Low income student scholarship contribution (enclose Schedule K-70)

A5. Other additions to FAGI (enclose list)

A6. Total additions to FAGI (add lines A1 through A5)

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME:

A7. Social Security benefits

A8. KPERS lump sum distributions exempt from income tax

A9. Interest on U.S. Government obligations (reduced by related expenses)

A10. State or local income tax refund (if included in line 1 of Form K-40)

A11. Retirement benefits specifically exempt from Kansas Income Tax

A12. Military compensation of a nonresident servicemember (Non-Residents only)

A13. Contributions to Learning Quest or other states' qualified tuition program

A14. Armed forces recruitment, sign-up, or retention bonus

A15. Contributions to an ABLE savings account

A16. Other subtractions from FAGI (enclose list)

A17. Total subtractions from FAGI (add lines A7 through A16)

NET MODIFICATIONS:

A18. Net modifications to FAGI (subtract line A17 from line A6). Enter total here and on line 2, Form K-40.

SCH S 2018 KANSAS SUPPLEMENTAL SCHEDULE

Rev. 7-18

005 122718

CARINE A DE LOZIER DELO 560858272

PART B - PART-YEAR RESIDENT/NONRESIDENT ALLOCATION

INCOME:		Total From Federal Return:	Amount From Kansas Sources:
	B1. Wages, salaries, tips, etc		
	B2. Interest and dividend income	13	3
	B3. Pensions, IRA distributions and annuities	5503	1376
Additional Income: (Lines B4 - B12)	B4. Refunds of state and local income taxes		
	B5. Alimony received		
	B6. Business income or loss		
	B7. Capital gain or loss	59	15
	B8. Other gains or losses		
	B9. Rental real estate, royalties, partnerships, S corps, trusts, estates, REMICS, etc		
	B10. Farm income or loss		
	B11. Unemployment compensation, taxable social security benefits and other income	0	
	B12. Total income from Kansas sources (Add lines B1 through B11)		1394

ADJUSTMENTS AND MODIFICATIONS TO KANSAS SOURCE INCOME:	Total From Federal Return:	Amount From Kansas Sources:
B13. IRA Retirement Deductions		
B14. Penalty on early withdrawal of savings		
B15. Alimony paid		
B16. Moving expenses		
B17. Other federal adjustments		
B18. Total federal adjustments to Kansas source income (Add lines B13 through B17)		
B19. Kansas source income after federal adjustments (Subtract line B18 from line B12)		1394
B20. Net modifications from Part A that are applicable to Kansas source income		
B21. Modified Kansas source income (Line B19 plus or minus line B20)		1394
B22. Kansas adjusted gross income (From line 3, Form K-40)		5575
B23. Nonresident allocation percentage (Divide line B21 by line B22 and round to the fourth decimal place: not to exceed 100.0000). Enter result here and on line 9 of Form K-40.		25.0045

SCH S 2018

Rev. 10-18

KANSAS SUPPLEMENTAL SCHEDULE

005 122418

CARINE A DE LOZIER DELO 560858272

PART C - KANSAS ITEMIZED DEDUCTIONS

C1. Medical and dental expenses from line 4 of federal Schedule A: $ _____ Enter 50% of this amount.

C2. Real estate taxes from line 5b of federal Schedule A: $_____ Enter 50% of this amount.

C3. Personal property taxes from line 5c of federal Schedule A: $_____ Enter 50% of this amount.

C4. Qualified residence interest you paid and reported on federal Schedule A. (See instructions) $_____
Enter 50% of this amount.

C5. Gifts to charity from line 14 of federal Schedule A.

C6. Kansas itemized deductions (add lines C1 through C5). Enter result here and line 4 of Form K-40.

Tax Summary 2018

► Keep for your records

Name(s) CARINE A DE LOZIER	
Federal adjusted gross income	5,575.
Modifications to adjusted gross income	
Kansas adjusted gross income	5,575.
Total deductions	5,250.
Taxable income	325.
Total Kansas tax	0.
Total nonrefundable credits	
Total refundable credits	
Underpayment	
Total penalties and interest	
Amount you owe	0.
Overpayment	
Credit forward	
Chickadee checkoff	
Senior Citizens Meals on Wheels Program	
Breast Cancer Research Fund	
Military Emergency Relief Fund	
Kansas Hometown Heroes Fund	
Kansas Creative Arts Industry Fund	
Local School District Contribution Fund	
Refund	

Kansas Information Worksheet 2018

► Keep for your records

Part I — Personal Information

Taxpayer :

First Name . . . . . CARINE
Middle Initial . . . . . A Suffix . .
Last Name . . . . . DE LOZIER
Social Security No. . . 560-85-8272

Date of Birth 03/05/1961
Date of Death . . . . .

Taxpayer Phone . . (503)820-8115 * [X]
Home Phone . . . . * [ ]

Spouse:

First Name . . . . .
Middle Initial . . . . . Suffix .
Last Name . . . . .
Social Security No. . .

Date of Birth . . . . .
Date of Death . . . . .

Spouse Phone . . . . * [ ]

** Check one of these boxes to print daytime phone number on the government forms..*

Street Address . 2716 19th Pl Apt No. 2
City . . . . . FOREST GROVE State . . OR ZIP Code 97116
Foreign country

School District and County Code:

A-E	F-M	N-Z
De Soto		

School District Code . . 232
County . . . . . JO

Part II — Main Form

[ ] Form K-40 : Kansas Individual Income Tax Return for Resident Filers . . . . . ►
[X] Form K-40 : Kansas Individual Income Tax Return for Part-Year/Non-Resident Filers . . . . . ►
Enter Nonresident and Part-Year Resident allocations on Schedule S . . . . . ►
Dates of Kansas residence (if part-year resident): from 01/01/2018 to 03/28/2018

Part III — Filing Status

Check only one box:

[X] Single
[ ] Married filing joint (even if only one had income)
[ ] Married filing separate
[ ] Head of household (or qualifying widow with dependent child)

Part IV — Other Information

[X] Check if your name or address has changed from last year
[ ] Check here if you do not want to file Schedule K-210: Underpayment of Estimated Tax
[ ] Check this box to take the standard deduction even if less than itemized deductions

Yes	No	
[ ]	[X]	Taxpayer was engaged in commercial farming or fishing in 2018
[ ]	[X]	At least two-thirds of gross income derived from commercial farming or fishing

Part V — Direct Deposit Information or Direct Debit Information

Yes	No	
	X	Do you want to elect direct deposit of state tax refund (Electronic Filing Only)?
		Do you want direct debit of state tax payment (Electronic Filing Only)?

Enter the following information if you selected either of the options above:

Name of Financial Institution (optional) . . . . . _____

Check the appropriate box:

Checking . . . . . ☐ Routing number . . . . . _____

Savings . . . . . ☐ Account number . . _____

Enter the payment date to withdraw from the account above . . . . . _____

State balance-due amount from this return . . . . . _____

_____

International ACH Transactions

Yes	No	
		Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part VI - Extension Status

Yes	No	
	X	Has the tax return due date been extended?

Extended due date . . . . . _____

QuickZoom to Form K-40V: Payment Voucher for Extension Request . . . . . ► _____

Part VII — Amended Return

☐ Check this box if you are filing a Kansas amended return

Enter the tax year you are amending . . . . . _____

Previous Kansas payment made . . . . . _____

Previous Kansas refund received . . . . . _____

QuickZoom here to Form K-40 . . . . . ► _____

Form **K-40ES**

Estimated Tax Worksheet

► Keep for your records

2019

Name(s) Shown on Return: CARINE A DE LOZIER

Your Social Security Number: 560-85-8272

Part I 2019 Estimated Tax Amount Options

1 Select One of Six Ways to Calculate the Required Annual Payment for 2019 Estimates:

a	100% of **2018** taxes (default, see Tax Help)	X	0.
b	100% of tax on **2019** estimated taxable income		0.
c	90% of tax on **2019** estimated taxable income		0.
d	66-2/3% of tax on **2019** estimated taxable income (farmers and fishermen)		0.
e	Equal to 100% of overpayment (no vouchers)		
f	Enter total amount you want to use for estimates and check box ►		

2 Selected estimated tax amount:

a	2019 Required Annual Payment based on your choice above	0.
b	Estimated amount of 2019 state income tax withholding	
c	**Total of estimated tax payments required for 2019** (line 2a less line 2b)	0.

