

Your first name and initial  <b>Rose A</b>	Last name  <b>Kincade</b>	OMB No. 1545-0074 <b>Your social security number</b> <div style="background-color: black; width: 40px; height: 15px; display: inline-block;"></div> <div style="background-color: black; width: 40px; height: 15px; display: inline-block;"></div> <div style="display: inline-block; width: 40px; text-align: center;">3073</div>
If a joint return, spouse's first name and initial	Last name	<b>Spouse's social security number</b>

Home address (number and street). If you have a P.O. box, see instructions. <b>PO Box 31015</b>	Apt. no.	Make sure the SSN(s) above and on line 6c are correct.  <b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Flagstaff AZ 86003-1015</b>		
Foreign country name	Foreign province/state/county	Foreign postal code

**Filing status** Check only one box.

<b>1</b> <input type="checkbox"/> Single <b>2</b> <input type="checkbox"/> Married filing jointly (even if only one had income) <b>3</b> <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	<b>4</b> <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ <b>5</b> <input type="checkbox"/> Qualifying widow(er) (see instructions)
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**Exemptions**

**6a** ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a.

**b** ☐ **Spouse**

**c Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
Elizabeth R	Kincade	<div style="background-color: black; width: 100px; height: 15px;"></div>	Daughter	<input checked="" type="checkbox"/>
Lynnda	Kincade	<div style="background-color: black; width: 100px; height: 15px;"></div>	Niece	<input type="checkbox"/>
Austin	Kincade	<div style="background-color: black; width: 100px; height: 15px;"></div>	Nephew	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**d** Total number of exemptions claimed.

**Boxes checked on 6a and 6b** 1

**No. of children on 6c who:**

• **lived with you** 3

• **did not live with you due to divorce or separation (see instructions)**  

**Dependents on 6c not entered above**  

**Add numbers on lines above ▶** 4

**Income**

<b>7</b> Wages, salaries, tips, etc. Attach Form(s) W-2.	<b>7</b>	9,745.
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Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.  
  
If you did not get a W-2, see instructions.

<b>8a</b> Taxable interest. Attach Schedule B if required.	<b>8a</b>	
<b>b</b> Tax-exempt interest. <b>Do not</b> include on line 8a.	<b>8b</b>	
<b>9a</b> Ordinary dividends. Attach Schedule B if required.	<b>9a</b>	
<b>b</b> Qualified dividends (see instructions).	<b>9b</b>	
<b>10</b> Capital gain distributions (see instructions).	<b>10</b>	
<b>11a</b> IRA distributions.	<b>11a</b>	<b>11b</b> Taxable amount (see instructions).
		<b>11b</b>
<b>12a</b> Pensions and annuities.	<b>12a</b>	<b>12b</b> Taxable amount (see instructions).
		<b>12b</b>
<b>13</b> Unemployment compensation and Alaska Permanent Fund dividends.	<b>13</b>	
<b>14a</b> Social security benefits.	<b>14a</b>	<b>14b</b> Taxable amount (see instructions).
		<b>14b</b>

<b>15</b> Add lines 7 through 14b (far right column). This is your <b>total income.</b> ▶	<b>15</b>	9,745.
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**Adjusted gross income**

<b>16</b> Educator expenses (see instructions).	<b>16</b>	
<b>17</b> IRA deduction (see instructions).	<b>17</b>	
<b>18</b> Student loan interest deduction (see instructions).	<b>18</b>	
<b>19</b> Tuition and fees. Attach Form 8917.	<b>19</b>	
<b>20</b> Add lines 16 through 19. These are your <b>total adjustments.</b>	<b>20</b>	

<b>21</b> Subtract line 20 from line 15. This is your <b>adjusted gross income.</b> ▶	<b>21</b>	9,745.
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<b>Tax, credits, and payments</b>	<b>22</b>	Enter the amount from line 21 (adjusted gross income).	22	9,745.
	<b>23a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind</b> } <b>Total boxes</b> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind</b> } <b>checked</b> ▶ <b>23a</b> <input type="checkbox"/>		
	<b>b</b>	If you are married filing separately and your spouse itemizes deductions, check here ▶ <b>23b</b> <input type="checkbox"/>		
	<b>24</b>	Enter your <b>standard deduction</b> .	24	9,350.
	<b>25</b>	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	395.
	<b>26</b>	<b>Exemptions.</b> Multiply \$4,050 by the number on line 6d.	26	16,200.
	<b>27</b>	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.	27	0.
	<b>28</b>	<b>Tax</b> , including any alternative minimum tax (see instructions).	28	0.
	<b>29</b>	Excess advance premium tax credit repayment. Attach Form 8962.	29	
	<b>30</b>	Add lines 28 and 29.	30	0.
<b>Standard Deduction for—</b> • People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	<b>31</b>	Credit for child and dependent care expenses. Attach Form 2441.	31	
	<b>32</b>	Credit for the elderly or the disabled. Attach Schedule R.	32	
	<b>33</b>	Education credits from Form 8863, line 19.	33	
	<b>34</b>	Retirement savings contributions credit. Attach Form 8880.	34	
	<b>35</b>	Child tax credit. Attach Schedule 8812, if required.	35	0.
	<b>36</b>	Add lines 31 through 35. These are your <b>total credits</b> .	36	0.
	<b>37</b>	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.	37	0.
	<b>38</b>	Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/>	38	0.
	<b>39</b>	Add line 37 and line 38. This is your <b>total tax</b> .	39	0.
	<b>40</b>	Federal income tax withheld from Forms W-2 and 1099.	40	293.
<b>Refund</b>  Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.	<b>41</b>	2017 estimated tax payments and amount applied from 2016 return.	41	
	<b>42a</b>	<b>Earned income credit (EIC).</b>	42a	4,376.
	<b>b</b>	Nontaxable combat pay election. <b>42b</b>		
	<b>43</b>	Additional child tax credit. Attach Schedule 8812.	43	1,012.
	<b>44</b>	American opportunity credit from Form 8863, line 8.	44	
	<b>45</b>	Net premium tax credit. Attach Form 8962.	45	
	<b>46</b>	Add lines 40, 41, 42a, 43, 44, and 45. These are your <b>total payments</b> .	46	5,681.
	<b>47</b>	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you <b>overpaid</b> .	47	5,681.
	<b>48a</b>	Amount of line 47 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	48a	5,681.
	<b>b</b>	Routing number <input type="text" value="283977688"/> ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number <input type="text" value=""/>			
<b>49</b>	Amount of line 47 you want <b>applied to your 2018 estimated tax</b> .	49		
<b>Amount you owe</b>	<b>50</b>	<b>Amount you owe.</b> Subtract line 46 from line 39. For details on how to pay, see instructions.	50	
	<b>51</b>	Estimated tax penalty (see instructions).	51	

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

**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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Your occupation **Security Guard** Daytime phone number **(812) 391-1915**

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.) \_\_\_\_\_

**Print/Type preparer's name** \_\_\_\_\_ **Preparer's signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Check** ☐ if self-employed **PTIN** \_\_\_\_\_

**Firm's name** ▶ **Self-Prepared** **Firm's EIN** ▶ \_\_\_\_\_

**Firm's address** ▶ \_\_\_\_\_ **Phone no.** \_\_\_\_\_

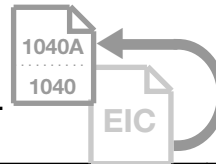
**SCHEDULE EIC**  
**(Form 1040A or 1040)**Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Rose A Kincade

**Earned Income Credit**  
Qualifying Child Information

- ▶ **Complete and attach to Form 1040A or 1040 only if you have a qualifying child.**
- ▶ **Go to [www.irs.gov/ScheduleEIC](http://www.irs.gov/ScheduleEIC) for the latest information.**



OMB No. 1545-0074

**2017**Attachment  
Sequence No. **43**

Your social security number

3073

**Before you begin:**

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, 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**

<b>1 Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Elizabeth Last name R Kincade	First name Lynnda Last name Kincade	First name Austin Last name Kincade
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2017. If your child was born and died in 2017 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.			
<b>3 Child's year of birth</b>	Year <u>2</u> <u>0</u> <u>0</u> <u>6</u> <i>If born after 1998 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <u>1</u> <u>9</u> <u>9</u> <u>9</u> <i>If born after 1998 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <u>2</u> <u>0</u> <u>0</u> <u>2</u> <i>If born after 1998 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>
<b>4 a</b> Was the child under age 24 at the end of 2017, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Go to line 5.</i> <i>Go to line 4b.</i>	<input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Go to line 5.</i> <i>Go to line 4b.</i>	<input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Go to line 5.</i> <i>Go to line 4b.</i>
<b>b</b> Was the child permanently and totally disabled during any part of 2017?	<input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Go to line 5.</i> The child is not a qualifying child.	<input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Go to line 5.</i> The child is not a qualifying child.	<input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Go to line 5.</i> The child is not a qualifying child.
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter	Niece	Nephew
<b>6 Number of months child lived with you in the United States during 2017</b>  • If the child lived with you for more than half of 2017 but less than 7 months, enter "7." • If the child was born or died in 2017 and your home was the child's home for more than half the time he or she was alive during 2017, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>	<u>12</u> months <i>Do not enter more than 12 months.</i>	<u>12</u> months <i>Do not enter more than 12 months.</i>

**SCHEDULE 8812**  
**(Form 1040A or 1040)**

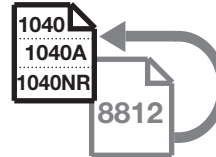
Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Rose A Kincade

# Child Tax Credit

- ▶ **Attach to Form 1040, Form 1040A, or Form 1040NR.**  
▶ **Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.**



OMB No. 1545-0074

**2017**

Attachment  
Sequence No. **47**

Your social security number

3073

**Part I Filers Who Have Certain Child Dependent(s) with an Individual Taxpayer Identification Number (ITIN)**



*Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit.  
If your dependent is **not** a qualifying child for the credit, you cannot include that dependent in the calculation of this credit.*

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an Individual Taxpayer Identification Number (ITIN) and that you indicated is a qualifying child for the child tax credit by checking column (4) for that dependent.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ Yes ☐ No
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ Yes ☐ No
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ Yes ☐ No
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- ☐ Yes ☐ No

**Note:** If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see separate instructions and check here . . . . . ☐

**Part II Additional Child Tax Credit Filers**

<b>1</b>	If you file Form 2555 or 2555-EZ, <b>stop</b> here; you cannot claim the additional child tax credit.		
	If you are required to use the worksheet in <b>Pub. 972</b> , enter the amount from line 8 of the Child Tax Credit Worksheet in the publication. Otherwise:		
<b>1040 filers:</b>	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040, line 52).	<b>1</b>	2,000.
<b>1040A filers:</b>	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040A, line 35).		
<b>1040NR filers:</b>	Enter the amount from line 6 of your Child Tax Credit Worksheet (see the instructions for Form 1040NR, line 49).		
<b>2</b>	Enter the amount from Form 1040, line 52; Form 1040A, line 35; or Form 1040NR, line 49 . . . . .	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop</b> here; you cannot claim this credit . . . . .	<b>3</b>	2,000.
<b>4a</b>	Earned income (see separate instructions) . . . . .	<b>4a</b>	9,745.
<b>b</b>	Nontaxable combat pay (see separate instructions) . . . . .	<b>4b</b>	
<b>5</b>	Is the amount on line 4a more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result . . . . .	<b>5</b>	6,745.
<b>6</b>	Multiply the amount on line 5 by 15% (0.15) and enter the result . . . . . <b>Next.</b> Do you have three or more qualifying children? <input checked="" type="checkbox"/> <b>No.</b> If line 6 is zero, <b>stop</b> here; you cannot claim this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 3 or line 6 on line 13. <input type="checkbox"/> <b>Yes.</b> If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.	<b>6</b>	1,012.

**Part III Certain Filers Who Have Three or More Qualifying Children**

<b>7</b>	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 . . . . .	<b>7</b>		
<b>8</b>	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 27 and 58, plus any taxes that you identified using code "UT" and entered on line 62.	<b>8</b>		
	<b>1040A filers:</b> Enter -0-.			
	<b>1040NR filers:</b> 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.	<b>9</b>		
<b>9</b>	Add lines 7 and 8 . . . . .			
<b>10</b>	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 66a and 71.	<b>10</b>		
	<b>1040A filers:</b> Enter the total of the amount from Form 1040A, line 42a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 46 (see separate instructions).			
	<b>1040NR filers:</b> Enter the amount from Form 1040NR, line 67.			
<b>11</b>	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	<b>11</b>		
<b>12</b>	Enter the <b>larger</b> of line 6 or line 11 . . . . . Next, enter the <b>smaller</b> of line 3 or line 12 on line 13.	<b>12</b>		

**Part IV Additional Child Tax Credit**

<b>13</b>	This is your additional child tax credit . . . . .	<b>13</b>	1,012.
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Enter this amount on  
Form 1040, line 67,  
Form 1040A, line 43, or  
Form 1040NR, line 64.

# Tax History Report

2017

► Keep for your records

Name(s) Shown on Return

Rose A Kincade

	Five Year Tax History:				
	2013	2014	2015	2016	2017
Filing status . . . . .	HH	HH	HH	HH	HH
Total income . . . . .	18,257.	22,654.	7,136.	19,509.	9,745.
Adjustments to income					
Adjusted gross income	18,257.	22,654.	7,136.	19,509.	9,745.
Tax expense . . . . .	227.	698.	227.	565.	481.
Interest expense . . .					
Contributions . . . . .					
Miscellaneous deductions. . . . .					
Other Itemized Deductions . . . . .					
Total itemized/standard deduction . .	8,950.	9,100.	9,250.	9,300.	9,350.
Exemption amount . .	15,600.	15,800.	16,000.	16,200.	16,200.
Taxable income . . . .	0.	0.	0.	0.	0.
Tax. . . . .					
Alternative min tax . .					
Total credits . . . . .	0.	0.	0.	0.	0.
Other taxes . . . . .				0.	0.
Payments . . . . .	5,446.	8,995.	3,751.	7,242.	5,681.
Form 2210 penalty . .					
Amount owed . . . . .					
Applied to next year's estimated tax .					
Refund. . . . .	5,446.	8,995.	3,751.	7,242.	5,681.
Effective tax rate % . .	-29.69	-38.58	-51.53	-37.12	-55.29
**Tax bracket % . . .	10.0	10.0	10.0	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 tax return electronically or by paper and obtain your refund directly from 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, 2018.

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

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website ([irs.gov](http://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](http://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.

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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 <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days <sup>2</sup>	No additional cost.
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>2</sup>	
ELECTRONIC FILING (E-FILE)  Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your prepaid card <sup>1</sup> .	Usually within 21 days <sup>2</sup>	\$39.99

<sup>1</sup>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.

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

Questions? Call 1-877-908-7228



---

## Consent to Use of Tax Return Information

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 are requesting use of personal information from a joint return, you are representing that we have consent for both parties on the return.

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](mailto:complaints@tigta.treas.gov).

The following statements apply:

Sign this agreement by entering your name and the date below.

First Name

Last Name

Date

## 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](mailto:complaints@tigta.treas.gov).

---

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

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

Rose

First Name

Kincade

Last Name

Please type the date below:

01/30/2018

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](mailto:complaints@tigta.treas.gov).

---

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

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2017 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Rose

Kincade

Please type the date below:

01/30/2018

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](mailto:complaints@tigta.treas.gov).

---

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

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2017 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Please type the date below:

Date

Name(s) Shown on Return Rose A Kincade	Your SSN [REDACTED] 3073
---	-----------------------------

**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 2016 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
	<input type="checkbox"/>
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	0.
7		7	
8	Total other modifications to investment income . . . . .	8	0.

**Line 9b - State income tax allocable to net investment income**

1	State, local, and foreign 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, local and foreign income taxes allocable to investment income . . . . .	5	

**Line 10 - Tax preparations fees allocable to net investment income**

1	Tax preparations fees . . . . .	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	Tax preparations fees allocable to investment income . . . . .	5	

**Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet****Part I - Application of Section 67 to Deductions Properly Allocable to Investment Income**

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income before any itemized deductions limitations: _____ _____ _____		
2	Enter the total of all items listed on line 1 . . . . .	2	
3	Enter the amount of all Miscellaneous Itemized Deductions after the application of the section 67 limitation (Schedule A (Form 1040), line 27) . . . . .	3	
4	Enter the lesser of the total reported on line 2 or line 3 . . . . .	4	

**Part II - Application of Section 67 Limitation to Specific Deductions**

(A)	(B)	(C)
Reenter the amounts and descriptions from Part I, line 1	Fraction (see Help)	Column A times B
_____ x _____ = _____		
_____ x _____ = _____		
_____ x _____ = _____		
_____ x _____ = _____		

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

1	Enter the amount of Miscellaneous Itemized Deductions properly allocable to investment income from Column(C) of Part II: _____ _____ _____	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 40 . . . . .	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:		
<b>1</b> _____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
_____	x _____ = _____	
Total miscellaneous investment expenses to Form 8960, line 9c . . . . .		
<b>2</b> State, local, and foreign income taxes . . . . .	x _____ = _____	
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
<b>3</b> _____	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 12/31/2016	(c) Suspended 12/31/2017	(d) Used against activity	(e) Used against other passive

**2) Former Passive Activity Suspended Losses - Schedule D**

(a) Activity name	(b) Suspended 12/31/2016	(c) Suspended 12/31/2017	(d) Used against activity	(e) Used against other passive

**3) Former Passive Activity Suspended Losses - Form 4797**

(a) Activity name	(b) Suspended 12/31/2016	(c) Suspended 12/31/2017	(d) Used against activity	(e) Used against other passive

Name(s) Shown on Return  
Rose A Kincade

Your SSN  
[REDACTED] 3073

Was the recovery taken into account in computing a section 1411 net operating loss? YES ☐ NO ☒

- 1 Enter total amount of recovery included in gross income . . . . . 0.
- \* Do not include recoveries of items that are included in net investment income in the year of recovery (included on lines 1-6)
- \* Do not include recoveries of items if the amount relates to a deduction taken in a tax year beginning before 2013
- \* Do not include recoveries of items if the amount relates to a deduction taken in a tax year beginning after 2012, and you were not subject to the NIIT solely because your MAGI was below the applicable threshold.
- 2 Amount of the recovery that would have been included in gross income but for the application of the tax benefit rule under section 111 . . . . . 5,991.
- 3 Total amount of the recovery (add lines 1 and 2) . . . . . 5,991.
- 4 Enter as a decimal the percentage of the deduction allocated to net investment income in the prior year. (If the deduction was not allocated between investment income and non-investment income, enter 1.0000) . . . . .
- 5 Enter the lesser of (a) line 3 multiplied by line 4, or (b) the total amount deducted on the prior year Form 8960 attributable to item recovered (after any deduction limitations imposed by section 67 or 68) . . . . .

**Calculation of recoveries when the deduction is not taken into account in computing your section 1411 NOL**

- 6 Multiply line 5 by .038 . . . . .
- 7 Enter the amount of net investment income in the year of the deduction (previous year's Form 8960, line 12, unless line 12 is zero, then previous year's Form 8960, line 8 minus line 11) . . . . . 0.
- 8 Add the amount of line 5 to line 7. . . . . 0.
- 9 Using the previous year's Form 8960, recalculate the NIIT for the year of the deduction by replacing the amount reported on line 12 with the amount reported on line 8 of this worksheet (do not use the net investment income reported on that year's Form 8960, line 12). Enter your recalculated NIIT here . . . . . 0.
- 10 Enter the NIIT reported for the year of the deduction . . . . . 0.
- 11 Subtract line 10 from line 9 . . . . . 0.
- 12 Enter the smaller of line 6 or line 11 . . . . . 0.
- 13 Divide line 12 by 3.8%. Enter the result here and include on Form 8960, line 7 . . . . . 0.

**Calculation of recoveries when the deduction is taken into account in computing your section 1411 NOL**

- 14 Enter the amount of the section 1411 NOL in the year of the deduction (entered as a positive number) . . . . .
- 15 Enter the amount of the section 1411 NOL in the year of the deduction recomputed without the amount on line 5 (entered as a positive number, but not less than zero) . . . . .
- 16 Subtract line 15 from line 14. Enter the result here and include on Form 8960, line 7 . . . . .



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

First name . . . . . Rose  
 Middle initial . . . . . A Suffix . . . . .  
 Last name . . . . . Kincade  
 Social security no. . . . . 3073  
 Occupation . . . . . Security Guard  
 Date of birth . . . . . 01/19/1978 (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . . 39  
 Daytime phone . . . . . (812) 391-1915 Ext  
 Legally blind . . . . . ☐  
 Date of death . . . . .

**Dependent of Someone Else:**

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No  
 If yes, **was** taxpayer 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 ☐ No

**Presidential Election Campaign Fund:**

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

**Spouse:**

First name . . . . .  
 Middle initial . . . . . Suffix . . . . .  
 Last name . . . . .  
 Social security no. . . . .  
 Occupation . . . . .  
 Date of birth . . . . . (mm/dd/yyyy)  
 Age as of 1-1-2018 . . . . .  
 Daytime phone . . . . . Ext  
 Legally blind . . . . . ☐  
 Date of death . . . . .

**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 spouse retired on total and permanent disability? . . ☐ Yes ☐ 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 . . . . . PO Box 31015 Apt no. . . . .  
 City . . . . . Flagstaff State . . . . . AZ ZIP code . . . . . 86003-1015

**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 ☒ Taxpayer daytime ☐ Spouse daytime

**Federal filing status:**

- ☐ 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 (see Help) . . . . . ☐  
☒ 4 Head of household  
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's First name . . . . . MI . . . . . Last Name . . . . . Suffix . . . . .  
 Child's social security number . . . . .  
☐ 5 Qualifying widow(er)  
 Check the appropriate box for the year your spouse died . . . . . 2015 ☐ 2016 ☐  
 Are you a dependent with a qualifying child . . . . . Yes ☐ No ☐  
 If the 'qualifying person' is your child but **not** your dependent:  
 Child's First name . . . . . MI . . . . . Last Name . . . . . Suffix . . . . .  
 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 Suffix	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)	Qualified child/dep care exps incurred and paid 2017	E I C	Lived with taxpyr in U.S.	Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr						
Elizabeth Kincade	R	Daughter	11/29/2006	11	L			E	12		Yes
Lynnda Kincade		Niece	08/20/1999	18	L			E	12		Yes
Austin Kincade		Nephew	02/19/2002	15	L			E	12		Yes

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

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 2017? . . . . . ☒ 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 2017 . . . . . ☐

Check if you were notified by the IRS that EIC cannot be claimed in 2017 or if you are ineligible to claim the EIC in 2017 for any other reason . . . . . ☐

Enter the payment date to withdraw from the account above . . . . . ▶ \_\_\_\_\_  
Balance-due amount from this return . . . . . ▶ \_\_\_\_\_

Check if you were affected by a natural disaster in 2017 . . . . . ☐

**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, 2017 . . . . . ▶ AZ

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 . . . . . ▶ ☒

Date the taxpayer established residence in state above . . . . . ▶ 08/04/2017

In which state (or foreign country) did the taxpayer reside before this change? . . . . . ▶ IN

**Spouse:**

Enter the spouse's state of residence as of December 31, 2017 . . . . . ▶ \_\_\_\_\_

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 17006

Spouse's PIN used to sign the return \_\_\_\_\_

**Taxpayer:**

Drivers license or state ID number B13854366

Issued by what state

AZ

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. ▶

☐

## 2017

- 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 . . . Rose Middle initial . A Last name . . Kincade  
Suffix . . . . .

Social security no. . . 3073 Member of U.S. Armed Forces in 2017? . . Yes ☒ No

Date of birth . . . . . 01/19/1978      (mm/dd/yyyy)      age as of 1-1-2018. . . . . 39

Occupation . . . Security Guard                      Daytime phone . . . (812) 391-1915    Ext

Marital status . . .Single

If widowed, check the appropriate box for the year your spouse died:

After 2017 ▶ ☐ 2017 . ▶ ☐ 2016 . ▶ ☐ 2015 . ▶ ☐ Before 2015 . ▶ ☐

Are you retired on total and permanent disability? (for Schedule R, see Help). . . . . ☐ Yes ☐ 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 1-1-2018 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 ☐ Yes ☒ No

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 2017? . . . . . ☒ 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, 2017? . . . . . ☐ Yes ☐ No

**Part III – Taxpayer's State Residency Information**

Enter this person's state of residence as of December 31, 2017 . . . . . AZ

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 . . . . . ► 08/04/2017

In which state (or foreign country) did this person reside before this change? . . . . . IN

## Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2017 . . . . .

