

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

Your first name and initial: WINDSOR Last name: WASHINGTON Your social security number: 121-00-1234

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

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. 200 SISTERS LANE Apt. no. Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. LABELLE, FL 33935

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
SANDY	WASHINGTON	122-00-1234	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GINNY	SMALL	124-00-1234	PARENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.)
	10/10/19	IT TECH	<input type="text"/>
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.)
			<input type="text"/>

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
		S12345678	-	<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ PRACTICE LAB		Phone no. 202-202-2022		<input type="checkbox"/> Self-employed
Firm's address ▶ 15 PRACTICE LAB WAY WASHINGTON DC 20005				

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	29981
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	2a	Tax-exempt interest	2a	b	Taxable interest
	3a	Qualified dividends	3a	b	Ordinary dividends
	4a	IRAs, pensions, and annuities	4a	b	Taxable amount
	5a	Social security benefits	5a	b	Taxable amount
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		6	29981
	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	29981
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.	8	Standard deduction or itemized deductions (from Schedule A)		8	18000
	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	11981
	11	a Tax (see inst.) <u>1198</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____)		11	1198
		b Add any amount from Schedule 2 and check here <input type="checkbox"/>		12	1198
	12	a Child tax credit/credit for other dependents <u>793</u> b Add any amount from Schedule 3 and check here <input checked="" type="checkbox"/>		13	0
	13	Subtract line 12 from line 11. If zero or less, enter -0-		14	0
	14	Other taxes. Attach Schedule 4		15	0
	15	Total tax. Add lines 13 and 14		16	2997
	16	Federal income tax withheld from Forms W-2 and 1099		17	3053
	17	Refundable credits: a EIC (see inst.) <u>1653</u> b Sch. 8812 <u>1400</u> c Form 8863		18	6050
	18	Add any amount from Schedule 5		19	6050
	19	Add lines 16 and 17. These are your total payments		20a	6050
Direct deposit? See instructions.	20a	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid			
	21	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>			
	21	Amount of line 19 you want applied to your 2019 estimated tax			
	22	Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions			
	23	Estimated tax penalty (see instructions)			

Go to www.irs.gov/Form1040 for instructions and the latest information.

QNA

**SCHEDULE 3
(Form 1040)**

Nonrefundable Credits

OMB No. 1545-0074

2018
Attachment
Sequence No. **03**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

Name(s) shown on Form 1040

Your social security number

WINDSOR WASHINGTON

121-00-1234

Nonrefundable Credits	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	405
	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 <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	54	
	55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55	405

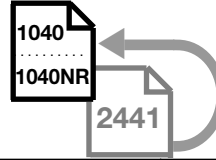
For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2018

QNA

Child and Dependent Care Expenses

▶ Attach to Form 1040 or Form 1040NR.



2018

Attachment Sequence No. **21**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return **WINDSOR WASHINGTON** Your social security number **121-00-1234**

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box.

Part I Persons or Organizations Who Provided the Care—You must complete this part.
(If you have more than two care providers, see the instructions.)

1 (a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
RIVERS CHILD CARE	303 TWIGGS TRAIL CANTON MI 48187	35-9000000	1500

Did you receive dependent care benefits? **No** → Complete only Part II below.
 Yes → Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 4 (Form 1040), line 60a; or Form 1040NR, line 59a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

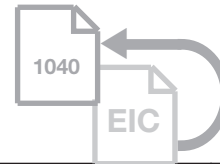
(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2018 for the person listed in column (a)
First	Last		
SANDY	WASHINGTON	122-00-1234	1500