3 Select Estimated Tax Payment option:

a	Calculate estimates if $500 or more (default)	X
b	Calculate estimates if _____ (specify amount) or more	
c	Calculate estimates regardless of amount	
d	Do **not** calculate estimates	

Part II Overpayment Application Options

1 Amount of overpayment available (Form K-40, line 35)

2 Select Overpayment Application Amount Option:

a	Apply none (refund entire overpayment)		X
b	Apply all (increase estimate if required)		
c	Apply to extent of total estimated tax and refund excess		
d	Apply to extent of first quarter amount and refund excess		
e	Enter amount you want to apply ►		
f	Amount applied to 2019 estimated tax		0.
g	Overpayment to be refunded (line 1 less line 2f)		0.

3 Select Overpayment Application Sequence:

a [X] ◄ Consecutively **b** [ ] ◄ Evenly

Part III Rounding and Printing Options

1 Select Rounding Option:

a [X] ◄ Round up to next $1 **b** [ ] ◄ Round up to next $10 **c** [ ] ◄ Round up to next $100 **d** [ ] ◄ Round to nearest $1

2 Select Voucher Printing Option:

a [X] ◄ Print (per Part I, lines 3a - c) **b** [ ] ◄ Print only name, etc. **c** [ ] ◄ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 15, 2019	2 Jun 17, 2019	3 Sep 16, 2019	4 Jan 15, 2020	Total
1 If you have already made payments, enter amounts					
2 Indicate which payment is due next. (e.g. if it is now April 19, 2019 check col. 2)	X				
3 Required Payment					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					

Part V Changes to Income, Deductions and Withholding for 2019

2018 income and deductions are shown in the '2018 Actual' column below.
***Caution:** For each line in the 2019 Estimated' column, enter the estimated 2019 amount **if different** from 2018. Otherwise, the '2018 Actual' amount will be used for that line.If zero, you **must** enter zero.

		2018 Actual	2019 Estimated
1	Enter the adjusted gross income expected during tax year 2019	5,575.	
2	Enter your standard deduction (from instructions) **or** estimated amount of itemized deductions. The standard deduction chart applies to most taxpayers. However, if you or your spouse are 65 or over or blind, or if someone else can claim you as a dependent, use the standard deduction worksheets in the Kansas income tax booklet	3,000.	
3	Kansas nonrefundable credits from K-40, lines 13, 14, 15, 17 and 18		
4	Kansas tax withholding		
5	Kansas refundable credits from K-40, lines 25 and 26		

Part VI Filing Status and Personal Exemptions for 2019

1 Choose 2019 filing status:

- [X] Single
- [ ] Married filing jointly
- [ ] Married filing separately
- [ ] Head of household (or Qualifying widow with dependent child)

2 Enter the number of personal exemptions in 2019 1

Part VII 2019 Estimated Taxable Income and Tax

1	Estimated 2019 adjusted gross income	**1**	5,575.
2	Estimated amount of standard **or** itemized deductions	**2**	3,000.
3	Estimated Personal and dependent exemptions	**3**	2,250.
4	Estimated Kansas taxable income (line 1 minus lines 2 and 3)	**4**	325.
5	Estimated Kansas tax liability	**5**	
6	Estimated 2019 Kansas tax credits	**6**	
7	Line 5 less Line 6, but not below zero. **This is your 2019 tax based on your estimate of 2019 income**	**7**	0.

Tax Payments Worksheet 2018

► Keep for your records

Name	Social Security Number
CARINE A DE LOZIER	560-85-8272

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
	Additional Payments		
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		

6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	**Total tax payments**	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	**Total income tax withheld**	14	
15	Date return will be filed and balance paid	15	

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

U.S. Individual Income Tax Return

2018 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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

Your first name and initial	Last name	Your social security number
CARINE A	DE LOZIER	560-85-8272

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

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

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

☒ Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Presidential Election Campaign (see inst.) ☐ You ☐ Spouse
2716 19th Pl	2	

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.

Forest Grove OR 97116

If more than four dependents, see inst. and ✓ here ▶ ☐

Dependents (see instructions): (1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Sign Here

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

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

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

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
				☐ 3rd Party Designee
Firm's name ▶ Self-Prepared		Phone no.		☐ Self-employed
Firm's address ▶				

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

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	
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a	13.	b Ordinary dividends	3b	13.
4a	IRAs, pensions, and annuities	4a	6,841.	b Taxable amount	4b	5,503.
5a	Social security benefits	5a	15,468.	b Taxable amount	5b	0.
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 59.				6	5,575.
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	5,575.
8	**Standard deduction or itemized deductions** (from Schedule A)				8	12,000.
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	0.
11	**a** Tax (see inst.) 0. (check if any from: **1** ☐ Form(s) 8814 **2** ☐ Form 4972 **3** ☐)					
	b Add any amount from Schedule 2 and check here ▶ ☐				11	0.
12	**a** Child tax credit/credit for other dependents **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	0.
14	Other taxes. Attach Schedule 4				14	0.
15	Total tax. Add lines 13 and 14				15	0.
16	Federal income tax withheld from Forms W-2 and 1099				16	1,147.
17	Refundable credits: **a** EIC (see inst.) NO **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	1,147.

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

19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you **overpaid**	19	1,147.
20a	Amount of line 19 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	20a	1,147.
▶ b	Routing number 256078446 ▶ c Type: ☒ Checking ☐ Savings		
▶ d	Account number 746516402 3		
21	Amount of line 19 you want **applied to your 2019 estimated tax** ▶ 21		

Direct deposit? See instructions.

Amount You Owe

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		

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* for instructions and the latest information.**

OMB No. 1545-0074

2018

Attachment Sequence No. **01**

Name(s) shown on Form 1040: CARINE A DE LOZIER

Your social security number: 560-85-8272

Additional Income	**1–9b**	Reserved		**1–9b**	
	10	Taxable refunds, credits, or offsets of state and local income taxes		**10**	
	11	Alimony received		**11**	
	12	Business income or (loss). Attach Schedule C or C-EZ		**12**	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► ☒		**13**	59.
	14	Other gains or (losses). Attach Form 4797		**14**	
	15a	Reserved		**15b**	
	16a	Reserved		**16b**	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		**17**	
	18	Farm income or (loss). Attach Schedule F		**18**	
	19	Unemployment compensation		**19**	
	20a	Reserved		**20b**	
	21	Other income. List type and amount ►		**21**	
	22	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		**22**	59.
Adjustments to Income	**23**	Educator expenses	**23**		
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	**24**		
	25	Health savings account deduction. Attach Form 8889	**25**		
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	**26**		
	27	Deductible part of self-employment tax. Attach Schedule SE	**27**		
	28	Self-employed SEP, SIMPLE, and qualified plans	**28**		
	29	Self-employed health insurance deduction	**29**		
	30	Penalty on early withdrawal of savings	**30**		
	31a	Alimony paid **b** Recipient's SSN ►	**31a**		
	32	IRA deduction	**32**		
	33	Student loan interest deduction	**33**		
	34	Reserved	**34**		
	35	Reserved	**35**		
	36	Add lines 23 through 35		**36**	

2018 Form OR-40-P

 Oregon Department of Revenue

00611801011555

Office use only

Oregon Individual Income Tax Return for Part-year Residents

Submit original form—do not submit photocopy

Fiscal year ending:

Oregon resident: From: 03/29/2018 To: 12/31/2018

☐ Amended return. If amending for an NOL, tax year the NOL was generated:

☐ Calculated using "as if" federal return.