Unreimbursed medical expenses paid for qualifying person in 2017 . . . . .	
--	--

Employment taxes paid for dependent care providers in 2017 . . . . .

Full-time student for 5 calendar months during 2017? . . . . . ☐ 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 . . . . . ☒ X

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

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.. . . . ☐

# Student Information Worksheet

2017

► Keep for your records

Name of Student  
Rose A Kincade

Social Security Number  
[REDACTED] 3073

## Part I – Student Status

- 1 Was this person a student during 2017? . . . . . ☐ Yes ☒ No
- 2 What kind of school did the student attend during 2017? (Check all that apply.)
- a ☐ Elementary c ☐ College (postsecondary) e ☐ Military academy
- b ☐ High school (secondary) d ☐ Vocational school f ☒ Not applicable
- 3 Did the student receive scholarships or other education assistance? . . . . . ☐ Yes ☐ No

## Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2017? . . . . . ☐ Yes ☐ No ☒ NA
- 2 Was this student enrolled at an eligible education institution during 2017? . . . . . ☐ Yes ☐ No ☒ NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? . . . . . ☐ Yes ☐ No ☒ NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? . . . . . ☐ Yes ☐ No ☒ NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? . . . . . ☐ Yes ☐ No ☒ NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? . . . . . ☐ Yes ☐ No ☐ NA
- 7 Is this student an eligible dependent of the taxpayer? . . . . . ☐ Yes ☐ No ☒ NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? . . . . . ►
- 9 In how many prior years has a Hope Credit been claimed for this student . . . . . ►

## Part III – Education Credit and Deduction Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? . . . . . ☐ Yes ☒ No
- 2 Is this student qualified for the Lifetime Learning Credit? . . . . . ☐ Yes ☒ No
- 3 Is this student qualified for the Tuition and Fees Deduction? . . . . . ☐ Yes ☒ No

## Part IV – Educational Institution and Tuition Summary

Received 2016 1098T with Box 2 filled and box 7 checked?					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
Totals . . . . .					

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) . . . . . ☒ Yes ☐ No

	Total	Taxable	Tax-free
<b>1</b> Educational assistance that is always tax-free:			
<b>a</b> Veteran or employer assistance from Form 1098-T Worksheets . . .	_____		
<b>b</b> Other veteran assistance or certain Indian tribal payments . . . . .	_____		
<b>c</b> Other tax-free employer-provided assistance . . . . .	_____		
<b>d</b> Total . . . . .	_____		_____
<b>2</b> Scholarships, fellowships, and grants not reported on Form W-2:			
<b>a</b> Scholarships and grants from Part IV above . . . . .	_____		
<b>b</b> Other scholarships, fellowships and grants . . . . .	_____		
<b>c</b> Total . . . . .	_____		
<b>3</b> Scholarship reported in 2017 not allocable to 2017 expense . . . . .	_____		
<b>4</b> Amount required to be used for other than qualified education expenses		_____	
<b>5</b> Subtract line 3 and 4 from line 2c. . . . .	_____		
<b>6</b> Total qualified education expenses from Part VI below. . . . .	_____ 0 .		
<b>7</b> If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-. . . . .			_____
<b>8</b> Subtract line 7 from line 5. . . . .		_____	
<b>9</b> Taxable part. Add lines 4 and 8. . . . .		_____	
<b>10</b> Tax-free educational assistance. Add lines 1d and 7 . . . . .			_____

[illegible]



**Part VII – Education Credit or Deduction Election**

1	Elect credit or deduction which results in best tax outcome. . . . .	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit . . . . .	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit . . . . .	<input type="checkbox"/>
4	Elect the tuition and fees deduction . . . . .	<input type="checkbox"/>
5	Not applicable . . . . .	<input type="checkbox"/>

**Part VIII – Qualified Tuition Program (Section 529 Plan)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Qualified Tuition Plan (QTP) distributions from Form 1099-Q . . . . .	
2	Adjusted Qualified Higher Education Expenses . . . . .	
3	Qualified Higher Education Expenses applied to QTP distributions . . . . .	
4	Excess distributions. Subtract line 3 from line 1. . . . . If line 4 is greater than zero, complete lines 5 through 8.	
5	Total distributed earnings from Form 1099-Q box 2 . . . . .	
6	Fraction. Divide line 3 by line 1. . . . .	
7	Multiply line 5 by line 6. . . . .	
8	Earnings taxable to recipient. Subtract line 7 from line 5. . . . .	

**Part IX – Education Savings Account (ESA)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q. . .	
2	Qualified Elementary and Secondary Education Expenses . . . . .	
3	Qualified Elementary and Secondary Education Expenses applied . . . . .	
4	Subtract line 3 from line 1. . . . .	
5	Adjusted Qualified Higher Education Expenses . . . . .	
6	Qualified Higher Education Expenses applied to ESA distributions . . . . .	
7	Excess distributions. Subtract line 6 from line 4. . . . .	
8	Distributions taxable to recipient . . . . .	

**Part X – Series EE and I U.S. Savings Bonds Issued After 1989**

1	Total proceeds from U.S. Savings Bonds cashed during 2017 for this student. . . . .	_____
2	Adjusted Qualified Higher Education Expenses. . . . .	_____
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest . . . . .	_____
4	Interest included in line 1 . . . . .	_____
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name
	Street address	Street address
	City	State Zip Code
	City	State Zip Code

## 2017

- Keep for your records

## Part I – Spouse's Personal Information

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

**5** Was at least one of your parents alive on December 31, 2017? . . . . . ☐ Yes ☐ No

In which state (or foreign country) did this person reside before this change? . . . . . ▶

This person is a qualifying person for the child and dependent care credit . . . . . ☐ Yes ☒ No

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.. . . . ☐

# Student Information Worksheet

2017

► Keep for your records

Name of Student	Social Security Number
-----------------	------------------------

## Part I – Student Status

- Was this person a student during 2017? ☐ Yes ☒ No
- What kind of school did the student attend during 2017? (Check all that apply.)
 

a <input type="checkbox"/> Elementary	c <input type="checkbox"/> College (postsecondary)	e <input type="checkbox"/> Military academy
b <input type="checkbox"/> High school (secondary)	d <input type="checkbox"/> Vocational school	f <input checked="" type="checkbox"/> Not applicable
- Did the student receive scholarships or other education assistance? ☐ Yes ☐ No

## Part II – College Student Information

- Did the student complete the first 4 years of postsecondary education as of 1/1/2017? ☐ Yes ☐ No ☒ NA
- Was this student enrolled at an eligible education institution during 2017? ☐ Yes ☐ No ☒ NA
- Was this student enrolled in a program that leads to a degree, certificate, or credential? ☐ Yes ☐ No ☒ NA
- Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? ☐ Yes ☐ No ☒ NA
- Did this student take at least one-half the normal full-time workload for one academic period? ☐ Yes ☐ No ☒ NA
- Has this student been convicted of a felony for possessing or distributing a controlled substance? ☐ Yes ☐ No ☐ NA
- Is this student an eligible dependent of the taxpayer? ☐ Yes ☐ No ☒ NA
- In how many prior years has an American Opportunity Credit been claimed for this student? ►
- In how many prior years has a Hope Credit been claimed for this student? ►

## Part III – Education Credit and Deduction Qualifications (Determined based entries in Part II)

- Is this student qualified for the American Opportunity Credit? ☐ Yes ☒ No
- Is this student qualified for the Lifetime Learning Credit? ☐ Yes ☒ No
- Is this student qualified for the Tuition and Fees Deduction? ☐ Yes ☒ No

## Part IV – Educational Institution and Tuition Summary

School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
Totals					

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) ☒ Yes ☐ No

## Part VI – Education Expenses

[illegible]

**Part VII – Education Credit or Deduction Election**

1	Elect credit or deduction which results in best tax outcome. . . . .	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit . . . . .	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit . . . . .	<input type="checkbox"/>
4	Elect the tuition and fees deduction . . . . .	<input type="checkbox"/>
5	Not applicable . . . . .	<input type="checkbox"/>

**Part VIII – Qualified Tuition Program (Section 529 Plan)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Total Qualified Tuition Plan (QTP) distributions from Form 1099-Q . . . . .		
2 Adjusted Qualified Higher Education Expenses . . . . .		
3 Qualified Higher Education Expenses applied to QTP distributions . . . . .		
4 Excess distributions. Subtract line 3 from line 1. . . . .		
If line 4 is greater than zero, complete lines 5 through 8.		
5 Total distributed earnings from Form 1099-Q box 2 . . . . .		
6 Fraction. Divide line 3 by line 1. . . . .		
7 Multiply line 5 by line 6. . . . .		
8 Earnings taxable to recipient. Subtract line 7 from line 5. . . . .		

**Part IX – Education Savings Account (ESA)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1 Total Education Savings Account (ESA) distributions from Form 1099-Q. . .		
2 Qualified Elementary and Secondary Education Expenses . . . . .		
3 Qualified Elementary and Secondary Education Expenses applied . . . . .		
4 Subtract line 3 from line 1. . . . .		
5 Adjusted Qualified Higher Education Expenses . . . . .		
6 Qualified Higher Education Expenses applied to ESA distributions . . . . .		
7 Excess distributions. Subtract line 6 from line 4. . . . .		
8 Distributions taxable to recipient . . . . .		

**Part X – Series EE and I U.S. Savings Bonds Issued After 1989**

1	Total proceeds from U.S. Savings Bonds cashed during 2017 for this student. . . . .	_____
2	Adjusted Qualified Higher Education Expenses. . . . .	_____
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest . . . . .	_____
4	Interest included in line 1 . . . . .	_____
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name
	Street address	Street address
	City	City
	State	State
	Zip Code	Zip Code

# Dependent and Nondependent Information Worksheet

2017

► Keep for your records

**QuickZoom** to another copy of Dependent and Nondependent Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ►

## Part I – Personal Information

First name . . . Elizabeth Middle initial . R Last name . . Kincade  
Suffix . . . . .

Social security no. . . . .

Date of birth . . . . . 11/29/2006 (mm/dd/yyyy) age as of 12-31-2017 . . . . . 11  
Did this person pass away in 2017 (deceased)? . . ☐ Yes ☐ No Date of death . . . . .

Relationship to taxpayer or spouse . . . . . Daughter

**CAUTION:** If claiming a child other than your own, see **Relationship** in the Tax Help.

**NOTE:** The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? . . . . . ► ☐ Yes ☐ No

Dependency code \*. L — Your dependent child who lived with you

\*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled . . . . . ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,050 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

## Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? . . . . . ☒ Yes ☐ No  
Is this person a resident of Canada or Mexico? . . . . . ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national . . . . . ☐

TurboTax Web Only:

Was the adoption final as of December 31, 2017? . . . . . ☐ Yes ☐ No

Was the person placed with you for adoption after 2017, or was the adoption final in 2017 or later? . . . . . ☐ Yes ☐ No

The adopted child lived with you all year . . . . . ☐ Yes ☐ No

\*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit . . . . . ☒ Yes ☐ No  
Child is a nondependent, but may qualify for earned income credit . . . . . ☐ Yes ☐ No  
You, and no one else, is claiming this nondependent for the earned income credit. . . . . ☐ Yes ☐ No

Months lived with taxpayer in the United States . . . . . 12

Qualifying for the earned income credit \* . E — Qualifying child

\*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if this person is **not** a qualifying child for the child tax credit . . . . . ☐

Dependent has ITIN . . . ☐

☐ Yes ☐ No

### Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2017 . . . . .				
Unreimbursed medical expenses paid for qualifying person in 2017 . . . . .				
Employment taxes paid for dependent care providers in 2017 . . . . .				
Child or dependent is a qualifying person for the child and dependent care credit . . . . .	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Child is a nondependent, but may qualify for the child and dependent care credit . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

## Part V – Dependent's State Residency Information

Enter this person's state of residence as of December 31, 2017 . . . . . \_\_\_\_\_

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 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 . . . . .	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.

[illegible]

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.. . . . ☐

---

**Part VI – Identity Protection Pin**

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If the IRS sent an Identity Protection PIN for this dependent, enter it here . . . . .           

---

# Student Information Worksheet

2017

► Keep for your records

Name of Student Elizabeth R Kincade	Social Security Number [REDACTED]
--	--------------------------------------

## Part I – Student Status

- Was this person a student during 2017? . . . . . ☐ Yes ☒ No
- What kind of school did the student attend during 2017? (Check all that apply.)
 

a <input type="checkbox"/> Elementary	c <input type="checkbox"/> College (postsecondary)	e <input type="checkbox"/> Military academy
b <input type="checkbox"/> High school (secondary)	d <input type="checkbox"/> Vocational school	f <input checked="" type="checkbox"/> Not applicable
- Did the student receive scholarships or other education assistance? . . . . . ☐ Yes ☐ No

## Part II – College Student Information

- Did the student complete the first 4 years of postsecondary education as of 1/1/2017? . . . . . ☐ Yes ☐ No ☒ NA
- Was this student enrolled at an eligible education institution during 2017? . . . . . ☐ Yes ☐ No ☒ NA
- Was this student enrolled in a program that leads to a degree, certificate, or credential? . . . . . ☐ Yes ☐ No ☒ NA
- Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? . . . . . ☐ Yes ☐ No ☒ NA
- Did this student take at least one-half the normal full-time workload for one academic period? . . . . . ☐ Yes ☐ No ☒ NA
- Has this student been convicted of a felony for possessing or distributing a controlled substance? . . . . . ☐ Yes ☐ No ☐ NA
- Is this student an eligible dependent of the taxpayer? . . . . . ☒ Yes ☐ No ☐ NA
- In how many prior years has an American Opportunity Credit been claimed for this student? . . . . . ►
- In how many prior years has a Hope Credit been claimed for this student . . . . . ►

## Part III – Education Credit and Deduction Qualifications (Determined based entries in Part II)

- Is this student qualified for the American Opportunity Credit? . . . . . ☐ Yes ☒ No  
 \_\_\_\_\_  
 \_\_\_\_\_
- Is this student qualified for the Lifetime Learning Credit? . . . . . ☐ Yes ☒ No  
 \_\_\_\_\_  
 \_\_\_\_\_
- Is this student qualified for the Tuition and Fees Deduction? . . . . . ☐ Yes ☒ No  
 \_\_\_\_\_  
 \_\_\_\_\_

## Part IV – Educational Institution and Tuition Summary

Received 2016 1098T with Box 2 filled and box 7 checked?					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
Totals . . . . .					

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) . . . . . ☒ Yes ☐ No



**Part VII – Education Credit or Deduction Election**

1	Elect credit or deduction which results in best tax outcome. . . . .	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit . . . . .	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit . . . . .	<input type="checkbox"/>
4	Elect the tuition and fees deduction . . . . .	<input type="checkbox"/>
5	Not applicable . . . . .	<input type="checkbox"/>

**Part VIII – Qualified Tuition Program (Section 529 Plan)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Qualified Tuition Plan (QTP) distributions from Form 1099-Q . . . . .	
2	Adjusted Qualified Higher Education Expenses . . . . .	
3	Qualified Higher Education Expenses applied to QTP distributions . . . . .	
4	Excess distributions. Subtract line 3 from line 1. . . . . If line 4 is greater than zero, complete lines 5 through 8.	
5	Total distributed earnings from Form 1099-Q box 2 . . . . .	
6	Fraction. Divide line 3 by line 1. . . . .	
7	Multiply line 5 by line 6. . . . .	
8	Earnings taxable to recipient. Subtract line 7 from line 5. . . . .	

**Part IX – Education Savings Account (ESA)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q. . .	
2	Qualified Elementary and Secondary Education Expenses . . . . .	
3	Qualified Elementary and Secondary Education Expenses applied . . . . .	
4	Subtract line 3 from line 1. . . . .	
5	Adjusted Qualified Higher Education Expenses . . . . .	
6	Qualified Higher Education Expenses applied to ESA distributions . . . . .	
7	Excess distributions. Subtract line 6 from line 4. . . . .	
8	Distributions taxable to recipient . . . . .	

**Part X – Series EE and I U.S. Savings Bonds Issued After 1989**

1	Total proceeds from U.S. Savings Bonds cashed during 2017 for this student. . . . .	_____
2	Adjusted Qualified Higher Education Expenses. . . . .	_____
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest . . . . .	_____
4	Interest included in line 1 . . . . .	_____
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name
	Street address	Street address
	City	City
	State	State
	Zip Code	Zip Code

# Dependent and Nondependent Information Worksheet

2017

► Keep for your records

**QuickZoom** to another copy of Dependent and Nondependent Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ►

## Part I – Personal Information

First name . . . Lynnda Middle initial . . .      Last name . . . Kincade  
Suffix . . . . .     

Social security no. . .                     

Date of birth . . . . . 08/20/1999 (mm/dd/yyyy) age as of 12-31-2017 . . . . . 18  
Did this person pass away in 2017 (deceased)? . . ☐ Yes ☐ No Date of death . . . . .                     

Relationship to taxpayer or spouse . . . . . Niece

**CAUTION:** If claiming a child other than your own, see **Relationship** in the Tax Help.

**NOTE:** The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? . . . . . ► ☐ Yes ☐ No

Dependency code \*. L — Your dependent child who lived with you

\*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled . . . . . ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,050 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

## Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? . . . . . ☒ Yes ☐ No  
Is this person a resident of Canada or Mexico? . . . . . ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national . . . . . ☐

TurboTax Web Only:

Was the adoption final as of December 31, 2017? . . . . . ☐ Yes ☐ No

Was the person placed with you for adoption after 2017, or was the adoption final in 2017 or later? . . . . . ☐ Yes ☐ No

The adopted child lived with you all year . . . . . ☐ Yes ☐ No

\*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit . . . . . ☒ Yes ☐ No  
Child is a nondependent, but may qualify for earned income credit . . . . . ☐ Yes ☐ No  
You, and no one else, is claiming this nondependent for the earned income credit. . . . . ☐ Yes ☐ No

Months lived with taxpayer in the United States . . . . . 12

Qualifying for the earned income credit \* . E — Qualifying child

\*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if this person is **not** a qualifying child for the child tax credit . . . . . ☐

Dependent has ITIN . . . ☐

☐ Yes ☐ No

### Part III – Dependent Care Expenses

## Part V – Dependent's State Residency Information

## Part VI – Healthcare Coverage

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

[illegible]

Exemption Certificate Number	Exemption Start Month	Exemption End Month

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.. . . . ☐

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**Part VI – Identity Protection Pin**

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If the IRS sent an Identity Protection PIN for this dependent, enter it here . . . . .           

---

# Student Information Worksheet

► Keep for your records

2017

Name of Student  
Lynnda Kincade

Social Security Number

## Part I – Student Status

- 1 Was this person a student during 2017? . . . . . ☐ Yes ☒ No
- 2 What kind of school did the student attend during 2017? (Check all that apply.)
- a ☐ Elementary c ☐ College (postsecondary) e ☐ Military academy
- b ☐ High school (secondary) d ☐ Vocational school f ☒ Not applicable
- 3 Did the student receive scholarships or other education assistance? . . . . . ☐ Yes ☐ No

## Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2017? . . . . . ☐ Yes ☐ No ☒ NA
- 2 Was this student enrolled at an eligible education institution during 2017? . . . . . ☐ Yes ☐ No ☒ NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? . . . . . ☐ Yes ☐ No ☒ NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? . . . . . ☐ Yes ☐ No ☒ NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? . . . . . ☐ Yes ☐ No ☒ NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? . . . . . ☐ Yes ☐ No ☐ NA
- 7 Is this student an eligible dependent of the taxpayer? . . . . . ☒ Yes ☐ No ☐ NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? . . ►
- 9 In how many prior years has a Hope Credit been claimed for this student . . . . . ►

## Part III – Education Credit and Deduction Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? . . . . . ☐ Yes ☒ No
- 2 Is this student qualified for the Lifetime Learning Credit? . . . . . ☐ Yes ☒ No
- 3 Is this student qualified for the Tuition and Fees Deduction? . . . . . ☐ Yes ☒ No

## Part IV – Educational Institution and Tuition Summary

Received 2016 1098T with Box 2 filled and box 7 checked?					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
Totals . . . . .					

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) . . . . . ☒ Yes ☐ No





**Part VII – Education Credit or Deduction Election**

1	Elect credit or deduction which results in best tax outcome. . . . .	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit . . . . .	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit . . . . .	<input type="checkbox"/>
4	Elect the tuition and fees deduction . . . . .	<input type="checkbox"/>
5	Not applicable . . . . .	<input type="checkbox"/>

**Part VIII – Qualified Tuition Program (Section 529 Plan)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Qualified Tuition Plan (QTP) distributions from Form 1099-Q . . . . .	
2	Adjusted Qualified Higher Education Expenses . . . . .	
3	Qualified Higher Education Expenses applied to QTP distributions . . . . .	
4	Excess distributions. Subtract line 3 from line 1. . . . . If line 4 is greater than zero, complete lines 5 through 8.	
5	Total distributed earnings from Form 1099-Q box 2 . . . . .	
6	Fraction. Divide line 3 by line 1. . . . .	
7	Multiply line 5 by line 6. . . . .	
8	Earnings taxable to recipient. Subtract line 7 from line 5. . . . .	

**Part IX – Education Savings Account (ESA)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q. . .	
2	Qualified Elementary and Secondary Education Expenses . . . . .	
3	Qualified Elementary and Secondary Education Expenses applied . . . . .	
4	Subtract line 3 from line 1. . . . .	
5	Adjusted Qualified Higher Education Expenses . . . . .	
6	Qualified Higher Education Expenses applied to ESA distributions . . . . .	
7	Excess distributions. Subtract line 6 from line 4. . . . .	
8	Distributions taxable to recipient . . . . .	

**Part X – Series EE and I U.S. Savings Bonds Issued After 1989**

1	Total proceeds from U.S. Savings Bonds cashed during 2017 for this student. . . . .	_____
2	Adjusted Qualified Higher Education Expenses. . . . .	_____
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest . . . . .	_____
4	Interest included in line 1 . . . . .	_____
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name
	Street address	Street address
	City	City
	State	State
	Zip Code	Zip Code

# Dependent and Nondependent Information Worksheet

2017

► Keep for your records

**QuickZoom** to another copy of Dependent and Nondependent Information Worksheet . . . . . ►  
**QuickZoom** to Federal Information Worksheet . . . . . ►

## Part I – Personal Information

First name . . . Austin Middle initial . . . Last name . . . Kincade  
Suffix . . . . .

Social security no. . . . .

Date of birth . . . . . 02/19/2002 (mm/dd/yyyy) age as of 12-31-2017 . . . . . 15  
Did this person pass away in 2017 (deceased)? . . . ☐ Yes ☐ No Date of death . . . . .

Relationship to taxpayer or spouse . . . . . Nephew

**CAUTION:** If claiming a child other than your own, see **Relationship** in the Tax Help.

**NOTE:** The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? . . . . . ► ☐ Yes ☐ No

Dependency code \*. L — Your dependent child who lived with you

\*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled . . . . . ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,050 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

## Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? . . . . . ☒ Yes ☐ No  
Is this person a resident of Canada or Mexico? . . . . . ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national . . . . . ☐

TurboTax Web Only:

Was the adoption final as of December 31, 2017? . . . . . ☐ Yes ☐ No

Was the person placed with you for adoption after 2017, or was the adoption final in 2017 or later? . . . . . ☐ Yes ☐ No

The adopted child lived with you all year . . . . . ☐ Yes ☐ No

\*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit . . . . . ☒ Yes ☐ No  
Child is a nondependent, but may qualify for earned income credit . . . . . ☐ Yes ☐ No  
You, and no one else, is claiming this nondependent for the earned income credit. . . . . ☐ Yes ☐ No

Months lived with taxpayer in the United States . . . . . 12

Qualifying for the earned income credit \* . E — Qualifying child

\*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if this person is **not** a qualifying child for the child tax credit . . . . . ☐

Dependent has ITIN . . . ☐

☐ Yes ☐ No

### Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2017 . . . . .				
Unreimbursed medical expenses paid for qualifying person in 2017 . . . . .				
Employment taxes paid for dependent care providers in 2017 . . . . .				
Child or dependent is a qualifying person for the child and dependent care credit . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Child is a nondependent, but may qualify for the child and dependent care credit . . . . .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

## Part V – Dependent's State Residency Information

Enter this person's state of residence as of December 31, 2017 . . . . .