3 Add the amounts in column (c) of line 2. Don't enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	1500																																								
4 Enter your earned income . See instructions	4	29981																																								
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	29981																																								
6 Enter the smallest of line 3, 4, or 5	6	1500																																								
7 Enter the amount from Form 1040, line 7; or Form 1040NR, line 36	7	29981																																								
8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X .27																																								
<table border="0"> <tr> <td>If line 7 is:</td> <td>If line 7 is:</td> </tr> <tr> <td> <table border="0"> <tr> <th>But not Over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$0—15,000</td> <td>.35</td> </tr> <tr> <td>15,000—17,000</td> <td>.34</td> </tr> <tr> <td>17,000—19,000</td> <td>.33</td> </tr> <tr> <td>19,000—21,000</td> <td>.32</td> </tr> <tr> <td>21,000—23,000</td> <td>.31</td> </tr> <tr> <td>23,000—25,000</td> <td>.30</td> </tr> <tr> <td>25,000—27,000</td> <td>.29</td> </tr> <tr> <td>27,000—29,000</td> <td>.28</td> </tr> </table> </td> <td> <table border="0"> <tr> <th>But not Over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$29,000—31,000</td> <td>.27</td> </tr> <tr> <td>31,000—33,000</td> <td>.26</td> </tr> <tr> <td>33,000—35,000</td> <td>.25</td> </tr> <tr> <td>35,000—37,000</td> <td>.24</td> </tr> <tr> <td>37,000—39,000</td> <td>.23</td> </tr> <tr> <td>39,000—41,000</td> <td>.22</td> </tr> <tr> <td>41,000—43,000</td> <td>.21</td> </tr> <tr> <td>43,000—No limit</td> <td>.20</td> </tr> </table> </td> </tr> </table>	If line 7 is:	If line 7 is:	<table border="0"> <tr> <th>But not Over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$0—15,000</td> <td>.35</td> </tr> <tr> <td>15,000—17,000</td> <td>.34</td> </tr> <tr> <td>17,000—19,000</td> <td>.33</td> </tr> <tr> <td>19,000—21,000</td> <td>.32</td> </tr> <tr> <td>21,000—23,000</td> <td>.31</td> </tr> <tr> <td>23,000—25,000</td> <td>.30</td> </tr> <tr> <td>25,000—27,000</td> <td>.29</td> </tr> <tr> <td>27,000—29,000</td> <td>.28</td> </tr> </table>	But not Over	Decimal amount is	\$0—15,000	.35	15,000—17,000	.34	17,000—19,000	.33	19,000—21,000	.32	21,000—23,000	.31	23,000—25,000	.30	25,000—27,000	.29	27,000—29,000	.28	<table border="0"> <tr> <th>But not Over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$29,000—31,000</td> <td>.27</td> </tr> <tr> <td>31,000—33,000</td> <td>.26</td> </tr> <tr> <td>33,000—35,000</td> <td>.25</td> </tr> <tr> <td>35,000—37,000</td> <td>.24</td> </tr> <tr> <td>37,000—39,000</td> <td>.23</td> </tr> <tr> <td>39,000—41,000</td> <td>.22</td> </tr> <tr> <td>41,000—43,000</td> <td>.21</td> </tr> <tr> <td>43,000—No limit</td> <td>.20</td> </tr> </table>	But not Over	Decimal amount is	\$29,000—31,000	.27	31,000—33,000	.26	33,000—35,000	.25	35,000—37,000	.24	37,000—39,000	.23	39,000—41,000	.22	41,000—43,000	.21	43,000—No limit	.20	8	X .27
If line 7 is:	If line 7 is:																																									
<table border="0"> <tr> <th>But not Over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$0—15,000</td> <td>.35</td> </tr> <tr> <td>15,000—17,000</td> <td>.34</td> </tr> <tr> <td>17,000—19,000</td> <td>.33</td> </tr> <tr> <td>19,000—21,000</td> <td>.32</td> </tr> <tr> <td>21,000—23,000</td> <td>.31</td> </tr> <tr> <td>23,000—25,000</td> <td>.30</td> </tr> <tr> <td>25,000—27,000</td> <td>.29</td> </tr> <tr> <td>27,000—29,000</td> <td>.28</td> </tr> </table>	But not Over	Decimal amount is	\$0—15,000	.35	15,000—17,000	.34	17,000—19,000	.33	19,000—21,000	.32	21,000—23,000	.31	23,000—25,000	.30	25,000—27,000	.29	27,000—29,000	.28	<table border="0"> <tr> <th>But not Over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$29,000—31,000</td> <td>.27</td> </tr> <tr> <td>31,000—33,000</td> <td>.26</td> </tr> <tr> <td>33,000—35,000</td> <td>.25</td> </tr> <tr> <td>35,000—37,000</td> <td>.24</td> </tr> <tr> <td>37,000—39,000</td> <td>.23</td> </tr> <tr> <td>39,000—41,000</td> <td>.22</td> </tr> <tr> <td>41,000—43,000</td> <td>.21</td> </tr> <tr> <td>43,000—No limit</td> <td>.20</td> </tr> </table>	But not Over	Decimal amount is	\$29,000—31,000	.27	31,000—33,000	.26	33,000—35,000	.25	35,000—37,000	.24	37,000—39,000	.23	39,000—41,000	.22	41,000—43,000	.21	43,000—No limit	.20					
But not Over	Decimal amount is																																									
\$0—15,000	.35																																									
15,000—17,000	.34																																									
17,000—19,000	.33																																									
19,000—21,000	.32																																									
21,000—23,000	.31																																									
23,000—25,000	.30																																									
25,000—27,000	.29																																									
27,000—29,000	.28																																									
But not Over	Decimal amount is																																									
\$29,000—31,000	.27																																									
31,000—33,000	.26																																									
33,000—35,000	.25																																									
35,000—37,000	.24																																									
37,000—39,000	.23																																									
39,000—41,000	.22																																									
41,000—43,000	.21																																									
43,000—No limit	.20																																									
9 Multiply line 6 by the decimal amount on line 8. If you paid 2017 expenses in 2018, see the instructions	9	405																																								
10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions.	10	1198																																								
11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Schedule 3 (Form 1040), line 49; or Form 1040NR, line 47	11	405																																								