☐ Short-year tax election. ☐ Federal disaster relief.

☐ Extension filed. ☐ Federal Form 8886.

☐ Form OR-24. ☐ Military. ☐ Employment exception.

Space for 2-D barcode—do not write in box below

First name and initial	Last name		Social Security no. (SSN)		
CARINE A	DE LOZIER	☐ Deceased	560-85-8272	☐ First time using this SSN (see instructions)	☐ Applied for ITIN
Spouse's first name and initial	Spouse's last name	☐ Deceased	Spouse's SSN	☐ First time using this SSN (see instructions)	☐ Applied for ITIN

Current mailing address	Date of birth (mm/dd/yyyy)	Spouse's date of birth
2716 19TH PL APT 2	03/05/1961	

City	State	ZIP code	Country	Phone
FOREST GROVE	OR	97116	USA	(503) 820-8115

Filing status (check only **one** box)

1. ☒ Single.
2. ☐ Married filing jointly.
3. ☐ Married filing separately (enter spouse's information **above**).
4. ☐ Head of household (with qualifying dependent).
5. ☐ Qualifying widow(er) with dependent child.

Exemptions

Total

6a. Credits for yourself: ☒ Regular ☐ Severely disabled 6a. 1

☐ Check box if someone else can claim you as a dependent

6b. Credits for spouse: ☐ Regular ☐ Severely disabled ..... 6b.

☐ Check box if someone else can claim your spouse as a dependent

Dependents. List your dependents in order from youngest to oldest. If more than four, check this box ☐ and include Schedule OR-ADD-DEP with your return.

First name	Last name	Code*	Dependent's SSN	Dependent's date of birth (mm/dd/yyyy)	Check if child with qualifying disability
					☐
					☐
					☐
					☐

*Dependent relationship code—Please see instructions to determine the appropriate code.

6c. Total number of dependents. ..... 6c.

6d. Total number of dependent children with a qualifying disability (see instructions). ..... 6d.

6e. Total exemptions. Add 6a through 6d. ..... **Total.** 6e. 1

2018 Form OR-40-P

00611801021555

Name	SSN
CARINE A DE LOZIER	560-85-8272

Note: Remember to **reprint page 1** if any changes are made on this page.

Income		Federal column (F)		Oregon column (S)
7. Wages, salaries, and other pay for work from federal Form 1040, line 1. **Include all Forms W-2**.	7F.		7S.	
8. Interest income from federal Form 1040, line 2b.	8F.		8S.	
9. Dividend income from federal Form 1040, line 3b.	9F.	13.00	9S.	10.00
10. State and local income tax refunds from federal Schedule 1, line 10.	10F.		10S.	
11. Alimony received from federal Schedule 1, line 11.	11F.		11S.	
12. Business income or loss from federal Schedule 1, line 12.	12F.		12S.	
13. Capital gain or loss from federal Schedule 1, line 13.	13F.	59.00	13S.	44.00
14. Other gains or losses from federal Schedule 1, line 14.	14F.		14S.	
15. IRAs, pensions, and annuities from federal Form 1040, line 4b.	15F.	5,503.00	15S.	4,127.00
16. Reserved.				
17. Schedule E income or loss from federal Schedule 1, line 17.	17F.		17S.	
18. Farm income or loss from federal Schedule 1, line 18.	18F.		18S.	
19. Social Security benefits from federal Form 1040, line 5b and unemployment and other income from federal Schedule 1, lines 19-21.	19F.	0.00	19S.	
20. Total income. Add lines 7 through 19.	20F.	5,575.00	20S.	4,181.00
Adjustments				
21. IRA or SEP and SIMPLE contributions, federal Schedule 1, lines 28 and 32.	21F.		21S.	
22. Education deductions from federal Schedule 1, lines 23 and 33.	22F.		22S.	
23. Moving expenses from federal Schedule 1, line 26.	23F.		23S.	
24. Deduction for self-employment tax from federal Schedule 1, line 27.	24F.		24S.	
25. Self-employed health insurance deduction from federal Schedule 1, line 29.	25F.		25S.	
26. Alimony paid from federal Schedule 1, line 31a.	26F.		26S.	
27. Total adjustments from Schedule OR-ASC-NP, section 1.	27F.		27S.	
28. Total adjustments. Add lines 21 through 27.	28F.		28S.	
29. Income after adjustments. Line 20 minus line 28.	29F.	5,575.00	29S.	4,181.00
Additions				
30. Total additions from Schedule OR-ASC-NP, section 2.	30F.		30S.	
31. Income after additions. Add lines 29 and 30.	31F.	5,575.00	31S.	4,181.00
Subtractions				
32. Social Security and tier 1 Railroad Retirement Board benefits included on line 19F.	32F.	0.00		
33. Total subtractions from Schedule OR-ASC-NP, section 3.	33F.		33S.	
34. Income after subtractions. Line 31 minus lines 32 and 33.	34F.	5,575.00	34S.	4,181.00
35. **Oregon percentage.** Line 34S ÷ line 34F (not more than 100.0%).	35.	75.0 %		

2018 Form OR-40-P

00611801031555

Name	SSN
CARINE A DE LOZIER	560-85-8272

Note: Remember to **reprint page 1** if any changes are made on this page.

Deductions and modifications

36.	Amount from line 34F.	36.	5,575.00
37.	**Oregon itemized deductions.** Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter -0-.	37.	3,661.00
38.	**Standard deduction.** Enter your standard deduction (see instructions).	38.	2,215.00

You were: 38a. ☐ 65 or older 38b. ☐ Blind **Your spouse was:** 38c. ☐ 65 or older 38d. ☐ Blind

39.	Enter the larger of line 37 or 38.	39.	3,661.00
40.	2018 federal tax liability. **See instructions for the correct amount: $0-$6,650**.	40.	0.00
41.	Total modifications from Schedule OR-ASC-NP, section 4.	41.	0.00
42.	Add lines 39, 40, and 41.	42.	3,661.00
43.	Taxable income. Line 36 minus line 42. If line 42 is more than line 36, enter -0-.	43.	1,914.00

Oregon tax

44.	**Tax.** Check the appropriate box if you're using an alternative method to calculate your tax (see instructions).	44.	96.00

44a. ☐ Schedule OR-FIA-40-P 44b. ☐ Worksheet OR-FCG 44c. ☐ Schedule OR-PTE-PY

45.	Oregon income tax. Line 44 multiplied by the **Oregon percentage** from line 35 (see instructions).	45.	72.00
46.	Interest on certain installment sales.	46.	
47.	Total tax before credits. Add lines 45 and 46.	47.	72.00

Standard and carryforward credits

48.	Exemption credit (see instructions).	48.	151.00
49.	Total standard credits from Schedule OR-ASC-NP, section 5.	49.	
50.	Total standard credits. Add lines 48 and 49.	50.	151.00
51.	Tax minus standard credits. Line 47 minus line 50. If line 50 is more than line 47, enter -0-	51.	0.00
52.	Total carryforward credits claimed this year from Schedule OR-ASC-NP, section 6. Line 52 can't be more than line 51 (see Schedule OR-ASC-NP instructions).	52.	
53.	Tax after standard and carryforward credits. Line 51 minus line 52	53.	0.00

Payments and refundable credits

54.	Oregon income tax withheld. **Include a copy of Forms W-2 and 1099**.	54.	
55.	Amount applied from your prior year's tax refund.	55.	
56.	Estimated tax payments for 2018. **Include all payments you made** prior to the filing date of this return, including real estate transactions. Do not include the amount you already reported on line 55.	56.	
57.	Tax payments from a pass-through entity.	57.	
58.	Earned income credit (see instructions).	58.	
59.	Reserved.		
60.	Total refundable credits from Schedule OR-ASC-NP, section 7	60.	
61.	Total payments and refundable credits. Add lines 54 through 60.	61.	