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 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 . . . . .	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.

[illegible]

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.. . . . ☐

---

**Part VI – Identity Protection Pin**

---

If the IRS sent an Identity Protection PIN for this dependent, enter it here . . . . .           

---

# Student Information Worksheet

2017

► Keep for your records

Name of Student  
Austin Kincade

Social Security Number

## Part I – Student Status

- 1 Was this person a student during 2017? . . . . . ☐ Yes ☒ No
- 2 What kind of school did the student attend during 2017? (Check all that apply.)
- a ☐ Elementary c ☐ College (postsecondary) e ☐ Military academy
- b ☐ High school (secondary) d ☐ Vocational school f ☒ Not applicable
- 3 Did the student receive scholarships or other education assistance? . . . . . ☐ Yes ☐ No

## Part II – College Student Information

- 1 Did the student complete the first 4 years of postsecondary education as of 1/1/2017? . . . . . ☐ Yes ☐ No ☒ NA
- 2 Was this student enrolled at an eligible education institution during 2017? . . . . . ☐ Yes ☐ No ☒ NA
- 3 Was this student enrolled in a program that leads to a degree, certificate, or credential? . . . . . ☐ Yes ☐ No ☒ NA
- 4 Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? . . . . . ☐ Yes ☐ No ☒ NA
- 5 Did this student take at least one-half the normal full-time workload for one academic period? . . . . . ☐ Yes ☐ No ☒ NA
- 6 Has this student been convicted of a felony for possessing or distributing a controlled substance? . . . . . ☐ Yes ☐ No ☐ NA
- 7 Is this student an eligible dependent of the taxpayer? . . . . . ☒ Yes ☐ No ☐ NA
- 8 In how many prior years has an American Opportunity Credit been claimed for this student? . . . . . ►
- 9 In how many prior years has a Hope Credit been claimed for this student . . . . . ►

## Part III – Education Credit and Deduction Qualifications (Determined based entries in Part II)

- 1 Is this student qualified for the American Opportunity Credit? . . . . . ☐ Yes ☒ No
- 2 Is this student qualified for the Lifetime Learning Credit? . . . . . ☐ Yes ☒ No
- 3 Is this student qualified for the Tuition and Fees Deduction? . . . . . ☐ Yes ☒ No

## Part IV – Educational Institution and Tuition Summary

Received 2016 1098T with Box 2 filled and box 7 checked?					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____					
Totals . . . . .					

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) . . . . . ☒ Yes ☐ No

	Total	Taxable	Tax-free
<b>1</b> Educational assistance that is always tax-free:			
<b>a</b> Veteran or employer assistance from Form 1098-T Worksheets . . .	_____		
<b>b</b> Other veteran assistance or certain Indian tribal payments . . . . .	_____		
<b>c</b> Other tax-free employer-provided assistance . . . . .	_____		
<b>d</b> Total . . . . .	_____		_____
<b>2</b> Scholarships, fellowships, and grants not reported on Form W-2:			
<b>a</b> Scholarships and grants from Part IV above . . . . .	_____		
<b>b</b> Other scholarships, fellowships and grants . . . . .	_____		
<b>c</b> Total . . . . .	_____		
<b>3</b> Scholarship reported in 2017 not allocable to 2017 expense . . . .	_____		
<b>4</b> Amount required to be used for other than qualified education expenses		_____	
<b>5</b> Subtract line 3 and 4 from line 2c. . . . .	_____		
<b>6</b> Total qualified education expenses from Part VI below. . . . .	_____ 0 .		
<b>7</b> If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-. . . . .			_____
<b>8</b> Subtract line 7 from line 5. . . . .		_____	
<b>9</b> Taxable part. Add lines 4 and 8. . . . .		_____	
<b>10</b> Tax-free educational assistance. Add lines 1d and 7 . . . . .			_____

[illegible]

**Part VII – Education Credit or Deduction Election**

1	Elect credit or deduction which results in best tax outcome. . . . .	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit . . . . .	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit . . . . .	<input type="checkbox"/>
4	Elect the tuition and fees deduction . . . . .	<input type="checkbox"/>
5	Not applicable . . . . .	<input type="checkbox"/>

**Part VIII – Qualified Tuition Program (Section 529 Plan)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Qualified Tuition Plan (QTP) distributions from Form 1099-Q . . . . .	
2	Adjusted Qualified Higher Education Expenses . . . . .	
3	Qualified Higher Education Expenses applied to QTP distributions . . . . .	
4	Excess distributions. Subtract line 3 from line 1. . . . . If line 4 is greater than zero, complete lines 5 through 8.	
5	Total distributed earnings from Form 1099-Q box 2 . . . . .	
6	Fraction. Divide line 3 by line 1. . . . .	
7	Multiply line 5 by line 6. . . . .	
8	Earnings taxable to recipient. Subtract line 7 from line 5. . . . .	

**Part IX – Education Savings Account (ESA)**

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q. . .	
2	Qualified Elementary and Secondary Education Expenses . . . . .	
3	Qualified Elementary and Secondary Education Expenses applied . . . . .	
4	Subtract line 3 from line 1. . . . .	
5	Adjusted Qualified Higher Education Expenses . . . . .	
6	Qualified Higher Education Expenses applied to ESA distributions . . . . .	
7	Excess distributions. Subtract line 6 from line 4. . . . .	
8	Distributions taxable to recipient . . . . .	

**Part X – Series EE and I U.S. Savings Bonds Issued After 1989**

1	Total proceeds from U.S. Savings Bonds cashed during 2017 for this student. . . . .	_____
2	Adjusted Qualified Higher Education Expenses. . . . .	_____
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest . . . . .	_____
4	Interest included in line 1 . . . . .	_____
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name
	Street address	Street address
	City	City
	State	State
	Zip Code	Zip Code



► Keep for your records

Name(s) Shown on Return  
Rose A KincadeSocial Security Number  
[REDACTED] 3073

## Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
<b>1</b>	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	9,745.		9,745.
	Statutory wages reported on Schedule C . . . . .			
	Foreign wages included in total wages. . . . .			
	Unreported tips. . . . .	0.		0.
<b>2</b>	Total federal tax withheld . . . . .	293.		293.
<b>3 &amp; 7</b>	Total social security wages/tips . . . . .	9,744.		9,744.
<b>4</b>	Total social security tax withheld . . . . .	604.		604.
<b>5</b>	Total Medicare wages and tips . . . . .	9,745.		9,745.
<b>6</b>	Total Medicare tax withheld . . . . .	141.		141.
<b>8</b>	Total allocated tips . . . . .			
<b>9</b>	Not used . . . . .			
<b>10 a</b>	Total dependent care benefits . . . . .			
<b>b</b>	Offsite dependent care benefits			
<b>c</b>	Onsite dependent care benefits			
<b>11</b>	Total distributions from nonqualified plans . . .			
<b>12 a</b>	Total from Box 12 . . . . .			
<b>b</b>	Elective deferrals to qualified plans . . . . .			
<b>c</b>	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
<b>d</b>	Deferrals to government 457 plans . . . . .			
<b>e</b>	Deferrals to non-government 457 plans . . . .			
<b>f</b>	Deferrals 409A nonqual deferred comp plan. .			
<b>g</b>	Income 409A nonqual deferred comp plan. . .			
<b>h</b>	Uncollected Medicare tax . . . . .			
<b>i</b>	Uncollected social security and RRTA tier 1 . .			
<b>j</b>	Uncollected RRTA tier 2 . . . . .			
<b>k</b>	Income from nonstatutory stock options . . . .			
<b>l</b>	Non-taxable combat pay . . . . .			
<b>m</b>	QSEHRA benefits . . . . .			
<b>n</b>	Total other items from box 12 . . . . .			
<b>14 a</b>	Total deductible mandatory state tax . . . . .			
<b>b</b>	Total deductible charitable contributions . . . .			
<b>c</b>	This line does not apply to TurboTax . . . . .			
<b>d</b>	Total RR Compensation . . . . .			
<b>e</b>	Total RR Tier 1 tax . . . . .			
<b>f</b>	Total RR Tier 2 tax . . . . .			
<b>g</b>	Total RR Medicare tax . . . . .			
<b>h</b>	Total RR Additional Medicare tax . . . . .			
<b>i</b>	Total RRTA tips. . . . .			
<b>j</b>	Total other items from box 14 . . . . .			
<b>16</b>	Total state wages and tips . . . . .	9,745.		9,745.
<b>17</b>	Total state tax withheld . . . . .	262.		262.
<b>19</b>	Total local tax withheld. . . . .	100.		100.

Name  
Rose A KincadeSocial Security Number  
[REDACTED] 3073
☐ **Spouse's W-2**  
☐ **Do not transfer this W-2 to next year**
**Military:** Complete **Part VI** on Page 2 below

**a** Employee's social security No . [REDACTED] 3073  
**b** Employer's ID number . . . . . 38-0729500  
**c** Employer's name, address, and ZIP code  
 KMART CORPORATION  
 Street 3333 BEVERLY ROAD  
 City HOFFMAN ESTATES  
 State IL ZIP Code 60179  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**d** Control number \_\_\_\_\_
☐ **Transfer employee information from the Federal Information Worksheet**

**e** Employee's name  
 First ROSE M.I. \_\_\_\_\_  
 Last KINCADE Suff. \_\_\_\_\_  
**f** Employee's address and ZIP code  
 Street PO BOX 31015  
 City FLAGSTAFF  
 State AZ ZIP Code 86003  
 Foreign Province \_\_\_\_\_  
 Foreign Postal Code \_\_\_\_\_  
 Foreign Country \_\_\_\_\_

**1** Wages, tips, other compensation 7,450.75  
**3** Social security wages 7,450.75  
**5** Medicare wages and tips 7,450.75  
**7** Social security tips 0.00

► Enter unreported tips in Part VII on Page 2 below.

Verification Code \_\_\_\_\_

**11** Nonqualified plans \_\_\_\_\_**12** Enter box 12 below \_\_\_\_\_

**13** ☐ Statutory employee  
☐ Retirement plan  
☐ Third-party sick pay

**14** Enter box 14 below **after** entering boxes 18, 19, and 20.  
**NOTE:** Enter box 15 **before** entering box 14.

**2** Federal income tax withheld 34.10  
**4** Social security tax withheld 461.95  
**6** Medicare tax withheld 108.04  
**8** Allocated tips \_\_\_\_\_

**10** Dependent care benefits  
 Distributions from sect. 457 and nonqualified plans (Important, see Help) \_\_\_\_\_

Box 12 Code	Box 12 Amount	If Box 12 code is:	
		A: Enter amount attributable to RRTA Tier 2 tax	_____
		M: Enter amount attributable to RRTA Tier 2 tax	_____
		P: Double click to link to Form 3903, line 4. . .	_____
		R: Enter MSA contribution for Taxpayer . . .	_____
		Spouse . . . .	_____
		W: Enter HSA contribution for Taxpayer . . .	_____
		Spouse . . . .	_____
		G: <input type="checkbox"/> Employer is <b>not</b> a state or local government	

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
IN	0003280900000	7,450.75	243.75

I confirm that the state withholding identification number(s) are accurate . . . . . ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
53	7,450.75	100.22	IN

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

► Keep for your records

Name

Rose A Kincade

Social Security Number

3073

☐**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below**a** Employee's social security No. 3073**b** Employer's ID number 86-0776882**c** Employer's name, address, and ZIP code

Anderson Security Agency, LTD.

Street 2555 West Morningside Dr.

City Phoenix

State AZ ZIP Code 85023

Foreign Province

Foreign Postal Code

Foreign Country

**d** Control number☒**Transfer employee information from the Federal Information Worksheet****e** Employee's name

First Rose M.I. A

Last Kincade Suff.

**f** Employee's address and ZIP code

Street P.O. BOX 31015

City Flagstaff

State AZ ZIP Code 86003

Foreign Province

Foreign Postal Code

Foreign Country

**1** Wages, tips, other compensation

2,293.50

**3** Social security wages

2,293.50

**5** Medicare wages and tips

2,293.50

**7** Social security tips

► Enter unreported tips in Part VII on Page 2 below.

Verification Code

**11** Nonqualified plans**12** Enter box 12 below**13** ☐ Statutory employee☐ Retirement plan☐ Third-party sick pay**14** Enter box 14 below **after** entering boxes 18, 19, and 20.**NOTE:** Enter box 15 **before** entering box 14.**2** Federal income tax withheld

258.67

**4** Social security tax withheld

142.19

**6** Medicare tax withheld

33.26

**8** Allocated tips**10** Dependent care benefits

Distributions from sect. 457 and nonqualified plans (Important, see Help)

Box 12 Code	Box 12 Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax

M: Enter amount attributable to RRTA Tier 2 tax

P: Double click to link to Form 3903, line 4. . .

R: Enter MSA contribution for Taxpayer . . .

Spouse . . .

W: Enter HSA contribution for Taxpayer . . .

Spouse . . .

G: ☐ Employer is **not** a state or local government

Box 15 State	Employer's state I.D. no.	Box 16 State wages, tips, etc.	Box 17 State income tax
AZ	860776882	2,293.50	18.35

I confirm that the state withholding identification number(s) are accurate . . . . . ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other).

# Healthcare Entry Sheet

► Keep for your records

2017

The forms associated with healthcare (8965, 8962, 1095-A, 1095-B, 1095-C, 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**

☐ ☐ 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. The 1095-B or 1095-C can be used to verify coverage but you do not need to enter the information if everyone on the return was covered.

**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 months 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. To track the months covered you can either enter on the 1095-B and/or 1095-C or check the boxes below

If applicable enter information on form 1095-B, Health Coverage

If applicable enter information on form 1095-C, Employer-Provided Health Insurance Offer and Coverage

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.

*Short Gap  
Eligible\*  
Yes No*

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
1 Rose Kincade	3073	01/19/78	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	T
2 Elizabeth Kincade		11/29/06	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1
3 Lynnda Kincade		08/20/99	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2
4 Austin Kincade		02/19/02	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\* 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:**

☒

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

**Form 1099-Q Summary****2017**

► Keep for your records

Name(s) Shown on Return

Rose A Kincade

Social Security No.

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**Coverdell Educational Savings Account (ESA) Distributions****Recipient  
Taxpayer****Recipient  
Spouse**

- 1** Total gross distributions from box 1 of Form 1099-Q . . . . .
- a** Less: Rollover to another ESA of beneficiary . . . . .
- b** Less: Transfer to another family member . . . . .
- c** Less: Transfer to a non-family member . . . . .
- d** Less: Return of 2017 contributions . . . . .
- e** Less: Return of pre 2017 contributions. These are  
reported on the tax return in the year the  
contribution was made, not on the 2017 tax return . . . . .
- 2** Balance of gross Coverdell ESA distributions . . . . .
- 3** Education expenses not used as basis for credits . . . . .
- 4** Amount of ESA distributions after return of basis . . . . .
- 5** Earnings on return of 2017 contributions . . . . .
- 6** Earnings on non-family member transfer . . . . .
- 7** Taxable amount of ESA distributions on line 2 . . . . .
- 8** Taxable amount included on Form 1040, line 21 . . . . .
- 9** Non-taxable ESA distributions . . . . .

**Gross State Qualified Tuition Plan (QTP) Distributions**

- 10** Total gross distributions from box 1 of Form 1099-Q . . . . .
- a** Less: Rollover to another QTP of beneficiary . . . . .
- b** Less: Transfer to another family member . . . . .
- c** Less: Transfer to a non-family member . . . . .
- d** Less: Expenses refunded and recontributed . . . . .
- 11** Balance of gross state QTP distributions . . . . .
- 12** Earnings on state QTP distributions on line 11 . . . . .

**Gross Private Qualified Tuition Plan (QTP) Distributions**

- 13** Total gross distributions from box 1 of Form 1099-Q . . . . .
- a** Less: Rollover to another QTP of beneficiary . . . . .
- b** Less: Transfer to another family member . . . . .
- c** Less: Transfer to a non-family member . . . . .
- d** Less: Expenses refunded and recontributed . . . . .
- 14** Balance of gross private QTP distributions . . . . .
- 15** Earnings on private QTP distributions on line 14 . . . . .

**Taxable Qualified Tuition Plan (QTP) Distributions**

- 16** Balance of gross QTP distributions. . . . .
- 17** Earnings on QTP distributions on line 16 . . . . .
- 18** Education expenses not used as basis for credits . . . . .
- 19** Non-taxable QTP distributions . . . . .
- 20** Taxable amount of earnings on line 17 . . . . .
- 21** Earnings on non-family member transfer (state) . . . . .
- 22** Earnings on non-family member transfer (private) . . . . .
- 23** Taxable amount included on Form 1040, line 21 . . . . .

Qualified Tuition Plan (QTP) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Earnings	Expenses	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total. . . . .							

Educational Savings Account (ESA) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total. . . . .					

# Wages, Salaries, & Tips Worksheet

2017

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Name(s) Shown on Return

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The following amounts are included in the total entered on line 7 of Form 1040 (or Form 1040A), on line 1 of Form 1040EZ, on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2 . . . . .	9,745.		9,745.
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 \$2,000 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 . ►	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2 . . . . .			
9 Other earned income:			
a Non-gov unemployment received/repaid 2017			
b			
10 Subtotal. Add lines 1 through 9 . . . . .	9,745.		9,745.
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. . . . .	9,745.		9,745.



Name as Shown on Return  
Rose A KincadeSocial Security No.  
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- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2017 and meet the other requirements listed in the instructions for Form 1040 or 1040A.
  - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

**Part 1**

1	Number of qualifying children: 2 X \$1,000. Enter the result . . . . .	1	2,000.
2	Enter the amount from Form 1040, line 38, or Form 1040A, line 22 . . . . .	2	9,745.
3	<b>1040 filers:</b> enter the total of any — <ul style="list-style-type: none"><li>• Exclusion of income from Puerto Rico, and</li><li>• Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.</li></ul>	3	0.
	<b>1040A filers:</b> Enter -0-.		
4	Add lines 2 and 3. Enter the total . . . . .	4	9,745.
5	Enter the amount shown below for your filing status. <ul style="list-style-type: none"><li>• Married filing jointly — \$110,000</li><li>• Single, head of household, or qualifying widow(er) — \$75,000</li><li>• Married filing separately — \$55,000</li></ul>	5	75,000.
6	Is the amount on line 4 more than the amount on line 5? <input checked="" type="checkbox"/> <b>No.</b> Leave line 6 blank. Enter -0- on line 7. <input type="checkbox"/> <b>Yes.</b> Subtract line 5 from line 4 . . . . .	6	
	If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.		
7	Multiply the amount on line 6 by 5% (.05). Enter the result . . . . .	7	0.
8	Is the amount on line 1 more than the amount on line 7? <input type="checkbox"/> <b>No. Stop.</b> You cannot take the child tax credit on Form 1040, line 52, or Form 1040A, line 35. You also cannot take the additional child tax credit on Form 1040, line 67, or Form 1040A, line 43. Complete the rest of your Form 1040 or 1040A. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 7 from line 1. Enter the result. <i>Go to Part 2</i> . . . . .	8	2,000.

**Part 2**

9	Enter the amount from Form 1040, line 47, or Form 1040A, line 30 . . . . .	9	0.
10	Add the amounts from — Form 1040, line 48. . . . . Form 1040, line 49, or Form 1040A, line 31 . . . . . + Form 1040, line 50, or Form 1040A, line 33 . . . . . + Form 1040, line 51, or Form 1040A, line 34 . . . . . + Form 5695, line 30. . . . . + Form 8910, line 15. . . . . + Form 8936, line 23. . . . . + Schedule R, line 22 . . . . . + Enter the total . . . . .	10	0.
11	Are you claiming any of the following credits? <ul style="list-style-type: none"><li>• Mortgage interest credit, Form 8396</li><li>• Adoption Credit, Form 8839</li><li>• Residential energy efficient property credit, Form 5695, Part I</li><li>• District of Columbia first-time homebuyer credit, Form 8859</li></ul> <input checked="" type="checkbox"/> <b>No.</b> Enter the amount from line 10. . . . . <input type="checkbox"/> <b>Yes.</b> If you are filing Form 2555, enter the amount from line 10. Otherwise, Complete the <i>Line 11 Worksheet</i> below to figure the amount to enter here.	11	0.
12	Subtract line 11 from line 9. Enter the result. . . . .	12	0.
13	Is the amount on line 8 of this worksheet more than the amount on line 12? <input type="checkbox"/> <b>No.</b> Enter the amount from line 8 <input checked="" type="checkbox"/> <b>Yes.</b> Enter the amount from line 12. See the <b>TIP</b> below.	13	0.

Enter this amount on  
Form 1040, line 52, or  
Form 1040A, line 35.

- TIP:** You may be able to take the **additional child tax credit** on Form 1040, line 67, or Form 1040A, line 43, only if you answered 'Yes' on line 13.
- First, complete your Form 1040 through line 66a (also complete line 71), or Form 1040A through line 42a.
  - Then, use Parts II through IV of Schedule 8812 to figure any additional child tax credit.

**Caution:** Use this worksheet only if you answered 'Yes' on line 11 of the *Child Tax Credit Worksheet* above.

1	Enter the amount from line 8 of the <i>Child Tax Credit Worksheet</i> above. . . . .	1	
2	Enter earned income from the Earned Income Worksheet that applies to you . . . .	2	
3	Is the amount on line 2 more than \$3,000? <input type="checkbox"/> <b>No.</b> Leave line 3 blank, enter -0- on line 4, and go to line 5. <input type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 2. Enter the result . . . . .	3	
4	Multiply the amount on line 3 by 15% (.15) and enter the result . . . . .	4	
5	Is the amount on line 1 of the <i>Child Tax Credit Worksheet</i> \$3,000 or more? <input type="checkbox"/> <b>No.</b> If line 4 above is: <ul style="list-style-type: none"> <li>• Zero, enter the amount from line 1 above on line 12 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the <i>Child Tax Credit Worksheet</i> and do the following. Enter the amount from line 10, on line 11 and complete lines 12 and 13.</li> <li>• More than zero, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below.</li> </ul> <input type="checkbox"/> <b>Yes.</b> If line 4 above is equal to or more than line 1 above, leave lines 6 through 9 blank, enter -0- on line 10, and go to line 11 below. Otherwise, complete lines 58, 66a, and 71 of your return if they apply to you and then go to line 6. If married filing jointly, include your spouse's amounts with yours when completing lines 6 and 7.		
6	Enter the total of the following amounts from Form(s) W-2: <ul style="list-style-type: none"> <li>• Social security taxes from box 4, and</li> <li>• Medicare taxes from box 6. . . . .</li> </ul> Railroad employees, see Note below.	6	745.
7	<b>1040 filers:</b> Enter the total of any — <ul style="list-style-type: none"> <li>• Amounts from Form 1040, line 27 and 58, and</li> <li>• Any taxes that you identified using code "UT" and entered on line 62.</li> </ul> <b>1040A filers:</b> Enter -0-.	7	
8	Add lines 6 and 7. Enter the total . . . . .	8	
9	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 66a and 71.  <b>1040A filers:</b> Enter the total of any — <ul style="list-style-type: none"> <li>• Amount from Form 1040A, line 42a, and</li> <li>• Excess social security and tier 1 RRTA taxes withheld that you entered to the left of Form 1040A, line 46.</li> </ul>	9	
10	Subtract line 9 from line 8. If zero or less, enter -0- . . . . .	10	
11	Enter the larger of line 4 or line 10 . . . . .	11	
12	Is the amount on line 11 of this worksheet more than the amount on line 1? <input type="checkbox"/> <b>No.</b> Subtract line 11 from line 1. Enter the result . . . . . <input type="checkbox"/> <b>Yes.</b> Enter -0-.	12	
	<b>Next,</b> figure the amount of any of the following credits that you are claiming. <ul style="list-style-type: none"> <li>• Mortgage interest credit, Form 8396</li> <li>• Adoption Credit, Form 8839</li> <li>• Residential energy efficient property credit, Form 5695, Part I</li> <li>• District of Columbia first-time homebuyer credit, Form 8859</li> </ul> Then, go to line 13.		
13	Enter the total of the amounts from —  <ul style="list-style-type: none"> <li>• Form 8396, line 9, and</li> <li>• Form 8839, line 16 and</li> <li>• Form 5695, line 15, and</li> <li>• Form 8859, line 3.</li> </ul>	13	
14	Enter the amount from line 10 of the <i>Child Tax Credit Worksheet</i> . . . . .	14	
15	Add lines 13 and 14. Enter the total . . . . .	15	

Enter this amount on  
line 11 of the *Child  
Tax Credit Worksheet*.