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

SCHEDULE EIC
(Form 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

2018

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

WINDSOR WASHINGTON

Your social security number

121-00-1234

Before you begin:

- See the instructions for Form 1040, line 17a, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	SANDY WASHINGTON					
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040, line 17a, unless the child was born and died in 2018. If your child was born and died in 2018 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	122-00-1234					
3 Child's year of birth	Year <u>2</u> <u>0</u> <u>1</u> <u>4</u> <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4 a Was the child under age 24 at the end of 2018, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2018?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	DAUGHTER					
6 Number of months child lived with you in the United States during 2018 • If the child lived with you for more than half of 2018 but less than 7 months, enter "7." • If the child was born or died in 2018 and your home was the child's home for more than half the time he or she was alive during 2018, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	

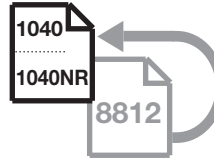
For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule EIC (Form 1040) 2018

QNA

SCHEDULE 8812
(Form 1040)

Additional Child Tax Credit



OMB No. 1545-0074

2018

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.
▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

Name(s) shown on return

Your social security number

WINDSOR WASHINGTON

121-00-1234

Part I All Filers

Caution: If you file Form 2555 or 2555-EZ, **stop here;** you cannot claim the additional child tax credit.

1	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise: 1040 filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040, line 12a). 1040NR filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040NR, line 49).		1	2500
2	Enter the amount from Form 1040, line 12a, or Form 1040NR, line 49		2	793
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit		3	1707
4	Number of qualifying children under 17 with the required social security number: <u>1</u> X \$1,400. Enter the result. If zero, stop here; you cannot claim this credit		4	1400
5	Enter the smaller of line 3 or line 4		5	1400
6a	Earned income (see separate instructions)	6a		29981
b	Nontaxable combat pay (see separate instructions)	6b		
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result	7		27481
8	Multiply the amount on line 7 by 15% (0.15) and enter the result Next. On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> No. If line 8 is zero, stop here; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.		8	4122

Part II Certain Filers Who Have Three or More Qualifying Children

9	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions	9		
10	1040 filers: Enter the total of the amounts from Schedule 1 (Form 1040), line 27, and Schedule 4 (Form 1040), line 58, plus any taxes that you identified using code "UT" and entered on Schedule 4 (Form 1040), line 62. 1040NR filers: Enter the total of the amounts from Form 1040NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	10		
11	Add lines 9 and 10	11		
12	1040 filers: Enter the total of the amounts from Form 1040, line 17a, and Schedule 5 (Form 1040), line 72. 1040NR filers: Enter the amount from Form 1040NR, line 67.	12		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13		
14	Enter the larger of line 8 or line 13 Next, enter the smaller of line 5 or line 14 on line 15.	14		

Part III Additional Child Tax Credit

15	This is your additional child tax credit	15	1400
-----------	----------------------------------------------------	-----------	------



Enter this amount on
Form 1040, line 17b, or
Form 1040NR, line 64.