Name	SSN
CARINE A DE LOZIER	560-85-8272

Note: Remember to **reprint page 1** if any changes are made on this page.

Tax to pay or refund

62.	**Overpayment of tax.** If line 53 is **less** than line 61, you overpaid. Line 61 minus line 53.	62.	
63.	**Net tax.** If line 53 is **more** than line 61, you have tax to pay. Line 53 minus line 61	63.	
64.	Penalty and interest for filing or paying late (see instructions).	64.	
65.	Interest on underpayment of estimated tax. **Include Form OR-10.**	65.	
	Exception number from Form OR-10, line 1: 65a. Check box if you annualized: 65b. ☐		
66.	Total penalty and interest due. Add lines 64 and 65.	66.	
67.	**Net tax including penalty and interest.** Line 63 plus line 66. **This is the amount you owe**	67.	0.00
68.	**Overpayment less penalty and interest.** Line 62 minus line 66. **This is your refund**	68.	
69.	Estimated tax. Fill in the portion of line 68 you want applied to your estimated tax account.	69.	
70.	Charitable checkoff donations from Schedule OR-DONATE, line 30.	70.	
71.	Oregon 529 College Savings Plan deposits from Schedule OR-529 (see instructions).	71.	
72.	Total. Add lines 69 through 71. Total can't be more than your refund on line 68.	72.	
73.	**Net refund.** Line 68 minus line 72. **This is your net refund**	73.	

Direct deposit

74. For direct deposit of your refund, see instructions. Check the box if this refund will go to an account outside the United States: ☐

Type of account: ☐ Checking **or** ☐ Savings

Routing number:

Account number:

Reserved.

2018 Form OR-40-P

00611801051555

Name	SSN
CARINE A DE LOZIER	560-85-8272

Note: Remember to **reprint page 1** if any changes are made on this page.

Sign here. Under penalty of false swearing, I declare that the information in this return is true, correct, and complete.

Your signature	Date
X	
Spouse's signature (if filing jointly, both **must** sign)	Date
X	

Signature of preparer other than taxpayer	Preparer phone	Preparer license number, if professionally prepared
XSELF PREPARED		

Preparer address	City	State	ZIP code

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the *Tax Information Authorization and Power of Attorney for Representation* form on our website.

Important: Include a copy of your federal Form 1040, 1040X, 1040NR, or 1040NR-EZ. **Without this information, we may adjust your return.**

Make your payment (if you have an amount due on line 67)

- **Online payments:** Visit our website at www.oregon.gov/dor.
- **Mailing your payment:** Make your check or money order payable to the **Oregon Department of Revenue.** Write **"2018 Oregon Form OR-40-P"** and the last four digits of your SSN or ITIN on your check or money order. Include your payment, along with the Form OR-40-V payment voucher, with this return.

Send in your return

- **Non-2-D barcode.** If the 2-D barcode area on the front of this return is blank:
  - — Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
  - — Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- **2-D barcode.** If the 2-D barcode area on the front of this return is filled in:
  - — Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
  - — Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.

Amended statement. Only complete this section if submitting an amended return or filing with a new SSN.

If filing an amended return, complete this statement with an explanation of what you are amending. Indicate the return line numbers and the reason for each change. If your filing status has changed, explain why.

If filing with a new SSN, enter your former identification number.

2018 Schedule OR-A

Page 1 of 1, 150-101-007 (Rev. 12-18) Oregon Department of Revenue

19481801011555

Office use only

Oregon Itemized Deductions

Submit original form—do not submit photocopy.

First name and initial	Last name	Social Security number (SSN)
CARINE A	DE LOZIER	560-85-8272
Spouse's first name and initial	Spouse's last name	Spouse's SSN

Read instructions carefully before completing this schedule.

Medical and dental expenses

Caution! Don't include expenses reimbursed or paid by others.

1.	Medical and dental expenses, (see instructions)	1.	4,038.00	
2.	Federal adjusted gross income (AGI). Enter the amount from Form OR-40, line 7 or Form OR-40-N or OR-40-P, line 29F	2. 5,575.00		
3.	AGI threshold. Multiply line 2 by 7.5% (0.075)	3.	418.00	
4.	**Medical and dental expense deduction.** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4.		3,620.00

Taxes you paid

5.	State and local income taxes. **Don't include Oregon income tax!**	5. 0.00		
6.	Real estate taxes, (see instructions)	6.		
7.	Personal property taxes	7. 0.00		
8.	Reserved	8.		
9.	Total income and property taxes. Add lines 5 through 8. **Don't enter more than $10,000 ($5,000 if married filing separately)**	9.	0.00	
10.	Other taxes. List type and amount: _____	10.		
11.	**Taxes paid deduction.** Add lines 9 and 10	11.		0.00

Interest you paid

12.	Mortgage interest and points reported to you on federal Form 1098	12.		
13.	Mortgage interest not reported to you on federal Form 1098	13.		
14.	Points not reported to you on federal Form 1098	14.		
15.	Reserved	15.		
16.	Investment interest, (see instructions)	16.		
17.	**Interest paid deduction.** Add lines 12 through 16	17.		

Gifts to charity

18.	Gifts by cash or check, (see instructions)	18.	41.00	
19.	Gifts other than by cash or check, (see instructions)	19.		
20.	Carryover from prior year	20.		
21.	Total gifts to charity. Add lines 18 through 20	21.		41.00

Other miscellaneous deductions

22. List type and amount. **Important! Don't include employee business expenses, tax preparation fees, or other deductions subject to the 2 percent of AGI limitation,** (see instructions). _____ 22.

Oregon itemized deductions

23.	Add lines 4, 11, 17, 21, and 22	23.	3,661.00

Enter the amount from line 23 on Form OR-40, line 16 or Form OR-40-N or OR-40-P, line 37.

—You must include this schedule with your Oregon income tax return—

Form 40/40P/40N **Other Additions** **2018**

Name: CARINE A DE LOZIER

Social Security Number: 560-85-8272

This form is to be used by all taxpayers filing an Oregon return. Lines which ***only*** *apply to certain filers are indicated below in parentheses. If an item below does not indicate your main form, it is either not applicable or is to be entered directly on that form.*