**Note: Railroad Employees**

Include the following taxes in the total on line 6 of the *Line 11 Worksheet*:

- Tier 1 tax withheld from your pay. This tax should be shown in box 14 of your W-2 form(s) and identified as 'Tier 1 tax.'
- If you were an employee rep., 50% of the total Tier 1 tax and Tier 1 Medicare tax you paid for 2017.

- Keep for your records

Name(s) Shown on Return

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		Regular Tax	Alternative Minimum Tax
<b>If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.</b>			
<b>1</b>	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 <b>smaller</b> of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4. . . . .	<b>1</b>	
<b>2</b>	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1 . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>	
<b>4</b>	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 . . . . .	<b>4</b>	
<b>5</b>	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain". . . . .	<b>5</b>	
<b>6</b>	Add lines 3 through 5 . . . . .	<b>6</b>	
<b>7</b>	Enter the <b>smaller</b> of line 6 or the gain from Form 4797, line 7 . . . . .	<b>7</b>	
<b>8</b>	Enter the amount, if any, from Form 4797, line 8 . . . . .	<b>8</b>	
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0- . . . . .	<b>9</b>	
<b>10</b>	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain. . . . .	<b>10</b>	
<b>11</b>	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		
	<b>Regular                  AMT</b>		
	a On Form 1099-DIV . . . . .		
	b On Form 2439 . . . . .		
	c On Schedule(s) K-1 . . . . .		
	d On Form 1099-R . . . . .		
	e From Form 8814 . . . . .		
	f Other. . . . .		
	Total . . . . .	<b>11</b>	
<b>12</b>	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 . . . . .	<b>12</b>	
<b>13</b>	Add lines 9 through 12. . . . .	<b>13</b>	
<b>14</b>	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the <b>28% Rate Gain Worksheet</b> . Otherwise, enter -0- . . . . .	<b>14</b>	0.
<b>15</b>	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0- . . . . .	<b>15</b>	0.
<b>16</b>	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C . . . . .	<b>16</b>	
<b>a</b>	Enter your capital gain excess, if you are filing Form 2555 . . . . .	<b>a</b>	0.
<b>17</b>	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- . . . . .	<b>17</b>	0.
<b>18</b>	<b>Unrecaptured section 1250 gain.</b> 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. . . . .	<b>18</b>	

**Schedule D**  
**Line 18**

**28% Rate Gain Worksheet**

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**2017**

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				Regular Tax	Alternative Minimum Tax
<b>1</b>	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II . . . . .	<b>1</b>			
<b>2</b>	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.				
	<div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div>				
<b>a</b>	Schedule D . . .				
<b>b</b>	Form 8814 . . .				
<b>c</b>	Schedule B . . .				
<b>d</b>	Form 6252 . . .				
<b>e</b>	Form 2439 . . .				
<b>f</b>	Other . . . . .				
	Total . . . . .	<b>2</b>			
<b>3</b>	Enter the total of all collectibles gain or (loss) from:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
<b>a</b>	Form 4684, line 4 (but only if line 15 is more than zero) . . . . .				
<b>b</b>	Form 6252 . . . . .				
<b>c</b>	Form 6781, Part II . . . . .				
<b>d</b>	Form 8824 . . . . .				
	Total . . . . .	<b>3</b>			
<b>4</b>	Enter the total of any collectibles gain reported to you on:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
<b>a</b>	Form 1099-DIV, box 2d . . .				
<b>b</b>	Form 2439, box 1d . . . . .				
<b>c</b>	Schedule K-1 from a partnership, S corporation, estate, or trust . . . . .				
<b>d</b>	Disposition of interest in partnership or S corporation . . . . .				
<b>e</b>	Other . . . . .				
	Total . . . . .	<b>4</b>			
<b>5</b>	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C . . . . .	<b>5</b>			
<b>6</b>	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-. . . . .	<b>6</b>			
<b>7</b>	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18 . . . . .	<b>7</b>			
<b>8</b>	Enter the amount of any capital gain excess . . . . .	<b>8</b>			0.
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a . . . . .	<b>9</b>	0.		0.

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1 a	Enter your taxable income from Form 1040, line 43 . . . . .	1 a	0.
b	Enter the amount from your (and your spouse's) Form 2555, line 45 . . . . .	b	
c	Add lines 1a and 1b . . . . .	1 c	0.
2 a	Enter your qualified dividends from Form 1040, line 9b . . . . .	2 a	
b	Enter any capital gain excess attributable to qualified dividends . . . . .	b	
c	Subtract line 2b from line 2a . . . . .	2 c	
3	Amount from Form 4952, line 4g . . . . .	3	
4 a	Amount from Form 4952, line 4e . . . . .	4 a	
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	0.
7 a	Enter line 15 of Schedule D . . . . .	7 a	
b	Enter line 16 of Schedule D . . . . .	b	
c	Enter the <b>smaller</b> of line 7a or line 7b . . . . .	7 c	0.
8	Enter the <b>smaller</b> of line 3 or line 4c . . . . .	8	
9 a	Subtract line 8 from line 7 . . . . .	9 a	0.
b	Enter any capital gain excess attributable to capital gains . . . . .	b	
c	Subtract line 9b from line 9a . . . . .	9 c	0.
10	Add lines 6 and 9c . . . . .	10	0.
11 a	Enter the amount from Schedule D, line 18 . . . . .	11 a	0.
b	Enter the amount from Schedule D, line 19 . . . . .	b	
c	Add lines 11a and 11b . . . . .	11 c	0.
12	Enter the <b>smaller</b> of line 9c or line 11c . . . . .	12	0.
13	Subtract line 12 from line 10 . . . . .	13	0.
14	Subtract line 13 from line 1c. If zero or less, enter -0- . . . . .	14	0.
15	Enter: • \$37,950 if single or married filing separately; • \$75,900 if married filing jointly or qualifying widow(er); or • \$50,800 if head of household.	15	50,800.
16	Enter the <b>smaller</b> of line 1c or line 15 . . . . .	16	0.
17	Enter the <b>smaller</b> of line 14 or line 16 . . . . .	17	0.
18	Subtr in 10 from in 1c. If zero or less, enter -0- . . . . .	18	0.
19	Enter the <b>larger</b> of line 17 or line 18 . . . . .	19	0.
20	Subtract line 17 from line 16. This amount is taxed at 0% <b>If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21.</b>	20	0.
21	Enter the <b>smaller</b> 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: • \$418,400 if single, • \$235,350 if married filing separately, • \$470,700 if married filing jointly or qualifying widow(er), • \$444,550 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 <b>smaller</b> of line 23 or line 27 . . . . .	28	
29	Multiply line 28 by 15% (.15) . . . . .	29	
30	Add lines 22 and 28 . . . . .	30	
31	Subtract line 30 from line 21 . . . . .	31	
32	Multiply line 31 by 20% (.20) . . . . .	32	
<b>If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.</b>			
33	Enter the <b>smaller</b> 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% (.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.**

<b>39</b>	Add lines 19, 20, 28, 31, and 37 . . . . .	<b>39</b>	_____
<b>40</b>	Subtract line 39 from line 1c . . . . .	<b>40</b>	_____
<b>41</b>	Multiply line 40 by <b>28%</b> (.28) . . . . .	<b>41</b>	_____
<b>42</b>	Figure the tax on the amount on <b>line 19</b> . 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 . . . . .	<b>42</b>	_____
<b>43</b>	Add lines 29, 32, 38, 41, and 42 . . . . .	<b>43</b>	_____ 0 .
<b>44</b>	Figure the tax on the amount on <b>line 1c</b> . 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 . . . . .	<b>44</b>	_____
<b>45</b>	<b>Tax on all taxable income (including capital gains and qualified dividends).</b> Enter the <b>smaller</b> of line 43 or line 44. Also include this amount on Form 1040, line 44. . . . .	<b>45</b>	_____

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# Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2017

Line 44

► Keep for your records

Name(s) Shown on Return

Rose A Kincade

Social Security Number

3073

1	Enter the amount from Form 1040, line 43 . . . . .	1	_____
2	Enter the amount from Form 1040, line 9b . . . . .	2	_____
3	Are you filing Schedule D?		
	<input type="checkbox"/> <b>Yes.</b> Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- . . . . .	3	_____
	<input type="checkbox"/> <b>No.</b> Enter the amount from Form 1040, line 13.		
4	Add lines 2 and 3 . . . . .	4	_____
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	_____
6	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	6	_____
7	Subtract line 6 from line 1. If zero or less, enter -0- . . . . .	7	_____
8	Enter: \$37,950 if single or married filing separately, \$75,900 if married filing jointly or qualifying widow(er), \$50,800 if head of household.	8	_____
9	Enter the smaller of line 1 or line 8 . . . . .	9	_____
10	Enter the smaller of line 7 or line 9 . . . . .	10	_____
11	Subtract line 10 from line 9 (this amount taxed at 0%) . . . . .	11	_____
12	Enter the smaller of line 1 or line 6 . . . . .	12	_____
13	Enter the amount from line 11 . . . . .	13	_____
14	Subtract line 13 from line 12. . . . .	14	_____
15	Enter: \$418,400 if single, \$235,350 if married filing separately, \$470,700 if married filing jointly or qualifying widow(er), \$444,550 if head of household.	15	_____
16	Enter the smaller of line 1 or line 15 . . . . .	16	_____
17	Add lines 7 and 11 . . . . .	17	_____
18	Subtract line 17 from line 16. If zero or less, enter -0- . . . . .	18	_____
19	Enter the smaller of line 14 or line 18 . . . . .	19	_____
20	Multiply line 19 by 15% (.15) . . . . .	20	_____
21	Add lines 11 and 19 . . . . .	21	_____
22	Subtract line 21 from line 12 . . . . .	22	_____
23	Multiply line 22 by 20% (.20) . . . . .	23	_____
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	_____
25	Add lines 20, 23, and 24 . . . . .	25	_____
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	_____
27	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or line 26 here and on Form 1040, line 44. . . . .	27	_____

# IRA Contributions Worksheet

2017

► Keep for your records

Name(s) Shown on Return Rose A Kincade	Social Security Number [REDACTED] 3073
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## Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter <b>traditional</b> IRA contributions made for 2017, including any made between 1/1/2018 and 4/17/2018, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan . . . . .		
2	Contributions recharacterized <b>from</b> a Roth IRA (from line 24) . . .		
3	<b>Traditional</b> IRA contributions, from Schedule(s) K-1 . . . . .		
4	Contributions recharacterized (not converted) <b>to</b> a Roth IRA . . .		
►	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	<b>Traditional</b> IRA contributions. Combine lines 1 through 4 . . . . .		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i> . . . . .		
7	Excess traditional IRA contribution credit. . . . .		
8	Repayments of qualified reservist distributions . . . . .		
9	Total <b>traditional</b> IRA contributions. . . . .		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2018 to 4/17/2018 ( <i>See Help</i> ). . . . .		
12	Age 70-1/2 or older in tax year . . . . .		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
13	Deductible <b>traditional</b> IRA contributions from worksheet. . . . .		
14	Nondeductible <b>traditional</b> IRA contributions from worksheet. . . .		
	<b>QuickZoom</b> to worksheet indicated by the check: <input type="checkbox"/> IRA deduction worksheet . . . . . ► <input type="checkbox"/> Worksheet for social security recipients . . . . . ►		
15	Amount on line 13 you elect to make nondeductible . . . . .		
16	Excess <b>traditional</b> IRA contributions, to Form 5329, line 15 . . . . . <b>Note:</b> You may avoid a penalty by withdrawing the amount on line 16 before due date of return, including extensions.		
17	Deductible <b>traditional</b> IRA contributions, to Form 1040, line 32 . .		
18	Qualified reservist repayments . . . . .		
19	Nondeductible <b>traditional</b> IRA contributions, to Form 8606, ln 1. .		



# IRA Contributions Worksheet

2017

► Keep for your records

Rose A Kincade

3073

Page 2

## Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
20	Enter regular <b>Roth</b> IRA contributions made for 2017, including any made between 1/1/2018 and 4/17/2018, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan. . . . .		
21	Contributions recharacterized <b>from</b> a traditional IRA, (from In 4). . .		
22	<b>Roth</b> IRA contributions, from Schedule(s) K-1 . . . . .		
23	Enter contributions recharacterized <b>to</b> a traditional IRA. . . . .		
►	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
24	Disallowed <b>Roth</b> IRA conversions . . . . .		
25	<b>Roth</b> IRA contributions. Combine lines 20 through 24 . . . . .		
26	Enter any contribution included on line 25 withdrawn before the due date of the tax return. <i>See Help</i> . . . . .		
27	Excess Roth IRA contribution credit . . . . .		
28	Total <b>Roth</b> IRA contributions . . . . .		
29	Repayments of qualified Roth reservist distributions . . . . .		

Roth IRA Contributions After Limitations		Taxpayer	Spouse
30	<b>Roth</b> IRA contributions after limitation . . . . .		
31	Excess <b>Roth</b> IRA contributions, to Form(s) 5329, line 23 . . . . .		
<b>Note:</b> You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.			

## Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
32	Enter any <b>excess</b> contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary. . . . .		
<b>Note:</b> You do not need to report any Coverdell ESA contributions which are not excess contributions..			

## 2017

Social Security Number

3073

**Estimated Tax Payments for 2017** (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	04/18/17		04/18/17			04/18/17		
2	06/15/17		06/15/17			06/15/17		
3	09/15/17		09/15/17			09/15/17		
4	01/16/18		01/16/18			01/16/18		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2017 . . . .					
7	Credited by estates and trusts . . . .					
8	<b>Totals</b> Lines 1 through 7 . . . . .					
9	2017 extensions . . . . .					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2 . . . . .				293 .	262 .	100 .
11	Forms W-2G . . . . .						
12	Forms 1099-R . . . . .						
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 . . . . .						
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	<b>Total Withholding</b> Lines 10 through 18f . . . . .				293 .	262 .	100 .
20	<b>Total Tax Payments for 2017</b> . . . . .				293 .	262 .	100 .

Prior Year Taxes Paid In 2017 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
<b>21</b>	Tax paid with 2016 extensions . . . . .				
<b>22</b>	2016 estimated tax paid after 12/31/2016 . . . . .				
<b>23</b>	Balance due paid with 2016 return . . . . .				
<b>24</b>	Other (amended returns, installment payments, etc) . .				

**Schedule A**  
**Lines 5 - 12**

**Tax and Interest Deduction Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return  
Rose A Kincade

Social Security Number  
[REDACTED] 3073

**Tax Deductions**

**1 State and local taxes:**

**Optional Sales Tax Tables**

**a Available Income:**

(1) Income from Form 1040, line 38. . . . .	9,745.
(2) Nontaxable income entered elsewhere on return . . . . .	
(3) Available income: 2016 refundable credits in excess of tax. . . . .	1,471.
(4) Enter any additional nontaxable income . . . . .	
(5) Total available income . . . . .	11,216.

**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 . . . . . 362.00

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

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5) . . . . . 362.00

**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 . ☒

**2 Real estate taxes:**

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

<b>b</b>	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
<b>c</b>	Real estate taxes paid on additional homes or land . . . . .	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
<b>d</b>	Principal residence . . . . .	_____
<b>e</b>	Vacation home . . . . .	_____
<b>f</b>	Less real estate taxes deducted on Form 8829 . . . . .	_____
<b>g</b>	Add lines 2a through 2f (to Schedule A, line 6) . . . . .	_____
<b>3</b>	<b>Personal property taxes:</b>	
<b>a</b>	Auto registration fees based on the value of the vehicle.	
	2016 Amount                      Enter 2017 description:	
	_____ <u>ford escort zx2</u> _____	65.45
	_____ <u>chevrolet venture</u> _____	53.66
	_____ _____	_____
<b>b</b>	Non-business portion of personal property taxes from Car & Truck Exp Wks . . . . .	_____
<b>c</b>	Other personal property taxes . . . . .	_____
<b>d</b>	Add lines 3a through 3c (to Schedule A, line 7) . . . . .	119.11
<b>4</b>	<b>Other taxes:</b>	
<b>a</b>	Other taxes from Schedule(s) K-1 . . . . .	_____
<b>b</b>	Foreign taxes from interest and dividends . . . . .	_____
<b>c</b>	Foreign taxes from Schedule(s) K-1 . . . . .	_____
<b>d</b>	Other foreign taxes (not used to claim a foreign tax credit). . . . .	_____
<b>e</b>	Other taxes.	
	2016 Amount                      Enter 2017 description:	
	_____ _____	_____
	_____ _____	_____
	_____ _____	_____
<b>f</b>	Add lines 4a through 4e (to Schedule A, line 8) . . . . .	_____

**Interest Deductions**

<b>5</b>	<b>Home mortgage interest and points reported on Form 1098:</b>	
<b>a</b>	Mortgage interest and points from the Home Mortgage Interest Worksheet . . . . .	_____
<b>b</b>	Qualified mortgage interest from Schedule E Worksheet . . . . .	_____
<b>c</b>	Less home mortgage interest/points deducted on Form 8829 . . . . .	_____
<b>d</b>	Less home mortgage interest from Form 8396, line 3 . . . . .	_____
<b>e</b>	Add lines 5a through 5d (to Sch A, line 10) or line A2 from above. . . . .	_____
<b>6</b>	<b>Home mortgage interest not reported on Form 1098:</b>	
<b>a</b>	Mortgage interest from the Home Mortgage Interest Worksheet. . . . .	_____
<b>b</b>	Less home mortgage interest deducted on Form 8829 . . . . .	_____
<b>c</b>	Add lines 6a and 6b (to Sch A, line 11) or line B2 from above . . . . .	_____
<b>7</b>	<b>Points not reported on Form 1098:</b>	
<b>a</b>	Amortizable points from the Home Mortgage Interest Worksheet . . . . .	_____
<b>b</b>	Other points not on Form 1098 from the Home Mortgage Interest Worksheet . . . . .	_____
<b>c</b>	Less points deducted on Form 8829 . . . . .	_____
<b>d</b>	Add lines 7a through 7c (to Schedule A, line 12) or line C2 from above . . . . .	_____

**Schedule A**  
**Line 5**

**State and Local Tax Deduction Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return  
Rose A Kincade

Social Security Number  
[REDACTED] 3073

**State and Local Income Taxes**

<b>State income taxes:</b>		
1	State income tax withheld . . . . .	262.
2	2017 state estimated taxes paid in 2017 . . . . .	
3	2016 state estimated taxes paid in 2017 . . . . .	
4	Amount paid with 2016 state application for extension . . . . .	
5	Amount paid with 2016 state income tax return . . . . .	
6	Overpayment on 2016 state income tax return applied to 2017 tax . . . . .	
7	Other amounts paid in 2017 (amended returns, installment payments, etc.) . . . .	
8	State estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	
<b>Local income taxes:</b>		
9	Local income tax withheld . . . . .	100.
10	2017 local estimated taxes paid in 2017 . . . . .	
11	2016 local estimated taxes paid in 2017 . . . . .	
12	Amount paid with 2016 local application for extension . . . . .	
13	Amount paid with 2016 local income tax return . . . . .	
14	Overpayment on 2016 local income tax return applied to 2017 tax . . . . .	
15	Other amounts paid in 2017 (amended returns, installment payments, etc.) . . . .	
16	Local estimated tax from Schedule(s) K-1 (Form 1041) . . . . .	
<b>Other:</b>		
17		
18	<b>Total</b> Add lines 1 through 17 . . . . .	362.
19	State and local refund allocated to 2017 . . . . .	
20	Nondeductible state income tax from line 28 . . . . .	
21	<b>Total reductions</b> Add lines 19 and 20. . . . .	
22	<b>Total state and local income tax deduction</b> Line 18 less line 21 . . . . .	362.

**Nondeductible State Income Tax (Hawaii Only)**

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

# Charitable Deduction Limits Worksheet For Current Year Contributions

2017

► Keep for your records

Name(s) Shown on Return Rose A Kincade	Social Security Number [REDACTED] 3073
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**Step 1. List your qualified charitable contributions made during the year.**

- 1 Enter contributions for relief efforts in the Hurricanes Harvey, Irma & Maria 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 contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1 . . . . .
- 3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value . . . . .
- 4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations . . . . .
- 5 Enter your contributions "for the use" of any qualified organization . . . . .
- 6 Add lines 4 and 5 . . . . .
- 7 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 or 2) . . . . .

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

- 8 Enter your adjusted gross income . . . . . 9,745.
- 9 Multiply line 8 by 0.5. This is your 50% limit. . . . . 4,873.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
<b>Contributions to 50% limit organizations</b>						
<b>10</b> Enter the smaller of line 2 or line 9 . . . .					0.	
<b>11</b> Subtract line 10 from line 2 . . . . .						0.
<b>12</b> Subtract line 10 from line 9 . . . . .			4,873.			
<b>Contributions not to 50% limit organizations</b>						
<b>13</b> Add lines 2 and 3 . . . . .						
<b>14</b> Multiply line 8 by 0.3. This is your 30% limit. . . . .		2,924.	2,924.			
<b>15</b> Subtract line 13 from line 9 . . . . .		4,873.				
<b>16</b> Enter the smallest of line 6, 14, or 15 . .					0.	
<b>17</b> Subtract line 16 from line 6 . . . . .						0.
<b>18</b> Subtract line 16 from line 14 . . . . .				2,924.		
<b>Capital gain property to 50% limit organizations</b>						
<b>19</b> Enter the smallest of line 3, 12, or 14 . .					0.	
<b>20</b> Subtract line 19 from line 3 . . . . .						0.
<b>21</b> Subtract line 16 from line 15 . . . . .				4,873.		
<b>22</b> Subtract line 19 from line 14 . . . . .				2,924.		
<b>Capital gain property not to 50% limit organizations</b>						
<b>23</b> Multiply line 8 by 0.2. This is your 20% limit. . . . .				1,949.		
<b>24</b> Enter the smaller of line 7, 18, 21, 22, or 23 . . . . .					0.	
<b>25</b> Subtract line 24 from line 7 . . . . .						0.
<b>26</b> Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19 . . . .					0.	
<b>27</b> Subtract line 26 from line 8 . . . . .	9,745.					
<b>28</b> Enter the smaller of line 1 or line 27 here on Schedule A, line 19. . . . .					0.	
<b>29</b> Subtract line 28 from line 1 . . . . .						0.
<b>30</b> Add lines 11, 17, 20, 25 and 29. Carry to next year. . . . .						0.

# Charitable Deduction Limits Worksheet For Carryover Contributions

2017

► Keep for your records

Name(s) Shown on Return Rose A Kincade	Social Security Number [REDACTED] 3073
---	---

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

- 1 Enter contributions for relief efforts in the Hurricanes Harvey, Irma & Maria 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 contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value. Do not include contributions entered on line 1 . . . . .
- 3 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value . . . . .
- 4 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations . . . . .
- 5 Enter your contributions "for the use" of any qualified organization . . . . .
- 6 Add lines 4 and 5 . . . . .
- 7 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 or 2) . . . . .

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

- 8 Enter your adjusted gross income . . . . . 9,745.
- 9 Multiply line 8 by 0.5. This is your 50% limit. . . . . 4,873.. less. . . . . 0.