Code	Description	Federal Column *(40P/40N)*	Oregon Column *(All Filers)*
103	Claim of right income repayments **(40)**		
106	Disposition of inherited Oregon farmland or forestland **(40, 40N, 40P)**		
107	Federal election on interest and dividends of a minor child **(40, 40N, 40P)**		
109	Federal income tax refunds **(40)**		
116	Net operating loss non-Oregon source **(40, 40N, 40P)**		
117	Oregon 529 College Savings plan withdrawal **(40, 40N, 40P)**		
118	Oregon deferral of reinvested capital gain **(40, 40N, 40P)**		
119	Partnership and S corporation modifications for Oregon **(40, 40N, 40P)**		
122	Unused business credit **(40, 40N, 40P)**		
123	Federal subsidies for employer prescription drug plans **(40, 40N, 40P)**		
131	Federal Law Disconnect. Do not use this code unless instructed by the Department of Revenue **(40, 40N, 40P)**		
	Fiduciary Adjustments		
132	Accumulation distribution from certain domestic trusts **(40, 40N, 40P)**		
133	Fiduciary adjustments from Oregon estates and trusts **(40, 40N, 40P)**		
	Schedule A deduction add back for OR subtractions		
134	Gambling losses claimed as itemized deduction **(40)**		
135	Oregon only Schedule A items **(40)**		
136	Refund of Oregon only Schedule A items from a prior year. **(40)**		
	Individual Development Account (IDA)		
137	Non-qualified withdrawal **(40, 40N, 40P)**		
138	Addback for IDA donation credit **(40)**		
139	Lump-sum distribution from a qualified retirement plan **(40, 40N, 40P)**		
140	Passive foreign Investment Income **(40, 40N, 40P)**		
	Itemized deduction add back for Oregon Credits		
142	Contributions to Child Care Fund **(40)**		
144	Contributions to Oregon Production Investment Fund **(40)**		
145	Contributions to Renewable Energy Development Fund **(40)**		
146	Contributions to a university venture fund **(40)**		
148	Income taxes paid to another state **(40, 40N, 40P)**		
	Basis Adjustments		
150	Basis of business assets transferred to Oregon **(40, 40N, 40P)**		
151	Depletion in excess of property basis **(40, 40N, 40P)**		
152	Depreciation difference for Oregon **(40, 40N, 40P)**		
153	Federal depreciation disconnect **(40, 40N, 40P)**		
154	Gain or loss on sale of depreciable property with different basis for Oregon **(40, 40N, 40P)**		
155	Passive activity losses **(40, 40N, 40P)**		
156	Suspended losses **(40, 40N, 40P)**		
157	Federal estate tax on income in respect of a decedent **(40)**		

158	Interest and dividends on state and local government bonds outside of Oregon **(40, 40N, 40P)**		
159	Federal subtraction for retirement savings rollover from Individual Development Account **(40, 40N, 40P)**		
160	Charitable Donations not allowed for Oregon **(40)**		
161	Nonresident capital loss carryovers **(40, 40N, 40P)**		
163	WFHDC medical expenses **(40)**		
164	ABLE account nonqualified withdrawal **(40, 40N, 40P)**		
165	College Opportunity Grant contributions **(40)**		
184	Repatriated foreign income **(40, 40N, 40P)**		
Other Code	Enter other additions description below		
Total to OR-ASC Section 1 or OR-ASC N/P section 2			0.

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Form 40/40P/40N **Other Subtractions** **2018**

Name: CARINE A DE LOZIER

Social Security Number: 560-85-8272

This form is to be used by all taxpayers filing an Oregon return. Lines which ***only*** *apply to certain filers are indicated below in parentheses. If an item below does not indicate your main form, it is either not applicable or is to be entered directly on that form.*

Code	Description	Federal Column *(40P/40N)*	Oregon Column *(All Filers)*
300	American Indian **(40, 40N, 40P)**		
301	Artist's charitable contribution **(40 only)**		
303	Construction worker and logger commuting **(40, 40N, 40P)**		
306	Federal gain previously taxed by OR **(40, 40N, 40P)**		
307	Federal pension **(40, 40N, 40P)**		
308	Tuition and Fees **(40, 40N, 40P) * EXPIRED ***		
309	Federal tax from a prior year **(40 only)**		
310	Fiduciary adjustments from Oregon estates and trusts **(40, 40N, 40P)**		
311	Foreign tax **(40 only)**		
314	Individual Development Account **(40, 40N, 40P)**		
315	Interest and dividends on U.S. bonds and notes **(40, 40N, 40P)**		
316	Land donation to educational institutions **(40, 40N, 40P)**		
	Interest from state local government bonds		
317	**(40, 40N, 40P)**		
a 319	Military active duty pay **(40, 40N, 40P)**		
b 319	Oregon National Guard and reserve pay subtraction **(40, 40N, 40P)**		
319	Total Military pay subtractions **(40, 40N, 40P)**		
320	Mortgage interest credit **(40 only)**		
321	Net operating loss for Oregon **(40, 40N, 40P)**		
322	Oregon lottery winnings included on your federal return **(40, 40N, 40P)**		

Date of Winning Ticket	Winnings received per ticket

323	Partnership or S corp modifications **(40, 40N, 40P)**		
324	Oregon 529 College Savings Network **(40, 40N, 40P)**		
	Oregon income tax refund included in		

325	federal income **(40N, 40P)**		

327	Employee retirement plans previously taxed **(40, 40N, 40P)**		
329	Public Safety Memorial Fund award **(40, 40N, 40P)**		
330	Railroad Retirement Board benefits: Tier 2, windfall/ vested dual,supplemental, railroad unemployment benefits **(40, 40N, 40P)**		
331	US government interest in IRA or Keogh distributions **(40, 40N, 40P)**		
333	Scholarship awards used for housing exp **(40, 40N, 40P)** .		
335	Legislative Assembly salary/expenses **(40, 40N, 40P)** . . .		
	Film production labor rebate -- Greenlight Oregon Labor		
336	Rebate Fund **(40, 40N, 40P)**		
338	Mobile home park capital gain **(40, 40N, 40P)**		
339	Capital Construction Fund (CCF) **(40, 40N, 40P)**		
340	Federal business credits **(40, 40N, 40P)**		
341	Composite Return **(40N, 40P)**		
342	Oregon investment advantage **(40, 40N, 40P)**		
344	Mobile home tenant payment **(40, 40N, 40P)**		
347	Taxable benefits for former RDP's **(40, 40N, 40P)**		
348	IRA conversions previously taxed **(40, 40N, 40P)**		
350	Discharge of indebtedness **(40**, **40N, 40P**)		
351	Special Oregon medical **(40**, **40N, 40P**)		
352	DISC (domestic international sales corporation) dividends payments **(40, 40N, 40P)**		
354	Depreciation difference for Oregon **(40, 40N, 40P)**		
355	Gain or loss on sale of depreciable property with a different basis for federal and Oregon **(40, 40N, 40P)** . . .		
356	Passive activity losses **(40, 40N, 40P)**		
357	Suspended Losses **(40, 40N, 40P)**		
358	Basis of business assets transferred to Oregon **(40, 40N, 40P**)		
359	Marijuana business expenses not allowed on federal return		
360	ABLE account deposit		
All Others	Enter other subtractions description below		
Total to OR-ASC section 2 or OR-ASC N/P section 3			0.

Oregon

Form 40/40P/40N **Special Oregon Medical Subtraction Worksheet** **2018**

► Keep for your records

Name	Social Security No.

Other Subtractions

Special Oregon medical subtraction Code 351 For Taxpayer and/or Spouse age 65 or over on 12/31/2018

		Column A Taxpayer	Column B Spouse/RDP
1	Medical and dental expenses for each qualifying taxpayer		
2	Total medical and dental expenses (Schedule OR-A, line 1)		
3	Divide line 1 by line 2 and round three decimal places		
4	Enter the lesser of the expenses claimed on line 1 of your Schedule OR-A, or the amount on line 3 of your Schedule OR-A		
5	Multiply line 3 by line 4 and round to whole dollars		
6	Maximum allowable medical subtraction from the table in the instructions ($1,800 maximum)		
7	Enter the lesser of line 5 or line 6		
8	Add line 7, columns A and B, and enter the total. This is your special Oregon medical subtraction		

oriw2601.SCR 12/07/18

Form 40/40N/40P **Other Credits** **2018**

Name	Social Security Number
CARINE A DE LOZIER	560-85-8272

*This form is to be used by all taxpayers filing an Oregon return. Lines which **only** apply to certain filers are indicated below in parenthesis. If an item below does not indicate your main form, it is either not applicable or is to be entered directly on that form.*