	Limits				Deduct this year	Carryover to next year
	Cash and Other		Capital gain			
	50% Org	Other	50% Org	Other		
<b>Contributions to 50% limit organizations</b>						
<b>10</b> Enter the smaller of line 2 or line 9 . . . .					0.	
<b>11</b> Subtract line 10 from line 2 . . . . .						0.
<b>12</b> Subtract line 10 from line 9 . . . . .			4,873.			
<b>Contributions not to 50% limit organizations</b>						
<b>13</b> Add lines 2 and 3 . . . . .		0.				
<b>14</b> Multiply line 8 by 0.3. This is your 30% limit. . . . .		2,924.	2,924.			
<b>15</b> Subtract line 13 from line 9 . . . . .		4,873.				
<b>16</b> Enter the smallest of line 6, 14, or 15 . .					0.	
<b>17</b> Subtract line 16 from line 6 . . . . .						0.
<b>18</b> Subtract line 16 from line 14 . . . . .				2,924.		
<b>Capital gain property to 50% limit organizations</b>						
<b>19</b> Enter the smallest of line 3, 12, or 14 . .					0.	
<b>20</b> Subtract line 19 from line 3 . . . . .						0.
<b>21</b> Subtract line 16 from line 15 . . . . .				4,873.		
<b>22</b> Subtract line 19 from line 14 . . . . .				2,924.		
<b>Capital gain property not to 50% limit organizations</b>						
<b>23</b> Multiply line 8 by 0.2. This is your 20% limit. . . . .				1,949.		
<b>24</b> Enter the smaller of line 7, 18, 21, 22, or 23 . . . . .					0.	
<b>25</b> Subtract line 24 from line 7 . . . . .						0.
<b>26</b> Add lines 10, 16, 19, and 24. Amount for Schedule A, Line 19 . . . . .					0.	
<b>27</b> Subtract line 26 from line 8 . . . . .	9,745.					
<b>28</b> Enter the smaller of line 1 or line 27 here on Schedule A, line 19. . . . .					0.	
<b>29</b> Subtract line 28 from line 1 . . . . .						0.
<b>30</b> Add lines 11, 17, 20, 25 and 29. Carry to next year. . . . .						0.

- Keep for your records

1	Was the <b>entire interest</b> given for all property donated to all charities? . . . . .	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Were <b>restrictions</b> attached to any charities's right to use or dispose of any property donated to any charity? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	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? . . . . .	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4	Was any charity other than a 50% charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No



**Schedule A**  
**Line 29**

**Itemized Deductions Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return  
Rose A Kincade

Social Security Number  
[REDACTED] 3073

<b>1</b>	Add the amounts on Schedule A, lines 4, 9, 15, 19, 20, 27 and 28 . . . . .	<b>1</b>	481.
<b>2</b>	Add the amounts on Schedule A, lines 4, 14 and 20, plus any gambling and casualty or theft losses included on line 28. Also include in the total any amount included on Schedule A, line 16, that you elected to treat as qualified contributions for the relief efforts in a Hurricane disaster area. . . . . <b>CAUTION:</b> Be sure your total gambling and casualty or theft losses are clearly identified on the Miscellaneous Itemized Deductions Statement.	<b>2</b>	0.
<b>3</b>	Is the amount on line 2 less than the amount on line 1? <input type="checkbox"/> <b>No.</b> <b>STOP.</b> Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	481.
<b>4</b>	Multiply line 3 by 80% (.80) . . . . .	<b>4</b>	385.
<b>5</b>	Enter the amount from Form 1040, line 38 . . . . .	<b>5</b>	9,745.
<b>6</b>	Enter \$261,500 if single; \$313,800 if married filing jointly or qualifying widow(er); \$287,650 if head of household, \$156,900 if married filing separately . . . . .	<b>6</b>	287,650.
<b>7</b>	Is the amount on line 6 less than the amount on line 5? <input checked="" type="checkbox"/> <b>No.</b> <b>STOP.</b> Your deduction is not limited. Enter the amount from line 1 above on Schedule A, line 29. <input type="checkbox"/> <b>Yes.</b> Subtract line 6 from line 5 . . . . .	<b>7</b>	
<b>8</b>	Multiply line 7 by 3% (.03) . . . . .	<b>8</b>	
<b>9</b>	Enter the <b>smaller</b> of line 4 or line 8 . . . . .	<b>9</b>	
<b>10</b>	<b>Total itemized deductions.</b> Subtract line 9 from line 1. (to Schedule A, line 29, or line 15 if filing form 1040NR) . . . . .	<b>10</b>	

- Keep for your records

Name(s) Shown on Return Rose A Kincade	Social Security Number [REDACTED] 3073
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Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

1	Is your <b>earned income*</b> more than \$700? <input type="checkbox"/> <b>Yes.</b> Add \$350 to your earned income. Enter the total <input type="checkbox"/> <b>No.</b> Enter \$1,050		1	
2	Enter the amount shown below for your filing status. • Single or married filing separately — \$6,350 • Married filing jointly or Qualifying widow(er) — \$12,700 • Head of household — \$9,350		2	9,350.
3	<b>Standard deduction.</b>			
3 a	Enter the <b>smaller</b> of line 1 or line 2. If born after January 1, 1953, and not blind, <b>stop here</b> and enter this amount on Form 1040, line 40. Otherwise go to line 3b . . . . .		3 a	
3 b	If born before January 2, 1953, or blind, multiply the number on Form 1040, line 39a, by \$1,250 (\$1,550 if single or head of household) . . . . .		3 b	
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040, line 40 . . . . .		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, lines 7, 12, and 18, minus the amount, if any, on line 27; or on Form 1040A, line 7.

**Form 1040**  
**Line 42**

**Deduction for Exemptions Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return  
Rose A Kincade

Social Security Number  
[REDACTED] 3073

<b>1</b>	Multiply \$4,050 by the total number of exemptions claimed on Form 1040, line 6d . . . . .	<b>1</b>	16,200.
<b>2</b>	Enter the amount from Form 1040, line 38 . . . . .	<b>2</b>	9,745.
<b>3</b>	Enter the amount shown below for your filing status: <ul style="list-style-type: none"> <li>• Single, enter \$261,500</li> <li>• Married filing jointly or qualifying widow(er), enter \$313,800</li> <li>• Married filing separately, enter \$156,900</li> <li>• Head of household, enter \$287,650 . . . . .</li> </ul>	<b>3</b>	287,650.
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; enter the amount from line 1 above on Form 1040, line 42. . . . .	<b>4</b>	-277,905.
<b>5</b>	Is line 4 more than \$122,500 (\$61,250 if married filing separately)? <input type="checkbox"/> <b>Yes.</b> You cannot take a deduction for exemptions. Enter zero here and on Form 1040, line 42. <b>Do not</b> complete the rest of this worksheet. <input type="checkbox"/> <b>No.</b> Divide line 4 by \$2,500 (\$1,250 if married filing separately). If the result is not a whole number, increase it to the next whole number (for example, increase .0004 to 1)	<b>5</b>	
<b>6</b>	Multiply line 5 by 2% (.02) and enter the result as a decimal. . . . .	<b>6</b>	
<b>7</b>	Multiply line 1 by line 6 . . . . .	<b>7</b>	
<b>8</b>	<b>Deduction for exemptions.</b> Subtract line 7 from line 1. Enter the result here and on Form 1040, line 42 . . . . .	<b>8</b>	

**Earned Income Worksheet****2017**

► Keep for your records

Name(s) Shown on Return

Rose A Kincade

Social Security Number

3073

**Part I – Earned Income Credit Wks Computation**

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

**Part II – Form 2441 and Standard Deduction Worksheet Computations**

<b>5</b> Net self-employment earnings (line 4 above) . . . . .			
<b>6</b> Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc . . . . .	9,745.		9,745.
<b>7 a</b> Taxable employer-provided adoption benefits. . . . .			
<b>b</b> Foreign earned income exclusion . . . . .			
<b>8</b> Add lines 5 through 7b. To Form 2441, lines 19 and 20 . . . . .	9,745.		9,745.
<b>9 a</b> Taxable dependent care benefits. . . . .			
<b>b</b> Nontaxable combat pay . . . . .			
<b>10</b> Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 . . . . .	9,745.		9,745.
<b>11</b> Scholarship or fellowship income not on W-2 . . . . .			
<b>12</b> SE exempt earnings less nontaxable income . . . . .			
<b>13</b> Distributions from nonqualified/Sec. 457 plans . . . . .			
<b>14</b> Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet . . . . .	9,745.		9,745.

**Part III – IRA Deduction Worksheet Computation**

<b>15</b> Net self-employment income or (loss) . . . . .			
<b>16</b> Wages, salaries, tips, etc . . . . .	9,745.		9,745.
<b>17</b> Net self-employment loss . . . . .			
<b>18</b> Alimony received. . . . .			
<b>19</b> Nontaxable combat pay . . . . .			
<b>20</b> Foreign earned income exclusion . . . . .			
<b>21</b> Keogh, SEP or SIMPLE deduction . . . . .			
<b>22</b> Combine lines 15 through 21. To IRA Wks, ln 2. . . . .	9,745.		9,745.

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

<b>23</b> Self-employed, church and statutory employees . . . . .			
<b>24</b> Wages, salaries, tips, etc . . . . .	9,745.		9,745.
<b>25</b> Nontaxable combat pay . . . . .			
<b>26</b> Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. . . . .	9,745.		9,745.

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Name(s) Shown on Return  
Rose A KincadeSocial Security Number  
[REDACTED] 3073**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	<b>Total investment interest expense.</b> 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	
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	
6	Royalty income, from Schedule E . . . . .	6	
7	Net passive income from publicly traded partnerships . . . . .	7	
8	Income from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	8	
9	Other investment income:		
a	-----	9 a	
b	-----	b	
c	-----	c	
d	-----	d	
10	<b>Total investment income.</b> Add lines 5d through 9. . . . .	10	

**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	
b	Less net gains from property not held for investment . . . . .	b	
c	<b>Net gains from property held for investment.</b> . . . . .	c	
12 a	Net capital gains from Schedule D, lesser of ln 15 or ln 16. . . . .	12 a	
b	Less net capital gains from property not held for investment. . . . .	b	
c	<b>Net capital gains from property held for investment.</b> . . . . .	c	

**Investment Expenses** (Form 4952, line 5)

13	Royalty expenses . . . . .	13	
14	Investment expenses included as itemized deductions (after the 2% limitation) . . . . .	14	
15	Investment expenses included as itemized deductions (no 2% limitation) . . . . .	15	
16	Expenses from <b>nonpassive</b> trade or business <b>without</b> material participation . . . . .	16	
17	Other investment expenses:		
a	-----	17 a	
b	-----	b	
c	-----	c	
d	-----	d	
18	<b>Total investment expenses.</b> Add lines 13 through 17. . . . .	18	

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

		Regular Tax	Alt Min Tax
19	Allowed investment interest expense, Form 4952, line 8 . . . . .	19	
20	Less amount deducted on other forms and schedules:	20	
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	
21	<b>Investment interest expense.</b> . . . . .	21	

Name(s) Shown on Return  
Rose A KincadeSocial Security Number  
[REDACTED] 3073**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 or 1040A, line 7, or Form 1040EZ, line 1, less amounts considered <b>not</b> earned for EIC purposes . . . . .	1	9,745.
2	Adjustments to line 1 amount:		
a	Income reported as wages <b>and</b> 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	9,745.
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 <b>or</b> used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4 . . . . .	5	
6	<b>Earned income.</b> Add lines 3, 4, and 5. . . . .	6	9,745.
7	Enter the credit, from the <b>EIC Table</b> , for the amount on line 6. Be sure to use the correct column for filing status and number of children. . . . .	7	4,376.
If line 7 is zero, <b>stop</b> . You <b>cannot</b> take the credit. Enter "No" on the dotted line next to Form 1040, line 66a.			
8	Enter your <b>AGI</b> from Form 1040, line 38 . . . . .	8	9,745.
9	If you have: <ul style="list-style-type: none"><li>• No qualifying children, is the amount on line 8 less than \$8,350 (\$13,950 if married filing jointly)?</li><li>• 1 or more qualifying children, is the amount on line 8 less than \$18,350 (\$23,950 if married filing jointly)?</li></ul>		
<input checked="" type="checkbox"/>	<b>Yes.</b> Go to line 10 now.		
<input type="checkbox"/>	<b>No.</b> Enter the credit, from the <b>EIC Table</b> , for the amount on line 8. Be sure to use the correct column for filing status and number of children . . . . .	9	
10	<b>Earned income credit.</b> <ul style="list-style-type: none"><li>• If 'Yes' on line 9, enter the amount from line 7</li><li>• If 'No' on line 9, enter the <b>smaller</b> of line 7 or line 9</li></ul>	10	4,376.

Enter line 10 amount on Form 1040, line 66a, Form 1040A, line 42a, or Form 1040EZ, line 8a.

**Compliance and Due Diligence Information**

1 Is this how long your dependents lived with you in the U.S in 2017?

☐ **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 2017?

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 2017.

Compliance and Due Diligence Indicator . . . . . ☒ **No**

Disqualified from Earned Income Credit. . . . . ☐ **Yes** ☒ **No**

Potential qualifying child count . . . . . ▶ 3

Non dependent potential qualifying child count . . . . . ▶ 0

Qualifying child count (max 3) . . . . . ▶ 3

# Schedule SE Adjustments Worksheet

2017

► Keep for your records

Name(s) Shown on Return  
Rose A Kincade

Social Security Number  
3073

	(a) Taxpayer	(b) Spouse
<b>QuickZoom</b> to the <b>Short Schedule SE</b> (Schedule SE, page 1) . . . . ►	<input type="checkbox"/>	<input type="checkbox"/>
<b>QuickZoom</b> to the <b>Long Schedule SE</b> (Schedule SE, page 2) . . . . ►	<input type="checkbox"/>	<input type="checkbox"/>
<b>A</b> Use Long Schedule SE, even if qualified to use Short Schedule SE .	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> Approved Form 4029. Exempt from SE tax on all income . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b> Chapter 11 bankruptcy <b>net</b> profit or loss for Schedule SE, line 3 . . .		
<b>D QuickZoom</b> to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help). . . . .		
<b>Part I Farm Profit or (Loss)</b> 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 <b>Total for Schedule SE, line 1</b> . . . . .		
6 Conservation Reserve Program payments not subject to self- employment tax reported on:		
<b>a</b> Schedule F, line 4b . . . . .		
<b>b</b> Schedule K-1 (Form 1065), box 20, code Z . . . . .		
<b>c</b> Total CRP payments not subject to SE tax . . . . .		
<b>Part II Nonfarm Profit or (Loss)</b> Schedule SE, line 2		
1 <b>a</b> Total Schedules C . . . . .		
<b>b</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 <b>a</b> Clergy Form W-2 wages . . . . .		
<b>b</b> Clergy housing allowance . . . . .		
<b>c</b> Less clergy business deductions . . . . .		
<b>d QuickZoom</b> 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 <b>Total for Schedule SE, line 2</b> . . . . .		
9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . .		
<b>Part III Farm Optional Method</b> Schedule SE, page 2, Part II		
1 Use Farm Optional Method . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
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 <b>Total</b> gross income for Farm Optional Method . . . . .		
<b>Part IV Nonfarm Optional Method</b> 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) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
2 Gross nonfarm income from Schedules C . . . . .		
3 Gross nonfarm income from partnership Schedules K-1 . . . . .		
4 Other gross nonfarm self-employment income . . . . .		
5 <b>Total</b> gross income for Nonfarm Optional Method . . . . .		



Name(s) Shown on Return  
Rose A KincadeSocial Security Number  
[REDACTED] 3073**Part I Information from Form(s) 1098-E, Student Loan Interest Statement**

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
Total student loan interest. . . . .				

**Part II Computation of Student Loan Interest Deduction**

<b>1</b>	Enter the total interest you paid in 2017 on qualified student loans . . . . . (see Form 1040 instructions).	<b>1</b>	
<b>2</b>	Enter the <b>smaller</b> of line 1 or \$2,500. . . . .	<b>2</b>	
<b>3</b>	Modified AGI . . . . . <b>Note:</b> If line 3 is \$80,000 or more if single, head of household, or qualifying widow(er) or \$165,000 or more if married filing jointly, <b>stop here</b> . You <b>cannot</b> take the deduction.	<b>3</b>	9,745.
<b>4</b>	Enter: \$65,000 if single, head of household, or qualifying widow(er); \$135,000 if married filing jointly. . . . .	<b>4</b>	65,000.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8 . . . . .	<b>5</b>	0.
<b>6</b>	Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	0.0000
<b>7</b>	Multiply line 2 by line 6 . . . . .	<b>7</b>	
<b>8</b>	<b>Student loan interest deduction.</b> Subtract line 7 from line 2. Enter the result here and on Form 1040, line 33. <b>Do not</b> include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) . . . . .	<b>8</b>	

\* **Modified AGI** is the amount from Form 1040, line 22, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Form 1040, lines 23 through 32 and any write-in amount next to line 36, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

**Schedule D Tax Worksheet**  
**as refigured for the**  
**Alternative Minimum Tax**

**2017**

► Keep for your records

Name(s) Shown on Return Rose A Kincade		Social Security Number [REDACTED] 3073	
	<b>(a)</b> Before Allocation of Capital Gain Excess *	<b>(b)</b> Allocation of Capital Gain Excess *	<b>(c)</b> After Allocation of Capital Gain Excess
<b>1</b> Not applicable . . . . .			
<b>2</b> Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
<b>a</b> Total qualified dividends. . . . .			
<b>b</b> Adjustment from Schedules K-1 . . . . .			
<b>c</b> Other adjustments to qualified dividends . . . . .			
<b>d</b> Total. Combine lines 2a, 2b, and 2c. . . . .		0.	0.
<b>3</b> Enter the amount from Form 4952 for AMT, line 4g. . . . .			
<b>4</b> Enter the amount from Form 4952 for AMT, line 4e. . . . .			
<b>5</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	0.		0.
<b>6</b> Subtract line 5 from line 2. If zero or less, enter -0- . . . . .	0.		0.
<b>7</b> Net long-term capital gain:			
<b>a</b> Enter the gain from line 15 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 16 of Schedule D as refigured for the AMT . . . . .	0.		
<b>c</b> Enter the <b>smaller</b> of line 7a or line 7b . . . . .	0.		0.
<b>8</b> Enter the <b>smaller</b> of line 3 or line 4 . . . . .			
<b>9</b> Subtract line 8 from line 7c. If zero or less, enter -0- . . . . .	0.	0.	0.
<b>10</b> Add lines 6 and 9 . . . . .	0.		0.
<b>A</b> Enter the amount from Form 6251, line 30. . . . .	0.		
<b>B Capital gain excess.</b> Subtract line A from line 10. * . . . .	0.		
<b>11</b> Total 28% rate and unrecaptured section 1250 gain:			
<b>a</b> Enter the gain from line 18 of Schedule D as refigured for the AMT . . . . .	0.		
<b>b</b> Enter the gain from line 19 of Schedule D as refigured for the AMT . . . . .			
<b>c</b> Add lines 11a and 11b. . . . .			0.
<b>12</b> Enter the <b>smaller</b> of line 9 or line 11c . . . . .			0.
<b>13</b> Subtract line 12 from line 10. Also enter this amount on Form 6251, line 37. . . . .			0.

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

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Name(s) Shown on Return Rose A Kincade	Social Security Number [REDACTED] 3073
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**Taxable Income – Line 1**

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41. Otherwise, enter the amount from Form 1040, line 38. (If less than zero, enter as a negative amount.) . . . . .	1	9,745.
2	Additions to income . . . . .	2	
3	Add lines 1 and 2 . . . . .	3	9,745.
4	Subtractions from income . . . . .	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1 . . . . .	5	9,745.

**Taxes – Line 3**

1	Generation skipping transfer taxes included on Schedule A, line 8 . . . . .	1	
---	---	---	--

**Home Mortgage Interest Adjustment – Line 4**

	(a) Deductible for AMT Purposes	(b) NOT Deductible for AMT Purposes	(c) Total Home Mortgage Interest
1 <b>Attributable to mortgage used to purchase, build, or improve:</b>			
a Main home or second home that is house, apartment, condominium or non-transient mobile home . . . . .			
b Second home that is transient mobile home or boat . . . . .			
c Total . . . . .			
2 <b>Attributable to mortgage used to refinance:</b>			
a To pay off mortgage . . . . .			
b For other purposes . . . . .			
c Total . . . . .			
3 <b>Attributable to other mortgage deductible for AMT:</b>			
a Pre-July 1, 1982 mortgage . . . . .			
4 Total column (a) . . . . .			
5 Total column (b). Enter result on Form 6251, line 4. . . . .			
6 Total mortgage interest from Schedule A . . . . .			

**Refund of Taxes – Line 7**

1	Taxable refund of state and local income tax . . . . .	1	0.
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 7 . . . . .	3	0.

**Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 11**

1	Alternative minimum taxable income (AMTI) without ATNOLD . . . . .	1	9,745.
2	Enter adjustments . . . . .	2	
3	Adjustment for domestic production activities deduction . . . . .	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3 . . . . .	4	9,745.
5	ATNOLD limitation. Multiply line 4 by 90%. . . . .	5	8,771.
6	Enter ATNOL carried to 2016 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 11, as neg. . . . .	11	

**Incentive Stock Options – Line 14**

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 14 . . . . .	5	

**Alternative Minimum Taxable Income – Line 28**

If married filing separately and Form 6251, line 28, is more than \$249,450:

<b>1</b>	Alternative minimum taxable income, Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Threshold amount . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>	
<b>4</b>	Multiply line 3 by 25% (.25) . . . . .	<b>4</b>	
<b>5</b>	<b>Smaller</b> of line 4 or \$41,900 . . . . .	<b>5</b>	
<b>6</b>	Add line 1 and line 5. Enter on Form 6251, line 28. . . . .	<b>6</b>	

**Exemption – Line 29**

<b>1</b>	Enter \$54,300 if single or head of household, \$84,500 if married filing jointly or qualifying widow(er), \$42,250 if married filing separately . . . . .	<b>1</b>	54,300.
<b>2</b>	Enter your alternative minimum taxable income from Form 6251, line 28. . . . .	<b>2</b>	9,745.
<b>3</b>	Enter \$120,700 if single or head of household, \$160,900 if married filing jointly or qualifying widow(er), \$80,450 if married filing separately . . . . .	<b>3</b>	120,700.
<b>4</b>	Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	0.
<b>5</b>	Multiply line 4 by 25% (.25) . . . . .	<b>5</b>	0.
<b>6</b>	Subtract line 5 from line 1. If zero or less, enter -0- . . . . .	<b>6</b>	54,300.
	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.		
<b>7</b>	Minimum exemption amount for certain children under age 24 . . . . .	<b>7</b>	
<b>8 a</b>	Enter the <b>child's earned income</b> , if any . . . . .	<b>8 a</b>	
<b>b</b>	Enter any adjustments. . . . .	<b>b</b>	
<b>9</b>	Add lines 7, 8a and 8b. If zero or less, enter -0-. . . . .	<b>9</b>	
<b>10</b>	Enter the smaller of line 6 or line 9 here and on Form 6251, line 29. . . . .	<b>10</b>	

**Form 6251**  
**Line 31**

**Foreign Earned Income**  
**Alternative Minimum Tax Worksheet**

**2017**

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Name(s) Shown on Return Rose A Kincade		Social Security Number [REDACTED] 3073
<b>1</b>	Enter amount from Form 6251, line 30. . . . .	<b>1</b>
<b>2 a</b>	Enter amount from Form(s) 2555, lines 45 and 50 . . . . .	<b>2a</b>
<b>b</b>	Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income . . . . .	<b>2b</b>
<b>c</b>	Subtract line 2b from line 2a. If zero or less, enter 0 . . . . .	<b>2c</b>
<b>3</b>	Add line 1 and line 2c. Enter the result here and on Form 6251 line 36 . . . . .	<b>3</b>
<b>4</b>	<b>Tax on amount on line 3.</b> . . . . . <ul style="list-style-type: none"> <li>• If you reported capital gain distributions directly on Form 1040, line 13; <b>or</b> you reported qualified dividends on Form 1040, line 9b; <b>or</b> 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 36. 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 64 here.</li> <li>• <b>All Others:</b> If line 3 is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result. . . . .</li> </ul>	<b>4</b>
<b>5</b>	<b>Tax on amount on line 2c.</b> If line 2c is \$187,800 or less (\$93,900 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result . . . . .	<b>5</b>
<b>6</b>	Subtract line 5 from line 4. Enter here and on Form 6251, line 31. If zero or less, enter 0 . . . . .	<b>6</b>

# Federal Carryover Worksheet

2017

► Keep for your records

Name(s) Shown on Return

Rose A Kincade

Social Security Number

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## 2016 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
IN			565.		75.	
Totals . .			565.		75.	