Standard Credits

Code	Description	Amount
806	Mutually taxed gain on the sale of residential property	
807	Oregon Cultural Trust contributions	
808	Oregon Veterans' Home Physician	
809	Political contribution credit **(40N, 40P only)**	
810	Reservation enterprise zone	
811	Retirement income credit	
812	Rural Emergency Medical Technician (EMT)	
813	Rural health practitioners	
815	Pass-through income taxes paid to another state — State code	
	Total to Form OR-ASC Section 3 or Form OR-ASC N/P Section 5	

Carryforward Credits

** Credit can be claimed by S corporation shareholders only*

Code	Description	Carried Forward	Awarded this year	Remaining Tax	Claimed this year
835	Agricultural workforce housing			0.	0.
836	*Agriculture workforce housing loans			0.	0.
837	*Alternative qualified research activities			0.	0.
838	Biomass production/collection			0.	0.
839	Business energy carryforward			0.	0.
840	Child and dependent care credit carryforward			0.	0.
841	Child Care Fund contributions			0.	0.
842	*Contribution of computers or scientific equipment, carryforward only			0.	0.
843	Crop donation			0.	0.
845	Electronic commerce zone investment			0.	0.
846	Employer provided dependent care assistance carryforward			0.	0.
847	Employer scholarship			0.	0.
848	*Lender's credit:energy conservation carryforward			0.	0.
849	Energy conservation project			0.	0.
850	Fish screening devices			0.	0.
852	Oregon IDA Initiative Fund donation			0.	0.
853	*Long term enterprise zone facilities			0.	0.
854	*Lender's credit affordable housing			0.	0.
855	Initiative/New Markets			0.	0.
856	Oregon Production Investment Fund contributions			0.	0.
857	Pollution control facilities carryforward			0.	0.
858	*Qualified research activities			0.	0.
859	Renewable Energy Development Fund contributions			0.	0.
860	Renewable energy resource equipment manufact carryforward			0.	0.
861	Residential energy			0.	0.
863	Transportation projects			0.	0.
864	University Venture Development Fund contributions			0.	0.
865	Alternative Fuel Vehicle Fund contributions carryforward			0.	0.
867	Reforestation of underproductive forestlands			0.	0.
868	Rural technology workforce development			0.	0.
869	Bovine manure production/collection			0.	0.
871	College Opportunity Grant contributions			0.	0.
	Total to Form OR-ASC Section 4 or Form OR-ASC N/P Section 6				0.

Refundable Credits

Code	Description	Amount

890	Claim of Right	
891	Mobile Home Park Closure	
895	Working Family Household and Dependent Care (WFHDC)	
Total to Form OR-ASC Section 5 or Form OR-ASC N/P Section 7		
Total to Payments & Refundable Credits Section Form OR-40, or		
Form OR-40-N or Form OR-40-P		
Earned Income Credit		

Form 40N/40P **Other Deductions and Modifications** **2018**

Name	Social Security Number
CARINE A DE LOZIER	560-85-8272

*This form is to be used by all taxpayers filing an Oregon nonresident or part-year resident return. Lines which **only** apply to certain filers are indicated below in parenthesis. If an item below does **not** indicate your main form, it is either not applicable or is to be entered directly on that form.*

Code	Description	Amount
600	Artist's charitable contribution **(40P)**	
601	Federal income tax refunds **(40N, 40P)**	
602	Federal tax from a prior year **(40N, 40P)**	0.
603	Foreign tax **(40N, 40P)**	0.
604	Gambling losses claimed as an itemized deduction **(40N, 40P)**	
605	Federal estate tax on income in respect of a decedent **(40N, 40P)**	
607	Federal mortgage interest credit **(40N, 40P)**	
609	Federal business and health coverage credit **(40N, 40P)**	
642	Child Care Fund contributions **(40N, 40P)**	
644	Oregon Production Investment Fund contributions **(40N, 40P)**	
645	Renewable Energy Development Fund contributions **(40N, 40P)**	
646	University Development Venture Fund contributions **(40N, 40P)**	
648	Oregon IDA Initiative Fund donation credit add-back **(40N, 40P)**	
649	Claim of right income repayment **(40N, 40P)**	
650	Charitable Donations not allowed for Oregon **(40N, 40P)**	
651	WFHDC medical expenses **(40N, 40P)**	
652	College Opportunity Grant contributions **(40N, 40P)**	
Total to OR-ASC N/P section 4		0.

Oregon Information Worksheet 2018

► Keep for your records

Part I – Personal Information

Taxpayer:

First Name . . . CARINE
Middle Initial . . . A Suffix . . . . . .
Last Name . . . DE LOZIER
SSN 560-85-8272
Date of Birth . . . 03/05/1961
Date of Death . .
Daytime Phone . (503)820-8115
Home Phone . .

Spouse/RDP:

First Name . . .
Middle Initial . . Suffix . . . . . .
Last Name . . .
SSN . . . . . .
Date of Birth . .
Date of Death . .
Daytime Phone .

Print phone number on the forms . . . [ ] Home [X] Taxpayer work [ ] Spouse/RDP work
E-mail address . Inlakesh2@protonmail.com
c/o Name . . . .
Street Address . 2716 19th Pl APT 2
City . . . . . Forest Grove State . . OR ZIP Code 97116

APO/FPO address . . . [ ] APO [ ] FPO
Foreign country . . . . . Foreign Zip Code . . .

Part II – Main Form

[ ] Form 40: Resident Tax Return . . . . . ►
[ ] Form 40N: Nonresident Tax Return . . . . . ►
[X] Form 40P: Part-Year Resident Tax Return . . . . . ►
Dates of residency in Oregon (Part-Year and Nonresident filers only) . . . . . From 03/29/2018
To 12/31/2018

Part III – Filing Status

[X] Single
[ ] Married, filing joint
[ ] Married, filing separate
[ ] Eligible to claim your spouse's exemption (see Help)

Do all of the following apply for 2018? - for Working Family Household and Dependent Care Credit

-You lived apart from your spouse during the last 6 months of 2018.
-The person's whose care you paid for lived with you for more than half of 2018.
-You paid more than half of the cost of keeping up that home for 2018.

[ ] Yes
[ ] No

different residency status from spouse?

[ ] Yes
[ ] No

[ ] Head of household
[ ] Qualifying widow(er)

Part IV – Taxpayer/Spouse Information

Taxpayer	Spouse/RDP	
Yes [ ] No [ ]	Yes [ ] No [ ]	Severely disabled
Yes [ ]	Yes [ ]	Legally blind
Yes [ ]	Yes [ ]	Can be claimed as a dependent on someone else's return

Part V — Standard Deductions/Itemized Deductions

- ☐ Itemize even if itemized deductions are less than the standard deduction
- ☐ Married filing separately and spouse/RDP itemizes deductions
- ☐ Take the standard deduction even if less than itemized deductions

Taxes Paid to Another State:

- ***** Did you pay any tax to states other than Oregon?
- ***** If so, were these payments of **current year** taxes to those other states?
- ***** If so, how much of that tax was or would have been included in itemized deductions (on federal Schedule A, line 5)? . . . . . _____

Yes	No	
☐	☒	Take the taxes paid to states other than Oregon as an itemized deduction instead of as a credit

Part VI — Other Information

Main Form Checkboxes

- ☐ Filing a short-year return due to a bankruptcy
  Fiscal year begin date . . . . . _____
- ☐ Electing to defer gain on like-kind property that is exchanged or converted
- ☐ You are considered an Amtrak or waterway worker
- ☐ Federal disaster relief
- ☐ Federal Form 8886

Applied for ITIN Information

Taxpayer	Spouse/RDP	
☐	☐	Taxpayer or Spouse applied for ITIN

First Time Using Social Security Number

Taxpayer	Spouse/RDP	
_____	_____	Taxpayer or Spouse first time using SSN

Self-Employment Information

Taxpayer	Spouse/RDP	
☐	☐	SE income is from doing business in the Tri-Met District
☐	☐	SE income is from doing business in the Lane Transit District

Underpayment Information

- ☐ Have the Oregon Department of Revenue figure the underpayment penalty (see tax help)
- ☐ At least two-thirds of gross income is derived from farming or fishing

Enter any penalty or interest due for filing or paying late . . . . _____

Federal Service Pension Information (verify dates in columns b and c)

(a) Payer's Name

(b) Date Service Began (month, day, year)	(c) Date Service Ended (month, day, year)	(d) months or points before 10/1/91	(e) months or points after 10/1/91	(f) %	(g) Federal Service Pension Income	(h) Federal Service Pension Subtraction	(i) Oregon Service Pension Subtraction	(j) Spouse
								☐
								☐
								☐

Part VII – Electronic Filing Information

Yes	No	
X		Use Federal PIN(s) in place of Form EF (See Help)

Select if special situation applies . . . . _____
Enter any Oregon identified disaster tax relief situations... _____

Part VIII – Direct Deposit Information

Yes	No	
	X	Elect direct deposit of state tax refund
		Do you want direct debit of state tax payment (Electronic Filing only)?

Bank Information:
If you selected direct deposit, fill out the information below:
Name of Financial Institution (optional) . . . . . _____
Account type . . Checking ☐ Savings ☐
Routing number . . . . . _____
Account number . . . . . _____
Enter the payment date to withdraw from the account above . . . . . _____
State balance-due amount from this return . . . . . _____

International ACH Transactions

Yes	No	
		Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part IX – Extension Status

Yes	No	
	X	Tax return due date extended?

Extended due date _____
QuickZoom to Form 40-V: Application for Automatic Extension of Time to File . . . . . ► _____

Part X – Amended Return

☐ Filing an Oregon amended return
Enter the tax year you are amending . . _____
Previous Oregon payment made . . . . _____
Previous Oregon refund received . . . . _____
QuickZoom to Amended Schedule . . . . . ► _____

Tax Payments Worksheet 2018

► Keep for your records

Name	Social Security Number
CARINE A DE LOZIER	560-85-8272

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
	Additional Payments		
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		

6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	**Total tax payments**	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	**Total income tax withheld**	14	
15	Date return will be filed and balance paid	15	

Form **40ES** | **Estimated Tax Worksheet** ► Keep for your records | **2019**

Name(s) Shown on Return: CARINE A DE LOZIER | Your Social Security Number: 560-85-8272

Part I 2019 Estimated Tax Amount Options

1 Select One of Six Ways to Calculate the Required Annual Payment for 2019 Estimates:

a	100% of 2018 taxes (default, see Tax Help)	X	0.
b	100% of tax on 2019 estimated taxable income		0.
c	90% of tax on 2019 estimated taxable income		0.
d	66-2/3% of tax on 2019 estimated taxable income (farmers and fishermen)		0.
e	Equal to 100% of overpayment (no vouchers)		
f	Enter total amount you want to use for estimates and check box ►		

2 Selected estimated tax amount:

a	2019 Required Annual Payment based on your choice above	0.
b	Estimated amount of 2019 state income tax withholding	
c	**Total of estimated tax payments required for** 2019 (line 2a less line 2b)	0.

3 Select Estimated Tax Payment option:

a	Calculate estimates if $1000 or more (default)	X
b	Calculate estimates if _____ (specify amount) or more	
c	Calculate estimates regardless of amount	
d	Do **not** calculate estimates	

Part II Overpayment Application Options

1 Amount of overpayment available

2 Select Overpayment Application Amount Option:

a	Apply none (refund entire overpayment)		X
b	Apply all (increase estimate if required)		
c	Apply to extent of total estimated tax and refund excess		
d	Apply to extent of first quarter amount and refund excess		
e	Enter amount you want to apply ►		
f	Amount applied to 2019 estimated tax	0.	
g	Overpayment to be refunded (line 1 less line 2f)	0.	

3 Select Overpayment Application Sequence:

a [X] ◄ Consecutively **b** [ ] ◄ Evenly

Part III Rounding and Printing Options

1 Select Rounding Option:

a [X] ◄ Round up to next $1 **b** [ ] ◄ Round up to next $10 **c** [ ] ◄ Round up to next $100 **d** [ ] ◄ Round to nearest $1

2 Select Voucher Printing Option:

a [X] ◄ Print (per Part I, lines 3a - c) **b** [ ] ◄ Print only name, etc. **c** [ ] ◄ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 15,2019	2 Jun 17,2019	3 Sep 16,2019	4 Jan 15,2020	Total
1 If you have already made payments, enter amounts					
2 Indicate which payment is due next. (e.g. if it is now Apr 25, check col. 2)	X				
3 Required Payment					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					

Part V Changes to Income, Deductions and Withholding for 2019

2018 income and deductions are shown in the 2018 Actual' column below.
*__Caution:__ For each line in the ' 2019 Estimated' column, enter the estimated 2019 amount **if different** from 2018 . Otherwise, the ' 2018 Actual' amount will be used for that line. If zero, you **must** enter zero.

		2018 **Actual**	*2019 **Estimated**
A	Federal adjusted gross income	5,575.	
B	Oregon additions		
C	Oregon subtractions	0.	
D	Deductions	3,661.	
E	Exemption credit	151.	155.
F	Oregon income tax credits	0.	
G	Oregon income tax withholding		

Part VI 2019 Estimated Taxable Income and Tax

1 Choose your 2019 filing status:
[X] Single [ ] Married filing jointly [ ] Married filing separately
[ ] Head of Household [ ] Qualifying widow(er)

Oregon full-year residents only:

2	Federal adjusted gross income you expect in 2019.	**2**	5,575.
3	Oregon additions you expect in 2019.	**3**	
4	Income after additions. Line 2 plus line 3	**4**	5,575.
5	Oregon subtractions you expect in 2019.	**5**	0.
6	Income after subtractions. Line 4 minus line 5	**6**	5,575.
7	Itemized or standard deductions you expect in 2019.	**7**	3,661.
8	Oregon taxable income you expect in 2019. Line 6 minus line 7	**8**	1,914.
9	2019 Oregon estimated income tax using 2019 tax rate charts.	**9**	72.
10	Exemption credit (number of exemptions x 2019 exemption credit)	**10**	155.
11	Oregon income tax credits you expect for 2019 (do not include exemption credit)	**11**	0.
12	Line 10 plus line 11	**12**	155.
13	Line 9 minus line 12 (not less than -0-)	**13**	0.
14 a	Multiply line 13 by 90% (.90). **If you did not file a 2018 return, enter the amount from line 14a directly on line 14c**	**14 a**	0.
b	Enter 100% of the tax shown on your 2018 return	**b**	0.
c	Enter the smaller of line 14a or 14b. **This is your required annual payment to avoid underpayment interest**	**c**	0.
15	Oregon income tax you expect withheld from your wages and/or pension in 2019	**15**	
16	Annual payment. Line 14c minus line 15	**16**	0.
17	Amount you owe on each payment date	**17**	

Oregon Standard or Itemized Deduction Worksheet 2018

► Keep for your records — **Do not file**

Name	Social Security Number
CARINE A DE LOZIER	560-85-8272

1	Check here if you can be claimed as a dependent on another person's return ► ☐		
2	Minimum amount	**2**	1,050.
3	If the box on line 1 is checked, what was your earned income for the year?	**3**	
4	Enter the larger of line 2 or line 3	**4**	1,050.
5	Standard deduction based on filing status		
a	Single $ 2,215.		
b	Married Filing Jointly $ 4,435.		
c	Married Filing Separately $ 2,215.		
d	Head of Household $ 3,570.		
e	Qualifying Widow(er) $ 4,435.	**5**	2,215.
6	If dependent filer, enter the smaller of line 4 or line 5, otherwise enter line 5	**6**	2,215.
7	Additional deductions:		
a	You are age 65 or older	**7 a**	
b	You are blind	**b**	
c	Spouse/RDP is age 65 or older	**c**	
d	Spouse/RDP is blind	**d**	
8	Total available standard deduction (add lines 6 through 7d)	**8**	2,215.
9	Oregon itemized deductions (from Schedule OR-A)	**9**	3,661.
10	Larger of line 9 or line 8	**10**	3,661.