## 2016 State Extension Information

(a) State	(b) Paid With Extension

## 2016 Locality Extension Information

(a) Locality	(b) Paid With Extension

## 2016 State Estimates Information

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

## 2016 Locality Estimates Information

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

## 2016 State Taxes Due Information

(a) State	(e) Paid With Return

## 2016 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

## 2016 State Refund Applied Information

(a) State	(g) Applied Amount

## 2016 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

## 2016 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
IN	565.	75.

## 2016 Locality Tax Refund Information

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

Rose A Kincade

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Other Tax and Income Information			2016	2017
1	Filing status . . . . .	1	4 HH	4 HH
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .	2		
3	Itemized deductions . . . . .	3	565.	481.
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5	19,509.	9,745.
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			2016	2017
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

Loss and Expense Carryovers			2016	2017
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:	16 a		
	a 2017 . . . . .	a		
	b 2016 . . . . .	b		
	c 2015 . . . . .	c		
	d 2014 . . . . .	d		
	e 2013 . . . . .	e		
	f 2012 . . . . .	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2017 . . . . .	a		
	b 2016 . . . . .	b		
	c 2015 . . . . .	c		
	d 2014 . . . . .	d		
	e 2013 . . . . .	e		
	f 2012 . . . . .	f		

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Credit Carryovers				2016	2017
18	General business credit . . . . .			18	
19	Adoption credit from:			19 a	
	a	2017 . . . . .		b	
	b	2016 . . . . .		c	
	c	2015 . . . . .		d	
	d	2014 . . . . .		e	
	e	2013 . . . . .		f	
	f	2012 . . . . .			
20	Mortgage interest credit from:			20 a	
	a	2017 . . . . .		b	
	b	2016 . . . . .		c	
	c	2015 . . . . .		d	
	d	2014 . . . . .			
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				2016	2017
24	Section 179 expense deduction disallowed . . . . .			24	
25	Excess			25 a	
	a	Taxpayer (Form 2555, line 46) . . . . .		b	
	b	Taxpayer (Form 2555, line 48) . . . . .		c	
	c	Spouse (Form 2555, line 46) . . . . .		d	
	d	Spouse (Form 2555, line 48) . . . . .			

## Charitable Contribution Carryovers

26 2016 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2016 . . . . .				
b	2015 . . . . .				
c	2014 . . . . .				
d	2013 . . . . .				
e	2012 . . . . .				
27 2017 Carryover of charitable contributions from:		Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2017 . . . . .				
b	2016 . . . . .				
c	2015 . . . . .				
d	2014 . . . . .				
e	2013 . . . . .				

28 Amount overpaid less earned income credit . . . . . 1,471.

## 2016 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

2017

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Name(s) Shown on Return  
Rose A Kincade

Social Security Number  
[REDACTED] 3073

Part I Traditional IRA		Taxpayer	Spouse
<b>Basis and Value</b>			
1	Total basis in traditional IRAs . . . . .		
2	Year-end value on 12/31/2017 . . . . .		
3	Basis carryover as of 12/31/2017 . . . . .		
<b>Excess Contributions</b>			
4	Excess contributions as of 12/31/2016 . . . . .		
5	Carryover of excess contributions to 2018 . . . . .		
Part II Roth IRA		Taxpayer	Spouse
<b>Basis (Contribution and Conversion History)</b>			
6	Basis in Roth IRA contributions . . . . .		
7	Basis in Roth IRA conversions . . . . .		
8	Contribution basis carryover as of 12/31/2017 . . . . .		
9	Conversion basis carryover as of 12/31/2017 . . . . .		
<b>Excess Contributions</b>			
10	Excess contributions as of 12/31/2016 . . . . .		
11	Carryover of excess contributions to 2018 . . . . .		
Part III Traditional IRA Basis Detail		Taxpayer	Spouse
12	Basis for 2016 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 SIMPLE IRAs) on 12/31/2017 ( <i>See Help</i> ) . . . . .		
19	If any amounts were recharacterized either to or from any traditional IRA, enter the net amounts recharacterized after 12/31/2017. qualified charitable distributions (QCD) made in Jan. 2018 to be treated as made in December 2017 ( <i>See Help</i> ).		
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 12/31/2017 . . . . .		
21	Check this box if you converted <b>all</b> of the traditional IRAs you had in 2017 to Roth IRAs in 2017 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

# IRA Information Worksheet

► Keep for your records

2017

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Part V Roth IRA Contribution and Conversion Balances		Taxpayer	Spouse
22	Opened a Roth IRA before 2013 . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2016 Balances (Basis - Before 2017 Transactions)</b>			
23	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .		
24	Cumulative pre 2013 conversions - taxable and nontaxable . . . . .		
25	2013 conversion contributions taxable at conversion . . . . .		
26	2013 conversion contributions not taxable at conversion . . . . .		
27	2014 conversion contributions taxable at conversion . . . . .		
28	2014 conversion contributions not taxable at conversion . . . . .		
29	2015 conversion contributions taxable at conversion . . . . .		
30	2015 conversion contributions not taxable at conversion . . . . .		
31	2016 conversion contributions taxable at conversion . . . . .		
32	2016 conversion contributions not taxable at conversion . . . . .		
<b>2017 Transactions - Contributions</b>		<b>Taxpayer</b>	<b>Spouse</b>
33	Regular <b>Roth</b> 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 . . . . .		
<b>2017 Transactions - Distributions</b>			
38	Distributions from regular <b>Roth</b> IRA contributions and from rollovers from Roth 401(k) and Roth 403(b)		
39	Distributions from cumulative pre 2013 conversions		
40	Distributions from 2013 conversions taxable at conversion . . . . .		
41	Distribs. from 2013 conversions not taxable at conversion . . . . .		
42	Distributions from 2014 conversions taxable at conversion . . . . .		
43	Distribs. from 2014 conversions not taxable at conversion . . . . .		
44	Distributions from 2015 conversions taxable at conversion . . . . .		
45	Distribs. from 2015 conversions not taxable at conversion . . . . .		
46	Distributions from 2016 conversions taxable at conversion . . . . .		
47	Distribs. from 2016 conversions not taxable at conversion . . . . .		
48	Distributions from 2017 conversions taxable at conversion . . . . .		
49	Distribs. from 2017 conversions not taxable at conversion . . . . .		
50	Did you have any open Roth IRA accounts on 12/31/2017? . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Balance c/over to 2018 (Basis - After 2017 Transactions)</b>			
51	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .		
52	Cumulative pre 2014 conversions - taxable and nontaxable		
53	2014 conversion contributions taxable at conversion . . . . .		
54	2014 conversion contributions not taxable at conversion . . . . .		
55	2015 conversion contributions taxable at conversion . . . . .		
56	2015 conversion contributions not taxable at conversion . . . . .		
57	2016 conversion contributions taxable at conversion . . . . .		
58	2016 conversion contributions not taxable at conversion . . . . .		
59	2017 conversion contributions taxable at conversion . . . . .		
60	2017 conversion contributions not taxable at conversion . . . . .		

# IRA Information Worksheet

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2017

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Name(s) Shown on Return

Rose A Kincade

Social Security Number

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Part VI Roth IRA Basis Adjustments		Taxpayer	Spouse
<b>Received From Former Spouse due to Divorce or Inheritance</b>			
	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .		
61			
62	Cumulative pre 2013 conversions - taxable and nontaxable . . . .		
63	2013 conversion contributions taxable at conversion . . . . .		
64	2013 conversion contributions not taxable at conversion . . . . .		
65	2014 conversion contributions taxable at conversion . . . . .		
66	2014 conversion contributions not taxable at conversion . . . . .		
67	2015 conversion contributions taxable at conversion . . . . .		
68	2015 conversion contributions not taxable at conversion . . . . .		
69	2016 conversion contributions taxable at conversion . . . . .		
70	2016 conversion contributions not taxable at conversion . . . . .		
71	2017 conversion contributions taxable at conversion . . . . .		
72	2017 conversion contributions not taxable at conversion . . . . .		
<b>Transferred To Former Spouse due to Divorce</b>			
	Cumulative regular <b>Roth</b> IRA contributions, including rollovers from Roth 401(k) and Roth 403(b) . . . . .		
73			
74	Cumulative pre 2013 conversions - taxable and nontaxable . . . .		
75	2013 conversion contributions taxable at conversion . . . . .		
76	2013 conversion contributions not taxable at conversion . . . . .		
77	2014 conversion contributions taxable at conversion . . . . .		
78	2014 conversion contributions not taxable at conversion . . . . .		
79	2015 conversion contributions taxable at conversion . . . . .		
80	2015 conversion contributions not taxable at conversion . . . . .		
81	2016 conversion contributions taxable at conversion . . . . .		
82	2016 conversion contributions not taxable at conversion . . . . .		
83	2017 conversion contributions taxable at conversion . . . . .		
84	2017 conversion contributions not taxable at conversion . . . . .		

**Form 8582**  
**Line 7**

**Modified Adjusted Gross Income Worksheet**

**2017**

► Keep for your records

Name(s) Shown on Return  
Rose A Kincade

Social Security Number  
[REDACTED] 3073

Description	Amount
<b>Income</b>	
Wages . . . . .	9,745.
Interest income before Series EE bond exclusion . . . . .	
Dividend income . . . . .	
Tax refund . . . . .	0.
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 . . . . .	
Taxable IRA distributions . . . . .	
Taxable pension distributions . . . . .	
Unemployment compensation . . . . .	
Other income . . . . .	
Total income . . . . .	9,745.
<b>Adjustments</b>	
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 . . . . .	
<b>Modified adjusted gross income . . . . .</b>	<b>9,745.</b>

## Two-Year Comparison

2017

Name(s) Shown on Return Rose A Kincade			Social Security Number	
Income	2016	2017	Difference	%
Wages, salaries, tips, etc . . . . .	19,509.	9,745.	-9,764.	-50.05
Interest and dividend income . . . . .				
State tax refund . . . . .	0.	0.	0.	
Business income (loss) . . . . .				
Capital and other gains (losses) . . . . .				
IRA distributions . . . . .				
Pensions and annuities . . . . .				
Rents and royalties . . . . .				
Partnerships, S Corps, etc . . . . .				
Farm income (loss) . . . . .				
Social security benefits . . . . .				
Income other than the above . . . . .				
<b>Total Income</b> . . . . .	19,509.	9,745.	-9,764.	-50.05
<b>Adjustments to Income</b> . . . . .				
<b>Adjusted Gross Income</b> . . . . .	19,509.	9,745.	-9,764.	-50.05
<b>Itemized Deductions</b>				
Medical and dental . . . . .				
Income or sales tax . . . . .	565.	362.	-203.	-35.93
Real estate taxes . . . . .				
Personal property and other taxes . . . . .		119.	119.	
Interest paid . . . . .				
Gifts to charity . . . . .				
Casualty and theft losses . . . . .				
Miscellaneous . . . . .				
Phaseout of itemized deductions . . . . .				
<b>Total Itemized Deductions</b> . . . . .	565.	481.	-84.	-14.87
<b>Standard or Itemized Deduction</b> . . . . .	9,300.	9,350.	50.	0.54
<b>Exemption Amount</b> . . . . .	16,200.	16,200.	0.	0.00
<b>Taxable Income</b> . . . . .	0.	0.	0.	
Income tax . . . . .	0.	0.	0.	
Additional income taxes . . . . .				
Alternative minimum tax . . . . .				
<b>Total Income Taxes</b> . . . . .	0.	0.	0.	
Nonbusiness credits . . . . .	0.	0.	0.	
Business credits . . . . .				
<b>Total Credits</b> . . . . .	0.	0.	0.	
Self-employment tax . . . . .				
Other taxes . . . . .	0.	0.	0.	
<b>Total Tax After Credits</b> . . . . .	0.	0.	0.	
Withholding . . . . .		293.	293.	
Estimated and extension payments . . . . .				
Earned income credit . . . . .	5,771.	4,376.	-1,395.	-24.17
Additional child tax credit . . . . .	1,471.	1,012.	-459.	-31.20
Other payments . . . . .				
<b>Total Payments</b> . . . . .	7,242.	5,681.	-1,561.	-21.55
Form 2210 penalty . . . . .				
Applied to next year's estimated tax . . . . .				
<b>Refund</b> . . . . .	7,242.	5,681.	-1,561.	-21.55
<b>Balance Due</b> . . . . .				

Current year effective tax rate . . . . . -55.29 %

**Tax Summary**  
► Keep for your records

**2017**

Name (s)

Rose A Kincade

<b>Total income</b> .....	9,745.
<b>Adjustments to income</b> .....	
<b>Adjusted gross income</b> .....	9,745.
<b>Itemized/standard deduction</b> .....	9,350.
<b>Exemption amount</b> .....	16,200.
<b>Taxable income</b> .....	0.
<b>Tentative tax</b> .....	0.
<b>Additional taxes</b> .....	
<b>Alternative minimum tax</b> .....	
<b>Total credits</b> .....	0.
<b>Other taxes</b> .....	0.
<b>Total tax</b> .....	0.
<b>Total payments</b> .....	5,681.
<b>Estimated tax penalty</b> .....	
<b>Amount Overpaid</b> .....	5,681.
<b>Refund</b> .....	5,681.
<b>Amount Applied to Estimate</b> .....	
<b>Balance due</b> .....	0.

**Which Form 1040 to file?**

You must use Form 1040A or Form 1040 because  
your filing status is head of household.

# Compare to U. S. Averages

► Keep for your records

2017

Name(s) Shown on Return Rose A Kincade	Social Security No [REDACTED] 3073
---	---------------------------------------

Your 2017 adjusted gross income (AGI) . . . . . 9,745.  
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 . . . . .	9,745.	8,675.
Taxable interest . . . . .		975.
Tax-exempt interest . . . . .		5,906.
Dividends . . . . .		2,301.
Business net income . . . . .		7,887.
Business net loss . . . . .		22,101.
Net capital gain . . . . .		8,280.
Net capital loss . . . . .		2,368.
Taxable IRA . . . . .		5,755.
Taxable pensions and annuities . . . . .		7,055.
Rent and royalty net income . . . . .		6,514.
Rent and royalty net loss . . . . .		14,724.
Partnership and S corporation net income . . . . .		21,447.
Partnership and S corporation net loss . . . . .		87,174.
Taxable social security benefits . . . . .		2,670.
Medical and dental expenses deduction . . . . .		9,447.
Taxes paid deduction . . . . .	481.	3,761.
Interest paid deduction . . . . .		6,561.
Charitable contributions deduction . . . . .		1,572.
Total itemized deductions . . . . .	481.	16,026.
Child care credit . . . . .		126.
Education tax credits . . . . .		235.
Child tax credit . . . . .	0.	231.
Retirement savings contributions credit . . . . .		165.
Earned income credit . . . . .	4,376.	1,934.
<b>Other Information</b>	<b>Actual Per Return</b>	<b>National Average</b>
Adjusted gross income . . . . .	9,745.	2,548.
Taxable income . . . . .	0.	2,634.
Income tax . . . . .	0.	301.
Alternative minimum tax . . . . .		15,783.
Total tax liability . . . . .	0.	510.

**Santa Barbara Tax Products Group LLC****and Green Dot Bank Refund Processing Agreement ("Agreement")**Name Rose A KincadeSocial Security No. 3073

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 2017 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

**1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.**

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$39.99 ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2017 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2018). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

**2. Authorization to Release Personal Information.** You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2017 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit. None of Intuit, Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

**3. Summary of Terms**

Expected Federal Refund . . . . .	\$ 5,681.00
Less Processor Refund Processing Fee . . . . .	\$ 39.99
Less TurboTax Fees . . . . .	\$ 113.97
Less Additional Products and Services Purchased . . . . .	\$
<b>Expected Proceeds*</b> . . . . .	<b>\$ 5,527.04</b>

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

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



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

**5. Acknowledgements.** (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2017 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

**6. 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 2017 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3, including the 39.99 Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$25.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtptg.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) ☒ 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 # . . . . . 283977688

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 diversion of tax

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

You must notify Bank in writing 3 business days prior to the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford Bank a reasonable opportunity to act on your request. You may notify us in writing at: 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 services. Processor shall pay Bank for its banking services.

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

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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.

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

## 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?	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none"><li>• Social Security number and account balances</li><li>• account transactions and purchase history</li><li>• transaction history and overdraft history</li></ul> <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
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?
<b>For our everyday business purposes</b> — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
<b>For our marketing purposes</b> — to offer our products and services to you.	No	We don't share
<b>For joint marketing with other financial companies.</b>	No	We don't share
<b>For our affiliates' everyday business purposes</b> — information about your transactions and experiences.	Yes	No
<b>For our affiliates' everyday business purposes</b> — information about your creditworthiness.	No	We don't share
<b>For our affiliates to market to you.</b>	No	We don't share
<b>For nonaffiliates to market to you.</b>	No	We don't share
Questions?	Call 1-866-795-7597 or go to <a href="http://www.greendot.com">www.greendot.com</a>	

Page 2	
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 collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> <li>• open an account or make deposits or withdrawals from your account</li> <li>• use your debit card or provide account information</li> <li>• give us your contact information</li> </ul> <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> <li>• Sharing for affiliates' everyday business purposes — information about your creditworthiness</li> <li>• Affiliates from using your information to market to you</li> <li>• Sharing for non affiliates to market to you.</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>• Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation), financial companies such as Unirush, LLC and tax processing services companies such as Santa Barbara Tax Products Group, LLC.</li> </ul>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> <li>• Green Dot Bank does not share with non affiliates so they can market to you.</li> </ul>
Joint marketing	<p>A formal joint marketing agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> <li>• Green Dot Bank does not jointly market</li> </ul>
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 or Vermont, we will not share with nonaffiliates except for our everyday business purposes or with your consent.	

**and Civista Bank Refund Processing 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 2017 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

**1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.**

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$ \_\_\_\_\_ ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2017 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2018). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

**2. Authorization to Release Personal Information.** You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2017 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the refund processing services being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit. None of Intuit, Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

**3. Summary of Terms**

Expected Federal Refund . . . . .	\$ _____
Less Processor Refund Processing Fee . . . . .	\$ _____
Less TurboTax Fees . . . . .	\$ _____
Less Additional Products and Services Purchased . . . . .	\$ _____
<b>Expected Proceeds*</b> . . . . .	\$ _____

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

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

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

**5. Acknowledgements.** (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2017 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

**6. 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 2017 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://sbtptg.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 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. If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund is received by us, upon receipt of your federal tax refund from the IRS we will return your tax refund to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund to the IRS and you will need to work with the IRS directly for disbursement.

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

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

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

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

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

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

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

**9. 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 services. Processor shall pay Bank for its banking services.

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



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

**12. 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 2017 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2017 TurboTaxfi User Agreement, (iii) You consent to the release of your 2017 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

## Civista Bank Tax Product Privacy Policy

<b>FACTS</b> What does Civista Bank do with your personal information?		
<b>Why?</b>	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.	
<b>What?</b>	<p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none"> <li>• Social Security number and account balances</li> <li>• payment history and transaction history</li> <li>• overdraft history and account transactions</li> </ul> <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>	
<b>How?</b>	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?
<b>For our everyday business purposes</b> such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus.	Yes	No
<b>For our marketing purposes —</b> to offer our products and services to you.	No	We don't share
<b>For joint marketing with other financial companies.</b>	No	We don't share
<b>For our affiliates' everyday business purposes —</b> information about your transactions and experiences.	No	We don't share
<b>For our affiliates' everyday business purposes —</b> information about your creditworthiness.	No	We don't share
<b>For our affiliates to market to you.</b>	No	We don't share
<b>For non affiliates to market to you.</b>	No	We don't share
<b>Questions?</b>	Toll Free: 800-901-6663 or go to <a href="http://www.civistabank.com">www.civistabank.com</a>	

<b>Who we are</b>	
<b>Who is providing this notice?</b>	Civista Bank
<b>What we do</b>	
<b>How does Civista Bank protect my personal information?</b>	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.
<b>How does Civista Bank collect my personal information?</b>	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.
<b>Why can't I limit all sharing?</b>	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> <li>• Sharing for affiliates everyday business purposes — information about your creditworthiness,</li> <li>• Affiliates from using your information to market to you,</li> <li>• Sharing for non affiliates to market to you.</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing.</p>
<b>Definitions</b>	
<b>Affiliates</b>	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>• Civista Bank does not share with our affiliates.</li> </ul>
<b>Non affiliates</b>	<p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> <li>• Civista Bank does not share with non affiliates so they can market to you.</li> </ul>
<b>Joint Marketing</b>	<p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> <li>• Civista Bank does not jointly market.</li> </ul>
<b>Other Important Information</b>	
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

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**Taxpayer:** Rose A Kincade

**Primary SSN:** [REDACTED] 3073

**Federal Return Submitted:** January 30, 2018 02:34 PM PST

**Federal Return Acceptance Date:** \_\_\_\_\_

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Your return was electronically transmitted on 01/30/2018

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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 17, 2018. 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 17, 2018, your Intuit electronic postmark will indicate April 17, 2018, 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 17, 2018, and a corrected return is submitted and accepted before April 22, 2018. If your return is submitted after April 22, 2018, 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, 2018. 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, 2018, and the corrected return is submitted and accepted by October 20, 2018.

### 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

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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](mailto:complaints@tigta.treas.gov).

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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.

<hr/> <hr/> <hr/> <hr/>
-------------------------

First Name

Last Name

Please type the date below:

Date

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F7216U01 SBIA5001

## Read and accept this Disclosure Consent

This is an IRS requirement

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### 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](mailto:complaints@tigta.treas.gov).

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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.

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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.

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### 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](mailto:complaints@tigta.treas.gov).

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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:

Please type the date below:

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 tax return electronically or by paper and obtain your 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, 2018.

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, 2018.

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website ([irs.gov](http://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](http://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 <sup>3</sup>	Free
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks <sup>3</sup>	
ELECTRONIC FILING (E-FILE)  No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days	Free
	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days <sup>3</sup>	
ELECTRONIC FILING (E-FILE)  Refund Processing Service	(a) Direct deposit to your personal bank account, or  (b) Load to your prepaid card <sup>1</sup> .	Usually within 21 days <sup>3</sup>	Free option with your purchase of TurboTax Premium Services or TurboTax MAX <sup>2</sup>

<sup>1</sup>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.

<sup>2</sup>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.

<sup>3</sup>You may experience delays with your tax refund if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2018.

Questions? Call 1-877-908-7228

## We need your consent - IRA Eligibility

This is an IRS requirement

TurboTax will use information from your tax return (your age, income, filing status and whether you're already covered by a retirement plan) so you can find IRA contribution options that help you get a tax break.

If you would like Intuit TurboTax to use your tax return information to determine whether these services are relevant to you while we are preparing your tax return, provide the information requested above, and sign and date this consent to the use of your tax return information.

If you are requesting use of personal information from a joint return, we need consent from both you and your spouse on the return.

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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](mailto:complaints@tigta.treas.gov).

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To agree, enter your name and date in the boxes below.