Oregon Federal Tax Liability Subtraction Worksheet 2018

► Keep for your records — **Do not file**

Name	Social Security Number
CARINE A DE LOZIER	560-85-8272

	Enter your federal adjusted gross income	5,575.	
1	Federal Tax Liability		0.
2	Excess Advance Premium Tax Credit		
3	Subtract line 2 from line 1 (if less than zero, enter zero)		0.
4 a	Additional tax on retirement Plans		
b	Investment credit recapture		
c	Additional tax on charitable contribution		
d	First time homebuyer credit recapture, if not main home or disposed.		
	Add lines 4a through 4d		
5	Add lines 3 & 4		0.
6	American Opportunity Credit		
7	Premium tax credit (Form 8962, line 24)		
8	Add lines 6 through 7		
9	Subtract line 8 from line 5 (if less than zero, enter zero)		0.
10	Maximum allowed tax liability subtraction		6,650.
11	Smaller of line 9 or line 10. Enter here and on Form OR-40, line 10; OR-40-P, line 40; or OR-40-N, line 40		0.

ORIW0501.SCR 07/05/18

Tax Summary 2018

► Keep for your records

Name(s) CARINE A DE LOZIER	
Federal Adjusted gross income	5,575.
Additions to income	
Subtractions from income	0.
Itemized/standard deduction	3,661.
Taxable income	1,914.
Total tax	72.
Exemption credit	151.
Other credits	
Net income tax	0.
Total payments and refundable credits	
Total penalty and interest due	
Amount owed	0.
Overpayment	
Applied to estimated tax	
Donations	
Net Refund	

Smart Worksheets from your 2018 Oregon Tax Return

SMART WORKSHEET FOR: Other Subtractions Statement

529 College Savings Network Smart Worksheet

A	Previous year carryover amount (if applicable)	
B	Enter contribution amount	
C	Oregon limitation	2,375.
D	Amount to be carried over	0.

SMART WORKSHEET FOR: Other Subtractions Statement

US Government Interest in IRA or Keogh Distribution Smart Worksheet

A	Balance in IRA/Pension Accounts as of 12/31/2018	
B	2017 IRA/Keogh distributions taken from this account	
C	Line A plus Line B	
D	US Government Interest Earned as of 12/31/2018	
E	Total Accumulated US Government Interest Received through 12/31/2017	
F	Line D minus Line E, but not less than -0-	0.
G	Line F divided by Line C. Oregon exempt ratio	
H	Line B multiplied by line G. Oregon exempt portion of current year's distribution	

SMART WORKSHEET FOR: Other Subtractions Statement

Able Account Smart Worksheet

A	Previous year carryover amount (if applicable)	
B	Enter contribution amount	
C	Oregon limitation	2,375.
D	Amount to be carried over	0.

SMART WORKSHEET FOR: Other Deductions&Modifications Stmt

Part B: Federal tax paid in a prior year smart worksheet

1	Enter maximum amount from table.	6,650.
2	Enter federal tax liability subtraction.	0.
3	Subtract line 2 from line 1. If the result is 0, you cannot deduct your federal tax from a prior year	6,650.
4	Enter the amount of federal tax you paid in 2017 for a prior year.	
5	Enter the smaller of line 3 or line 4 and on line 3 (deduction code 602).	0.

SMART WORKSHEET FOR: Other Deductions&Modifications Stmt

Part C: Foreign tax subtraction smart worksheet

1	Enter maximum amount from table.	6,650.
2	Enter federal tax liability subtraction (including Part B, Line 5 above)	0.
3	Subtract line 2 from line 1. If the result is 0, you cannot deduct your foreign tax paid	6,650.
4	Enter the amount of foreign tax you paid in 2018, but no more than $3,000 ($1,500 if your filing status is married filing separately)	
5	Enter the smaller of line 3 or line 4 and enter as subtraction code 603	0.

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

U.S. Individual Income Tax Return

2018 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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

Your first name and initial	Last name	Your social security number
CARINE A	DE LOZIER	560-85-8272

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

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

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

☒ Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Presidential Election Campaign (see inst.) ☐ You ☐ Spouse
2716 19th Pl	2	

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.

Forest Grove OR 97116

If more than four dependents, see inst. and ✓ here ▶ ☐

Dependents (see instructions): (1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Sign Here

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

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

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

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
				☐ 3rd Party Designee
Firm's name ▶ Self-Prepared		Phone no.		☐ Self-employed
Firm's address ▶				

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

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	
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a	13.	b Ordinary dividends	3b	13.
4a	IRAs, pensions, and annuities	4a	6,841.	b Taxable amount	4b	5,503.
5a	Social security benefits	5a	15,468.	b Taxable amount	5b	0.
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 59.				6	5,575.
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	5,575.
8	**Standard deduction or itemized deductions** (from Schedule A)				8	12,000.
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	0.
11	**a** Tax (see inst.) 0. (check if any from: **1** ☐ Form(s) 8814 **2** ☐ Form 4972 **3** ☐)					
	b Add any amount from Schedule 2 and check here ▶ ☐				11	0.
12	**a** Child tax credit/credit for other dependents **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	0.
14	Other taxes. Attach Schedule 4				14	0.
15	Total tax. Add lines 13 and 14				15	0.
16	Federal income tax withheld from Forms W-2 and 1099				16	1,147.
17	Refundable credits: **a** EIC (see inst.) NO **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	1,147.

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

19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you **overpaid**	19	1,147.
20a	Amount of line 19 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	20a	1,147.
▶ b	Routing number 256078446 ▶ c Type: ☒ Checking ☐ Savings		
▶ d	Account number 746516402 3		
21	Amount of line 19 you want **applied to your 2019 estimated tax** ▶ 21		

Direct deposit? See instructions.

Amount You Owe

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		

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* for instructions and the latest information.**

OMB No. 1545-0074

2018

Attachment Sequence No. **01**

Name(s) shown on Form 1040: CARINE A DE LOZIER

Your social security number: 560-85-8272

Additional Income	**1–9b**	Reserved		**1–9b**	
	10	Taxable refunds, credits, or offsets of state and local income taxes		**10**	
	11	Alimony received		**11**	
	12	Business income or (loss). Attach Schedule C or C-EZ		**12**	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► ☒		**13**	59.
	14	Other gains or (losses). Attach Form 4797		**14**	
	15a	Reserved		**15b**	
	16a	Reserved		**16b**	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		**17**	
	18	Farm income or (loss). Attach Schedule F		**18**	
	19	Unemployment compensation		**19**	
	20a	Reserved		**20b**	
	21	Other income. List type and amount ►		**21**	
	22	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		**22**	59.
Adjustments to Income	**23**	Educator expenses	**23**		
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	**24**		
	25	Health savings account deduction. Attach Form 8889	**25**		
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	**26**		
	27	Deductible part of self-employment tax. Attach Schedule SE	**27**		
	28	Self-employed SEP, SIMPLE, and qualified plans	**28**		
	29	Self-employed health insurance deduction	**29**		
	30	Penalty on early withdrawal of savings	**30**		
	31a	Alimony paid **b** Recipient's SSN ►	**31a**		
	32	IRA deduction	**32**		
	33	Student loan interest deduction	**33**		
	34	Reserved	**34**		
	35	Reserved	**35**		
	36	Add lines 23 through 35		**36**	