Rose

First Name

Kincade

Last Name

Please type the date below:

01/30/2018

Date

First Name - Spouse

Last Name - Spouse

Please type the date below:

Date

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# Pro Delegation Worksheet

2017

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

## Preparer / Electronic Return Originator (ERO) Information

Preparer Name \_\_\_\_\_ Print name in signature area? ☐  
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-filing 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

## Smart Worksheets from your 2017 Federal Tax Return

SMART WORKSHEET FOR: Form 1040A: Individual Tax Return

Tax Smart Worksheet	
<b>A</b>	Tax . . . . . 0.
Check if from:	
<b>1</b>	Tax table . . . . . <input checked="checked" type="checkbox"/>
<b>2</b>	Qualified Dividends and Capital Gain Tax Worksheet . . . . . <input type="checkbox"/>
<b>3</b>	Form 8615 . . . . . <input type="checkbox"/>
<b>B</b>	Recapture tax from Form 8863 . . . . .
<b>C</b>	<b>Tax.</b> Add lines A and B. Enter the result here and on line 28. . . . . 0.

SMART WORKSHEET FOR: Form 8960 Deduction Recoveries Worksheet

Line 9 - Recalculated Prior Year Net Investment Income Tax Smart Worksheet	
<b>A</b>	Prior year Form 8960, line 13, modified adjusted gross income . . . . . 19,509.
<b>B</b>	Prior year Form 8960, line 14, threshold based on filing status . . . . . 200,000.
<b>C</b>	Prior year Form 8960, line 15, Subtract line B from A, not less than zero . . . . . 0.
<b>D</b>	Smaller of line 8 or line C . . . . . 0.
<b>E</b>	Recomputed net investment income tax. Multiply line D by 3.8% (.038) . . . . . 0.

## SMART WORKSHEET FOR: Dependent Information Worksheet (Elizabeth)

**Dependency Exemption/EIC Smart Worksheet**

**NOTE:** It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

**A** How many months did this person live with you? The whole year

**Note:** If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

**B** Who are the parents of this person?  
(Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse . . . . . ☐

Taxpayer . . . . . ☒

Spouse . . . . . ☐

**C** Did this person provide more than 1/2 their own support? . . . . . ☐ Yes ☒ No

**D** Was this person married on December 31, 2017 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? . . . . . ☐ Yes ☐ No

Detailed answers for this question. This dependent:

- Was married on December 31, 2017 . . . . . ☐ Yes ☐ No

- If married, filed a joint return for the year . . . . . ☐ Yes ☐ No

- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. . . . . ☐ Yes ☐ No

- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately . . . . . ☐ Yes ☐ No

**E** Is this person a Full time student? . . . . . ☐ Yes ☐ No

**F** Is this person's gross income less than \$4,050? . . . . . ☐ Yes ☐ No

**1** Did you provide over 1/2 the support for this person?  
or  
Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? . . . . . ☐ Yes ☐ No

**G** Is there an agreement with this person's other parent about who can claim this person as a dependent? . . . . . ☒ Yes ☐ No

**Note:** The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

**1** TurboTax Web Only:

Is the other parent claiming this dependent per the custody agreement? . . . . . ☐ Yes ☒ No

Has the other parent waived their legal right so you can claim this dependent on your tax return? . . . . . ☐ Yes ☐ No

**H** Who will be claiming this person as a dependent as a result of:

- an agreement between the parents

- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return? . . . . . ☒

Other parent in different return? . . . . . ☐

Someone else in different return? . . . . . ☐

## SMART WORKSHEET FOR: Dependent Information Worksheet (Lynnda)

**Dependency Exemption/EIC Smart Worksheet**

**NOTE:** It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

**A** How many months did this person live with you? The whole year

**Note:** If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

**B** Who are the parents of this person?  
(Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse . . . . . ☐

Taxpayer . . . . . ☐

Spouse . . . . . ☐

**C** Did this person provide more than 1/2 their own support? . . . . . ☐ Yes ☒ No

**D** Was this person married on December 31, 2017 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? . . . . . ☐ Yes ☒ No

Detailed answers for this question. This dependent:

- Was married on December 31, 2017 . . . . . ☐ Yes ☐ No

- If married, filed a joint return for the year . . . . . ☐ Yes ☐ No

- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. . . . . ☐ Yes ☐ No

- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately . . . . . ☐ Yes ☐ No

**E** Is this person a Full time student? . . . . . ☐ Yes ☐ No

**F** Is this person's gross income less than \$4,050? . . . . . ☐ Yes ☐ No

**1** Did you provide over 1/2 the support for this person?  
or  
Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? . . . . . ☐ Yes ☐ No

**G** Is there an agreement with this person's other parent about who can claim this person as a dependent? . . . . . ☐ Yes ☐ No

**Note:** The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

**1** TurboTax Web Only:

Is the other parent claiming this dependent per the custody agreement? . . . . . ☐ Yes ☐ No

Has the other parent waived their legal right so you can claim this dependent on your tax return? . . . . . ☐ Yes ☐ No

**H** Who will be claiming this person as a dependent as a result of:

- an agreement between the parents

- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return? . . . . . ☒

Other parent in different return? . . . . . ☐

Someone else in different return? . . . . . ☐



## SMART WORKSHEET FOR: Dependent Information Worksheet (Austin)

**Dependency Exemption/EIC Smart Worksheet**

**NOTE:** It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

**A** How many months did this person live with you? The whole year

**Note:** If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

**B** Who are the parents of this person?  
(Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse . . . . . ☐

Taxpayer . . . . . ☐

Spouse . . . . . ☐

**C** Did this person provide more than 1/2 their own support? . . . . . ☐ Yes ☒ No

**D** Was this person married on December 31, 2017 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? . . . . . ☐ Yes ☒ No

Detailed answers for this question. This dependent:

- Was married on December 31, 2017 . . . . . ☐ Yes ☐ No

- If married, filed a joint return for the year . . . . . ☐ Yes ☐ No

- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. . . . . ☐ Yes ☐ No

- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately . . . . . ☐ Yes ☐ No

**E** Is this person a Full time student? . . . . . ☐ Yes ☐ No

**F** Is this person's gross income less than \$4,050? . . . . . ☐ Yes ☐ No

**1** Did you provide over 1/2 the support for this person?  
or  
Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? . . . . . ☐ Yes ☐ No

**G** Is there an agreement with this person's other parent about who can claim this person as a dependent? . . . . . ☐ Yes ☐ No

**Note:** The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

**1** TurboTax Web Only:

Is the other parent claiming this dependent per the custody agreement? . . . . . ☐ Yes ☐ No

Has the other parent waived their legal right so you can claim this dependent on your tax return? . . . . . ☐ Yes ☐ No

**H** Who will be claiming this person as a dependent as a result of:

- an agreement between the parents

- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return? . . . . . ☒

Other parent in different return? . . . . . ☐

Someone else in different return? . . . . . ☐

## SMART WORKSHEET FOR: Child Tax Credit Worksheet

<b>Line 6 Smart Worksheet</b>	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 6.	
<b>Social security tax, Medicare tax, and Additional Medicare Tax on Wages.</b>	
<b>A</b> Enter the social security tax withheld (Form(s) W-2, box 4) . . . . .	604.
<b>B</b> Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. . . . .	141.
<b>C</b> Enter the Additional Medicare Tax, if any, on wages (Form 8959, line 7) . . . . .	0.
<b>D</b> Add line A, B, and C . . . . .	745.
<b>E</b> Enter the Additional Medicare Tax withheld (Form 8959 line 22) . . . . .	0.
<b>F</b> Subtract line E from line D. . . . .	745.
<b>Additional Medicare Tax on Self-Employment Income.</b>	
<b>G</b> Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) . . . . .	
<b>Tier 1 RRTA taxes as an employee of a railroad</b> (enter amounts on lines H, I, J, and K) <b>or employee representative</b> (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
<b>H</b> Enter the Tier 1 tax (Form(s) W-2, box 14). . . . .	0.
<b>I</b> Enter the Medicare Tax (Form(s) W-2, box 14) . . . . .	0.
<b>J</b> Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line J and line N. . . . .	
<b>K</b> Add lines H, I, and J . . . . .	0.
<b>L</b> Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2017) . . . . .	
<b>M</b> Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2017) . . . . .	
<b>N</b> Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line N and line J . . . . .	
<b>O</b> Add line L, M, and N . . . . .	
<b>Line 6 Amount</b>	
<b>P</b> Add line F, G, K and O. Enter here and on Line 11 Worksheet, line 6 . . . . .	745.

## 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 . . . . . \_\_\_\_\_**1a** Taxpayer, prior year nontaxable combat pay from 2016 . . . . . \_\_\_\_\_**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 . . . . . \_\_\_\_\_**1a** Spouse, prior year nontaxable combat pay from 2016 . . . . . \_\_\_\_\_**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 5,681.

Amount due \_\_\_\_\_

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

**Eligible Hurricane and Wildfire Victims Smart Worksheet**

Election to use 2016 earned income for EIC and Additional Child Tax Credit

The "Yes" box must be marked on Line A and Line B for 2016 earned income to be used  
for EIC and Additional Child Tax Credit calculations.**A Elect to use 2016 earned income for EIC****and Additional Child Tax Credit.** . . . . . ▶ ☐ Yes ☒ No**B Taxpayer is eligible to elect to use 2016 earned income**(see Publication 4492 for details) . . . . . ▶ ☐ Yes ☐ No**C** Earned income for EIC from your 2016 return . . . . . 12,804.**D** Current year earned income for EIC . . . . . 9,745.If Line D is equal to or greater than Line C the taxpayer is not eligible  
to use 2016 earned income for EIC and Additional Child Tax Credit  
calculations.**E** You may compare the tax benefit of electing to use 2016 Earned Income  
by checking the boxes on line A and BOverpayment 5,681.

Amount due \_\_\_\_\_

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
<b>A</b>	Taxable and tax exempt interest . . . . . _____
<b>B</b>	Dividend income . . . . . _____
<b>C</b>	Capital gain net <b>income</b> . . . . . _____
<b>D</b>	Royalty and rental of personal property net <b>income</b> . . . . . _____
<b>E</b>	Passive activity net <b>income</b> :
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 <b>income</b> , line 5 if greater than zero . . . . . _____
<b>F</b>	Interest and dividends from Forms 8814 . . . . . _____
<b>G</b>	Adjustments . . . . . _____
<b>H</b>	<b>Total investment income</b> , add lines A through G . . . . . <u>0.</u>
Is line H, <b>total investment income</b> over \$3,450? <input checked="checked" type="checkbox"/> <b>No.</b> You may take the credit. <input type="checkbox"/> <b>Yes. Stop.</b> You <b>cannot</b> take the credit.	

## SMART WORKSHEET FOR: Earned Income Credit Worksheet

Qualifying Children Smart Worksheet									
First name Last name	MI Suff	Social security number Relationship	Year of birth		Was the child permanently and totally disabled during any part of 2017?				Lived with taxpayer in the U.S.
			Was the child under age 24 at the end of 2017, a student, and younger than you (or your spouse, if filing jointly)?						
Elizabeth Kincade	R	██████████ Daughter	2006		██████████				██████████
			<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	12	
Lynnda Kincade		██████████ Niece	1999		██████████				██████████
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	
Austin Kincade		██████████ Nephew	2002		██████████				██████████
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	

**Indiana Part-Year or Full-Year Nonresident  
Individual Income Tax Return**

**2017**

If filing for a fiscal year, enter the dates (see instructions) (MM/DD/YYYY):

Due April 17, 2018

from to:

Your Social Security Number ■■■■ 3073

Spouse's Social Security Number

Your first name Place "X" in box if applying for ITIN  
ROSE Initial A Last name KINCADE Place "X" in box if applying for ITIN  
If filing a joint return, spouse's first name Initial Last name Suffix

Present address (number and street or rural route)

City State Zip/Postal code  
PO BOX 31015 Place "X" in box if you are married filing separately.  
FLAGSTAFF AZ 860031015  
Foreign country 2-character code (see instructions)

Enter below the **2-digit county code** numbers (found on the back of Schedule CT-40PNR) for the county where you lived and worked on January 1, 2017.

County where you lived 53 County where you worked 53 County where spouse lived County where spouse worked

**Round all entries**

1. Complete Schedule A first. Enter here the amount from Section 3, line 37B, and enclose Schedule A \_\_\_\_\_ **Indiana Income** 1 7451.00
2. Enter amount from Schedule B, line 6, and enclose Schedule B \_\_\_\_\_ **Indiana Add-Backs** 2 .00
3. Add line 1 and line 2 \_\_\_\_\_ 3 7451.00
4. Enter amount from Schedule C, line 12, and enclose Schedule C \_\_\_\_\_ **Indiana Deductions** 4 2695.00
5. Subtract line 4 from line 3 \_\_\_\_\_ 5 4756.00
6. You must complete Schedule D. Enter amount from Schedule D, line 7, and enclose Schedule D \_\_\_\_\_ **Indiana Exemptions** 6 4208.00
7. Subtract line 6 from line 5 \_\_\_\_\_ **Indiana Adjusted Gross Income** 7 548.00
8. State adjusted gross income tax: multiply line 7 by 3.23% (.0323)  
(if answer is less than zero, leave blank) \_\_\_\_\_ 8 18.00
9. County tax. Enter county tax due from Schedule CT-40PNR  
(if answer is less than zero, leave blank) \_\_\_\_\_ 9 7.00
10. Other taxes. Enter amount from Schedule E, line 4 (enclose sch.) 10 .00
11. Add lines 8, 9 and 10. Enter total here and on line 15 on the back \_\_\_\_\_ **Indiana Taxes** 11 25.00



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12. Enter credits from Schedule F, line 9 (enclose schedule) \_\_\_\_\_ 12 612.00

13. Enter offset credits from Schedule G, line 8 (enclose schedule) \_\_\_\_\_ 13 .00

14. Add lines 12 and 13 \_\_\_\_\_ **Indiana Credits** 14 612.00

15. Enter amount from line 11 \_\_\_\_\_ **Indiana Taxes** 15 25.00

16. If line 14 is equal to or more than line 15, subtract line 15 from line 14 (if smaller, skip to line 23) 16 587.00

17. Enter donations from Schedule IN-DONATE (enclose schedule); cannot be greater than line 16 17 .00

18. Subtract line 17 from line 16 \_\_\_\_\_ **Overpayment** 18 587.00

19. Amount from line 18 to be applied to your 2018 estimated tax account (see instructions).

Enter your county code \_\_\_\_\_ county tax to be applied \_\_ \$ a .00

Spouse's county code \_\_\_\_\_ county tax to be applied \_\_ \$ b .00

Indiana adjusted gross income tax to be applied \_\_\_\_\_ \$ c .00

Total to be applied to your estimated tax account (a + b + c; cannot be more than line 18) \_\_\_\_\_ 19d .00

20. Penalty for underpayment of estimated tax from Schedule IT-2210 or IT-2210A (enclose sch.) \_\_\_\_\_ 20 .00

**21. Refund:** Line 18 minus lines 19d and 20. Note: If less than zero, see line 23 instructions **Your Refund** 21 587.00

**22. Direct Deposit** (see instructions)

a. Routing Number 283977688

b. Account Number [REDACTED]

c. Type: ☒ Checking ☐ Savings ☐ Hoosier Works MC

d. Place an "X" in the box if refund will go to an account outside the United States

23. If line 15 is more than line 14, subtract line 14 from line 15. Add to this any amount on line 20 (see instructions) \_\_\_\_\_ 23 .00

24. Penalty if filed after due date (see instructions) \_\_\_\_\_ 24 .00

25. Interest if filed after due date (see instructions) \_\_\_\_\_ 25 .00

**26. Amount Due:** Add lines 23, 24 and 25 \_\_\_\_\_ **Amount You Owe** 26 .00

Do not send cash. Please make your check or money order payable to:  
Indiana Department of Revenue. Credit card payers must see instructions.

**Sign and date this return after reading the Authorization statement on Schedule H. You must enclose Schedule H (both pages).**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

- If enclosing payment mail to: Indiana Department of Revenue, P.O. Box 7224, Indianapolis, IN 46207-7224.
- Mail all other returns to: Indiana Department of Revenue, P.O. Box 40, Indianapolis, IN 46206-0040.



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Name(s) shown on Form IT-40PNR

Your Social Security Number

ROSE A KINCADE

3073

**Section 1: Income or (Loss)** Enter in Column A the same income or loss you reported on your 2017 federal income tax return, Form 1040, 1040A or 1040EZ (except for line 19B and/or a net operating loss carryforward on line 20B; see instructions). Round all entries.

		<b>Column A</b> Income from Federal Return		<b>Column B</b> Income Taxed by Indiana
1. Your wages, salaries, tips, commissions, etc _____	1A	9745.00	1B	7451.00
2. Spouse's wages, salaries, tips, commissions, etc _____	2A	.00	2B	.00
3. Taxable interest income _____	3A	.00	3B	.00
4. Dividend income _____	4A	.00	4B	.00
5. Taxable refunds, credits, or offsets of state and local taxes from your federal return _____	5A	.00	5B	.00
6. Alimony received _____	6A	.00	6B	.00
7. Business income or loss from federal Schedule C or C-EZ _	7A	.00	7B	.00
8. Capital gain or loss from sale or exchange of property from your federal return _____	8A	.00	8B	.00
9. Other gains or (losses) from Form 4797 _____	9A	.00	9B	.00
10. Total IRA distribution _____	10A	.00	10B	.00
11. Total pensions and annuities _____	11A	.00	11B	.00
12. Net rent or royalty income or loss reported on federal Schedule E _____	12A	.00	12B	.00
13. Income or loss from partnerships _____	13A	.00	13B	.00
14. Income or loss from trusts and estates _____	14A	.00	14B	.00
15. Income or loss from S corporations _____	15A	.00	15B	.00
16. Farm income or loss from federal Schedule F _____	16A	.00	16B	.00
17. Unemployment compensation _____	17A	.00	17B	.00
18. Taxable Social Security benefits _____	18A	.00	18B	.00
19. Indiana apportioned income from Schedule IT-40PNRA _____			19B	.00
20. Other income reported on your federal return _____	20A	.00	20B	.00
List source(s). (Do not include federal net operating loss in Column B. See instructions.)				
21. Subtotal: add lines 1 through 20. _____	21A	9745.00	21B	7451.00



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**Proration Section** See instructions.

21C. **Note:** Nonresident military personnel see special instructions on page 15.  
and complete worksheet. \_\_\_\_\_

21C

.00

21D. For all other individuals, divide the amount on line 21B by the amount on line 21A (see instructions if either line 21A and/or 21B are less than zero). Please round your answer to a decimal followed by three numbers. Example:  $\$3,100 \div \$8,000 = .3875$ , which rounds to .388 (do not enter a number greater than 1.00). Enter result here and on Schedule D, line 6 \_\_\_\_\_

21D 0.765

**Section 2: Adjustments to Income** Note: Enter in Column A only those deductions claimed on your 2017 federal income tax return, Form 1040, 1040A or 1040EZ. Round all entries.

**Column A**  
Federal Adjustments**Column B**  
Indiana Adjustments

22. Educator expenses (see instructions) _____	22A	.00	22B	.00
23. Certain business expenses of reservists, performing artists, etc _____	23A	.00	23B	.00
24. Health savings account deduction _____	24A	.00	24B	.00
25. Moving expenses (see instructions) _____	25A	.00	25B	.00
26. Deductible part of self-employment tax _____	26A	.00	26B	.00
27. Self-employed, SEP, SIMPLE, and qualified plans _____	27A	.00	27B	.00
28. Self-employed health insurance deduction _____	28A	.00	28B	.00
29. Penalty on early withdrawal of savings _____	29A	.00	29B	.00
30. Alimony paid _____	30A	.00	30B	.00
31. IRA deduction _____	31A	.00	31B	.00
32. Student loan interest deduction (see instructions) _____	32A	.00	32B	.00
33. Tuition and fees deduction (see instructions) _____	33A	.00	33B	.00
34. Domestic production activities deduction _____	34A	.00		
35. Other (see instructions)	35A	.00	35B	.00
36. Add lines 22 through 35 _____	36A	.00	36B	.00

**Section 3: Totals**

37. Subtract line 36 from line 21 of Section 1. Carry  
amount from line 37B to Form IT-40PNR, line 1 \_\_\_\_\_

37A

9745.00

37B

7451.00



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Name(s) shown on Form IT-40PNR

Your Social Security Number

ROSE A KINCADE

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1. Renter's deduction

Indiana address where rented if different from the one on the front page (enter below)

703 W GOURLEY PIKE APT 81, BLOOMINGTON      Amount of rent paid  
Landlord's name and address (enter below)      \$      2695 .00  
ARCH BLOOMINGTON APARTMENTS, 703 W GOU

**Round all entries**

Number of months rented      7      Enter the lesser of \$3,000 or amount of rent paid      1      2695 .00

2. Homeowner's residential property tax deduction

Address where property tax was paid if different from front page (enter below)

Number of months lived there      Amount of property tax paid \$      .00  
Enter the lesser of \$2,500 or the amount of Indiana property tax paid      2      .00

3. State tax refund reported on federal return      3      .00

4. Interest on U.S. government obligations      4      .00

5. Taxable Social Security benefits      5      .00

6. Taxable railroad retirement benefits      6      .00

7. Military service deduction: \$5,000 maximum for qualifying person      7      .00

8. Private school/homeschool deduction: \$1,000 per qualifying child (see instructions)      8      .00

9. Indiana net operating loss deduction      9      .00

10. Nontaxable portion of unemployment compensation (from Unemployment Comp. Worksheet)      10      .00

11. Other Deductions: See instructions (attach additional sheets if necessary)

a. Enter deduction name      code no.      11a      .00

b. Enter deduction name      code no.      11b      .00

c. Enter deduction name      code no.      11c      .00

12. Add lines 1 through 11. Enter total here and on line 4 of Form IT-40PNR.      **Total Deductions**      12      2695 .00



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Name(s) shown on Form IT-40PNR

Your Social Security Number

ROSE A KINCADE

**Section 1: Residency Information**

List all state(s) and dates of your (and your spouse's, if filing jointly) residency during 2017. Enter 2-letter state name (e.g. "IL" for Illinois) or the letters "OC" if you were a resident of a foreign country (see instructions).

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**Example**

State of Residence	Date From (MM/DD)			Date To (MM/DD)			Did you file a tax return with the state/country? Place "X" in appropriate box.	
IL	01	01	2017	06	01	2017	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
IN	06	02	2017	12	31	2017	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**Your information**

	(a) State of Residence	(b) Date From (MM/DD)			(c) Date To (MM/DD)			Did you file a tax return with the state/country? Place "X" in appropriate box.	
1A	IN	01	01	2017	08	03	2017	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
1B	AZ	08	04	2017	12	31	2017	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
1C				2017			2017	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1D				2017			2017	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Spouse's information if married filing jointly**

	(a) State of Residence	(b) Date From (MM/DD)			(c) Date To (MM/DD)			Did you file a tax return with the state/country? Place "X" in appropriate box.	
2A				2017			2017	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2B				2017			2017	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2C				2017			2017	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2D				2017			2017	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Turn over to complete Section 2



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## Section 2: Additional Information

## 1. Federal filing information

Are you filing a federal income tax return for 2017? Place "X" in appropriate box. Yes ☒ No

## 2. Extension of time to file

a. Place "X" in box if you have filed a federal extension of time to file, Form 4868, or made an online extension payment.

b. Place "X" in box if you have filed an Indiana extension of time to file, Form IT-9, or made an Indiana extension payment online.

## 3. Farm / Fishing income

Place "X" in box if at least two-thirds of your gross income was made from farming or fishing.

Important: If you placed an "X" in the box, you MUST attach Schedule IT-2210.

## 4. Date of death

If any individual listed at the top of the IT-40PNR died *during* 2017, enter date of death (MM/DD).

Taxpayer's date of death

2017

Spouse's date of death

2017

**Authorization** Sign Form IT-40PNR after reading the following statement.

Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I understand that if this is a joint return, any refund will be made payable to us jointly and each of us is liable for all taxes due under this return. Also, my request for direct deposit of my refund includes my authorization to the Indiana Department of Revenue to furnish my financial institution with my routing number, account number, account type and Social Security number to ensure my refund is properly deposited. I give permission to the Department to contact the Social Security Administration to confirm that the Social Security number(s) used on this return is correct.

## 5. Your daytime

telephone number 8123911915

## Your email

address

I authorize the Department to discuss my return with my personal representative.

Paid Preparer: Firm's Name (or yours if self-employed)

Yes No If yes, complete the information below.

Personal Representative's Name (please print)

IN-OPT on file with paid preparer if not filing electronically

PTIN

Telephone  
number

Address

Address

City

City

State

Zip Code

State

Zip Code

Preparer's  
signature

SELF-PREPARED



24017121555

County Tax Schedule for Part-Year  
and Full-Year Indiana Nonresidents **2017**

Name(s) shown on Form IT-40PNR

Your Social Security Number

ROSE A KINCADE

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**SECTION 1: To be completed by those taxpayers who were residents of an Indiana county as of Jan. 1, 2017.**

	Column A - Yourself	Column B - Spouse's
1. Enter the amount from IT-40PNR, line 7. Note: If both you and your spouse lived in the same county on January 1, enter the entire amount from Form IT-40PNR, line 7 on line 1A only (see instructions) _____	1A 548.00	1B .00
2. Enter the county tax rate from the chart on the back of this schedule for the county where you lived on Jan. 1, 2017 ____	2A .0134500	2B .
3. Multiply line 1 by the rate on line 2 (leave blank if less than zero) _____	3A 7.00	3B .00
4. Add lines 3A and 3B. Enter the total here. <b>Note: Perry County residents: If you live in Perry County and worked in the Kentucky counties of Breckinridge, Hancock or Meade, you must complete lines 5 and 6.</b> Otherwise, enter the total here and on line 7 below. _____	4	7.00
5. Enter the amount of income that was taxed by certain Kentucky localities (see instructions) _____	5	.00
6. Multiply line 5 by .0181 and enter total here _____	6	.00
7. Enter total of line 4 minus line 6. Continue with Section 2 below if you are married filing jointly and you/spouse need to complete it. Otherwise, enter this amount on line 9 of Form IT-40PNR _____	7	7.00

**SECTION 2: To be completed by those taxpayers who, on Jan. 1, 2017, were not residents of an Indiana county, but who worked in Indiana as of Jan. 1, 2017.**

	Column A - Yourself	Column B - Spouse's
1. Enter your principal employment income (see instructions) _____	1A .00	1B .00
2. Enter deductions. See the complete list of allowable deductions in the instructions _____	2A .00	2B .00
3. Subtract line 2 from line 1 _____	3A .00	3B .00
4. Enter some or all of the exemptions from line 7 of Schedule D (see instructions) _____	4A .00	4B .00
5. Subtract line 4 from line 3 (if less than zero, leave blank) _____	5A .00	5B .00
6. Enter the county tax rate from the chart on the back of this schedule for the county where you worked on Jan. 1, 2017 ____	6A .	6B .
7. Multiply the income on line 5 by the rate on line 6 _____	7A .00	7B .00
8. Enter total of 7A plus 7B; carry to Form IT-40PNR, line 9. (If you have an amount on Section 1, line 7 above, combine that with the amount on line 8 and enter total on Form IT-40PNR, line 9) ____	8	.00



2017

Name(s) shown on Form IT-40/IT-40PNR

Your Social Security Number

ROSE A KINCADE

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**Section A: Figure Your Indiana Earned Income Credit**

<b>A-1</b> Enter the earned income credit from your federal income tax return _____	<b>A-1</b>	4376.00
<b>A-2</b> Enter your earned income (see instructions) _____	<b>A-2</b>	9745.00
<b>A-3</b> Enter your Indiana earned income credit (see instructions). Carry this total to Form IT-40, Schedule 5, line 5, or Form IT-40PNR, Schedule F, line 5, Box A _____ <b>Indiana Earned Income Credit</b>	<b>A-3</b>	350.00

**Section B: Complete if you claimed one or more children on your federal Schedule EIC. See instructions.**

	Child 1	Child 2
<b>Enter each child's information</b>		
First name	ELIZABETH	LYNNDA
Last name	KINCADE	KINCADE
Child's Social Security Number(s)		

Enter letter (e.g. **A**, **B**, **C**, etc.) in boxes below that describes each child's relationship, age and location to you.

	Child 1	Child 2
<b>B-1 Relationship:</b>		
<b>A</b> Your Child		
<b>B</b> Grandchild		
<b>C</b> Stepchild	A	E
<b>D</b> Foster Child (not related)		
<b>E</b> Other (related foster child, or other related child - see instructions)		
<b>B-2 Age:</b>		
<b>A</b> Under age 18		
<b>B</b> Age 18		
<b>C</b> Age 19 - 24 and full-time student	A	B
<b>D</b> Age 19 or older and totally disabled		
<b>B-3 Location:</b>		
<b>A</b> Child lived with you at least ½ of the year		
<b>B</b> Child was born or died in 2017, and lived with you while alive in 2017.	A	A

**Important:** You must complete and attach this schedule to your Form IT-40 or IT-40PNR when claiming the earned income credit.



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Schedule IN-DEP: Additional Dependent Child Information  
**2017**

Enclosure  
Sequence No. **06A**

Name(s) shown on Form IT-40/IT-40PNR




Your Social Security Number

ROSE A KINCADE



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Report on this schedule the first and last name and Social Security number for each dependent child claimed as an additional exemption on line 2 of Schedule 3 (from Form IT-40) or Schedule D (from Form IT-40PNR).

	Child's First Name	Child's Last Name	Child's Social Security Number
1.	ELIZABETH	KINCADE	  
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			



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# Federal/State Adjustment Summary

2017

Name as Shown on Return  
Rose A Kincade

Social Security Number  
[REDACTED] 3073

Schedule C	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule C Depreciation Adjustment (Sum of Column E less Column F) . . . . .

Schedule E	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule E Depreciation Adjustment (Sum of Column E less Column F) . . . . .

Schedule F	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule F Depreciation Adjustment (Sum of Column E less Column F) . . . . .

Form 4835	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Form 4835 Depreciation Adjustment (Sum of Column E less Column F) . . . . .

# Federal/State Adjustment Summary

2017

Name as Shown on Return

Rose A Kincade

Social Security Number

3073

Schedule K-1 Partnership	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E less Column F) . . . . .

Schedule K-1 S Corporation	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Col E less Col F) . . . . .

Schedule K-1 Estates & Trusts	(A) Fed Income/ Loss Before Passive and At-Risk Adj	(B) Depreciation Adjustment	(C) Other Adjustments	(D) State Inc/ Loss Before Passive and At-Risk Limit	(E) State Inc/ Loss After Passive and At-Risk Limit	(F) Federal Inc/ Loss After Passive and At-Risk Limit

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Col E less Col F) . . . . .

Form 2106	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 2106 Depreciation Adjustment (Sum of Column E) . . . . .

Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income. . . . .

Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation. . . . .

Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation . . . . .

## Federal/State Adjustment Summary

2017

Name as Shown on Return

Rose A Kincade

Social Security Number

3073

Schedule A		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)
Schedule A				

Total Schedule A Depreciation Adjustment (Sum of Column E) . . . . .

## Total Depreciation Adjustment

Depreciation Adjustment Included in Adjusted Gross Income . . . . .

Depreciation Adjustment Included in Schedule A **Not** Subject to 2% Limitation . . . . .

Depreciation Adjustment Included in Schedule A Subject to 2% Limitation . . . . .

## Asset Dispositions

(A) Description of Asset Sold		(B) If reported on, Ck Box:	(C) Federal Gain/Loss	(D) Accumulated Depreciation	(E) Gain Adjustment	(G) Total Adjustment (Col D (1) - Col D (2) + Column E + Column F)
		Form 6252		(1) State	(F) Other Adjustments	
Date Acq	Date Sold	Form 8824		(2) Federal		
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				
		6252 <input type="checkbox"/>				
		8824 <input type="checkbox"/>				

Passive/At-Risk/Other Adjustments . . . . .

Total Sale of Asset Adjustment . . . . .

## Section 179 Worksheet

**2017**

Name as Shown on Return  
Rose A Kincade

Social Security Number  
[REDACTED] 3073

### Section 179 Limitation

This worksheet calculates the allowable state Section 179 deduction. If the deduction is limited then the allowable Section 179 (Line 7) must be allocated back to the individual activities using the State Allowed columns below. The Section 179 amounts for Schedules C, E, F, K-1 Partnership, K-1 S Corporation, and Form 4835 are on the Activity Worksheet(s).

1 Federal taxable income computed for the Section 179 limitation . . . . .	1	
<b>State adjustments:</b>		
2 Depreciation adjustment (without Section 179) . . . . .	2	
3 Section 1231 gain adjustment . . . . .	3	
4 Other additions or subtractions to taxable income . . . . .	4	
5 <b>State taxable income</b> for the Section 179 limitation (line 1 plus lines 2 - 4) . . . . .	5	
6 Total Section 179 before limitation . . . . .	6	
7 Section 179 allowable, if different . . . . .	7	
8 Federal Section 179 allowed . . . . .	8	
9 <b>State Section 179 adjustment</b> . . . . .	9	
10 Carryover to next year . . . . .	10	

**QuickZoom** to Activity Worksheet . . . . . ➔

Form 2106	P/Y Copy #	(A) Fed Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(D) State Carryover From Prior Year	(E) State Total Section 179 Before Limitation

Form 2106 Section 179 Carryovers	(F) State Total Section 179 Before Limitation	(G) State Section 179 Allowed	(H) Carryover

Total Form 2106 Section 179 Adjustment (Column B minus Column G) . . . . .

### Schedule A

(A) Federal Total Section 179 Before Limitation	(B) Federal Net Section 179 After Limitation	(C) State Current Year Expense	(C) State Carryover From Prior Year	(D) State Total Section 179 Before Limitation	(E) State Section 179 Allowed	(F) State Section 179 Carryover To Next Year

Total Schedule A Section 179 Adjustment (Column B minus Column E) . . . . .

# Indiana Information Worksheet

2017

► Keep for your records — Do not file

## Part I – Personal Information

### Taxpayer:

Last name . . . . . KINCADE  
 Middle initial . . . . . A Suffix . . . . .  
 First name . . . . . ROSE  
 Social security no. . . . . 3073  
 Date of birth . . . . . 01/19/1978  
 Age as of 12-31-2017 or as of date of death . . . . . 39  
 Date of death . . . . .  
 Daytime phone . . . . . (812) 391-1915 \* ☒  
 Home phone . . . . . \*

### Spouse:

Last name . . . . .  
 Middle initial . . . . . Suffix . . . . .  
 First name . . . . .  
 Social security no. . . . .  
 Date of birth . . . . .  
 Age as of 12-31-2017 or as of date of death . . . . .  
 Date of death . . . . .  
 Daytime phone . . . . . \*

\* Check a box to print phone number on the return

Address . . . . . PO BOX 31015 Apartment number . . . . .  
 City . . . . . FLAGSTAFF  
 State . . . . . AZ ZIP/Postal code . . . . . 860031015  
 Foreign code . . . . . Foreign country . . . . .  
 E-mail address where Indiana Dept. of Revenue can reach you (optional) . . . . .

## County Information

### Taxpayer

### Spouse

County of **residence** on January 1, 2017 . . . . . ► MONROE  
 County of **employment** on January 1, 2017 . . . . . ► MONROE  
 » Put in county of residence if you were retired, unemployed or a homemaker on January 1, 2017

## Part II – Main Form

- ☐ Form IT-40 - Full-Year Resident . . . . . ►  
☒ Form IT-40PNR - Part-Year Resident . . . . . ►  
☐ Form IT-40PNR - Nonresident . . . . . ►

### IT-40PNR filers

- Enter IN residency dates . . . . . ►
- Other state residency dates . . . . . ►
- Other state of residence . . . . . ►

### Nonresidents only

- Enter state of residence . . . . . ►

Taxpayer		Spouse	
From	To	From	To
01/01/2017	08/03/2017		
08/04/2017	12/31/2017		
AZ			

- ☐ Form IT-40RNR - Reciprocal Nonresident (KY, MI, OH, PA, WI only) . . . . . ►  
 State of residence . . . . . ► KY ☐ MI ☐ OH ☐ PA ☐ WI ☐

File IT-40RNR if your state of residence is KY, MI, OH, PA or WI **and** the only Indiana income is from wages, salaries, or tips **and** your Indiana credits are from state or county taxes withheld.

**Important** Do not use IT-40RNR if you had Indiana riverboat winnings. You must file Form IT-40PNR.

## Part III – Filing Status

- ☒ Single or widowed  
☐ Married filing joint return  
☐ Married filing separate returns  
☐ Taxpayer did not live with spouse **at any time** during the year.

## Part IV – Farmer/Fisherman Information

- ☐ 2/3 of 2016 or 2017 gross income is from farming and fishing  
☐ You checked the box above and will file the return and pay all tax due by March 1, 2018

**Part V – Miscellaneous Information****Sch IN K-1 Recipient (Partner or Shareholder)**☐ Check this box if you received Schedule IN K-1**QuickZoom** to Sch IN K-1 Information Worksheet . . . . . ▶**Unified Tax Credit for the Elderly**

- ☐ File Form SC-40 to claim the elderly credit. *Box is automatically checked if the taxpayer qualifies*
- ☐ File Form IT-40 or IT-40PNR instead of Form SC-40 to claim the elderly credit.

**Yes No**

- ☒ ☐ I am filing a federal income tax return for 2017
- ☐ ☐ I authorize the Indiana Dept of Revenue to discuss the return with my personal representative
- If yes, complete information below.**

**Personal Representative**

	First name	M.I.	Last name	Suffix
Name . . . . .	_____	_____	_____	_____
Address . . . . .	_____			
City, state and zip code . . . . .	_____			
Phone number . . . . .	_____			

**Part VI – Electronic Filing Information****Yes No**

- ☐ ☒ Do you want to use Federal PIN(s) to sign your Indiana electronic return?

Date Post Filing Coupon was given to client . . . . . \_\_\_\_\_

**Part VII – Direct Deposit Information****Yes No**

- ☒ ☐ Use **direct deposit** for **state tax refund**

Financial Institution name (optional) . Crane Federal Credit UnionAccount type . . . . . Checking ☒ Savings ☐Routing number . . . . . 283977688Account number . . . . .                     

- ☐ Deposit Indiana tax refund to Hoosier Works MasterCard account. Account number . . . \_\_\_\_\_

**International ACH Transactions****Yes No**

- ☐ ☒ Will the funds for this refund go to an account outside the U.S.?

**Part VIII – Payment by Credit Card or Electronic Check (eCheck)**

- ☐ Balance due will be paid by credit card
- Date of credit card payment . . . . . \_\_\_\_\_
- ☐ Balance due will be paid by eCheck
- Date of eCheck payment . . . . . \_\_\_\_\_

**Part IX – Extension Status****Yes      No**☐  
☐☒  
☒

Has the tax return due date been extended by filing Indiana Form IT-9?

Has the tax return due date been extended by filing federal Form 4868?

Extended due date . . . . .

**QuickZoom** to Form IT-9, Application for Automatic Extension of Time to File . . . . . ►**Part X – Amended Return**☐You are filing an **Indiana amended return** (Form IT-40X)

Tax year you are amending . . . . .

Previous Indiana payment made . . . . .

Previous Indiana refund received . . . . .

**QuickZoom** to Form IT-40X, Amended Individual Income Tax Return . . . . . ►



# Indiana Earned Income Credit Worksheet

**2017**

► Keep for your records

Name(s) Shown on Return  
Rose A Kincade

Social Security Number  
[REDACTED] 3073

## Part I – Dependent Information

First name	Social security number	Age	Months lived with taxpayer in the U.S.	Dependent is a qualifying child of another person in different return	Taxpayer's modified AGI is higher than the other person's modified AGI	Indiana EIC code
Last name	Relationship			Yes No	Yes No	
Elizabeth Kincade	Daughter	11	12	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	E
Lynnda Kincade	Niece	18	12	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	E
Austin Kincade	Nephew	15	12	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
				<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	

## Part II – Indiana Earned Income Credit Calculation

<p><b>1</b> Did you claim an EIC on your 2017 federal tax return?  <input checked="" type="checkbox"/> <b>Yes. Continue to line 2.</b>  <input type="checkbox"/> <b>No. Stop.</b> You cannot take the credit.</p> <p><b>2</b> Total modified adjusted gross income . . . . .</p> <p><b>3</b> Total number of qualifying children from Part I . . . ► <u>2</u></p> <p><b>4</b> Is line 2 less than –          • \$14,950 if you do not have a qualifying child?          • \$39,600 if you have one qualifying child?          • \$45,000 if you have more than one qualifying child?  <input checked="" type="checkbox"/> <b>Yes. Go to line 5.</b>  <input type="checkbox"/> <b>No. Stop.</b> You cannot take the credit.</p> <p><b>5</b> Is the total investment income over \$3,450?  <input checked="" type="checkbox"/> <b>No. Continue to line 6.</b>  <input type="checkbox"/> <b>Yes. Stop.</b> You cannot take the credit.</p> <p><b>6</b> Earned income from federal EIC Worksheet, line 6 . . . . .</p> <p><b>7</b> Is line 6 less than –          • \$14,950 if you do not have a qualifying child?          • \$39,600 if you have one qualifying child?          • \$45,000 if you have more than one qualifying child?  <input type="checkbox"/> <b>No. Stop.</b> You cannot take the credit.  <input checked="" type="checkbox"/> <b>Yes.</b> Enter the credit from the <b>EIC Table</b>, for the amount on line 6 . . . . .</p> <p><b>8</b> Modified adjusted gross income from line 2 above . . . . .</p> <p><b>9</b> Is line 8 less than –          • \$8,400 if you do not have a qualifying child?          • \$18,350 if you have one qualifying child?          • \$18,400 if you have more than one qualifying child?  <input checked="" type="checkbox"/> <b>Yes. Go to line 10.</b>  <input type="checkbox"/> <b>No.</b> Enter the credit, from the <b>EIC Table</b>, for the amount on line 8. . . . .</p> <p><b>10</b> Credit from line 7 or line 9:          • If 'Yes' on line 9, enter the amount from line 7.          • If 'No' on line 9, enter the <b>smaller</b> of line 7 or line 9 . . . . .</p> <p><b>11</b> Alternative Minimum Tax from federal Form 1040, line 45, or included in the total on federal Form 1040A, line 28, multiplied by 9% (.09) . . . . .</p> <p><b>12</b> Subtract line 11 from line 10 . . . . .</p> <p><b>13</b> Federal earned income credit multiplied by 9% (.09) . . . . .</p> <p><b>14</b> <b>Indiana earned income credit.</b> Enter the smaller of line 12 or line 13. . . . .          Enter line 14 amount on Schedule IN-EIC, line 3.</p>	<p><b>2</b></p> <p><b>6</b></p> <p><b>7</b></p> <p><b>8</b></p> <p><b>9</b></p> <p><b>10</b></p> <p><b>11</b></p> <p><b>12</b></p> <p><b>13</b></p> <p><b>14</b></p>	<p style="text-align: right;">9,745.</p> <p style="text-align: right;">9,745.</p> <p style="text-align: right;">350.</p> <p style="text-align: right;">9,745.</p> <p style="text-align: right;">350.</p> <p style="text-align: right;">0.</p> <p style="text-align: right;">350.</p> <p style="text-align: right;">394.</p> <p style="text-align: right;">350.</p>
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# Tax Payments Worksheet

**2017**

► Keep for your records

Name as Shown on Return

Rose A Kincade

Social Security Number

3073

Tax Payments for the Current Year		Date	Payment
1	First payment . . . . .		
2	Second payment . . . . .		
3	Third payment . . . . .		
4	Fourth payment . . . . .		
<b>Additional Payments</b>			
5 a	Payment . . . . .		
b	Payment . . . . .		
c	Payment . . . . .		
d	Payment . . . . .		
e	Payment . . . . .		
6 Overpayment from previous year applied to current year . . . . .		<b>6</b>	
7 Amount paid with current year extension . . . . .		<b>7</b>	
8 <b>Total tax payments</b> . . . . .		<b>8</b>	

Income Taxes Withheld for the Current Year		State	County
9	Withholding on Forms W-2 . . . . .	244.	100.
10	Withholding on Forms W-2G . . . . .		
11	Withholding on Forms 1099-R . . . . .		
12 a	Withholding on Forms 1099-MISC . . . . .		
b	Withholding on Forms 1099-G . . . . .		
c	Withholding on Forms 1099-K . . . . .		
13	Other tax withholding . . . . .		
14	<b>Total income tax withheld</b> . . . . .	244.	100.
15 Date return will be filed and balance paid . . . . .		<b>15</b>	

Name(s) Shown on Return  
Rose A KincadeYour Social Security Number  
[REDACTED] 3073**Part I 2018 Estimated Tax Amount Options****1 Select One of Six Ways to Calculate the Required Annual Payment for 2018 Estimates:**

- a 100% (110%) of **2017** taxes (default, see Tax Help) . . . . . ☒ 25.
- b 100% of tax on **2018** estimated taxable income . . . . . ☐ 25.
- c 90% of tax on **2018** estimated taxable income . . . . . ☐ 23.
- d 66-2/3% of tax on **2018** estimated taxable income (farmers and fishermen) . . . . . ☐ 17.
- e Equal to 100% of overpayment (no vouchers) . . . . . ☐ 587.
- f Enter total amount you want to use for estimates and check box . . . . . ► ☐

**2 Selected estimated tax amount:**

- a 2018 Required Annual Payment based on your choice above . . . . . 25.
- b Estimated 2018 credits PLUS state and county income tax withholding . . . . . 612.
- c **Total of estimated tax payments required for 2018** (line 2a less line 2b) . . . . . 0.

**3 Select Estimated Tax Payment option:**

- a Calculate estimates if \$1,000 or more (default) . . . . . ☒
- 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 . . . . . 587.

**2 Select Overpayment Application Amount Option:**

- a Apply none (refund entire overpayment) . . . . . ☒
- 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 2018 estimated tax . . . . . 0.
- g Overpayment to be refunded (line 1 less line 2f) . . . . . 587.

**Part III Rounding and Printing Options****1 Select rounding option:**

- a ☒ ◀ 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 ☒ ◀ Print (per Part I, lines 3a - c)      b ☐ ◀ Print only name, etc.      c ☐ ◀ Do **not** print vouchers

**3 Select first quarter payment option:**

- ☒ ◀ Form IT-40ES voucher (default)      ☐ ◀ Form IT-40 or IT-40PNR (if Part II, Box 2d is checked)

**Part IV Estimated Tax Payment Summary**

	<b>1</b> Apr 17, 2018	<b>2</b> Jun 15, 2018	<b>3</b> Sep 17, 2018	<b>4</b> Jan 15, 2019	<b>Total</b>
<b>1</b> If you have already made payments, enter amounts. . .					
<b>2</b> Payment due next (e.g., if it's now May 1, 2018, check col. 2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3</b> Required payment. . . . .					
<b>4</b> Overpayment applied . . . . .					
<b>5</b> Net payment due . . . . .					
<b>6</b> Voucher amounts . . . . .					
<b>QuickZoom</b> to voucher. . . ►					

**Part V Changes to Income, Deductions and Withholding for 2018**

- 2017 income and deductions are shown in the '2017 Actual' column below.
- For each line in '2018 Estimated' column, enter estimated 2018 amount **if different** from 2017. Otherwise, the '2017 Actual' amount will be used for that line.

	2017 Actual	2018 Estimated
1 Federal adjusted gross income . . . . .	7,451.	
2 Additions to federal adjusted gross income . . . . .		
3 Deductions from federal adjusted gross income . . . . .	2,695.	
4 Indiana adjusted gross income . . . . .	4,756.	
5 a State tax withheld . . . . .	244.	
b County tax withheld . . . . .	100.	
c Total state and county tax withholding (line 5a plus line 5b) . . . . .	344.	
6 Indiana credits . . . . .	268.	

**Part VI Filing Status, Residency and Personal Exemptions for 2018**

- 1 2018 filing status:
- ☐ Single ☐ Married filing jointly
- ☐ Married filing separately ☒ Head of Household ☐ Qualifying widow(er)
- 2 2018 residency status:
- Taxpayer ☐ Resident ☒ Nonresident
- Spouse ☐ Resident ☐ Nonresident
- 3 Indiana county as of January 1, 2018 (select county of residence if resident or county of county of employment if nonresident):
- Taxpayer 53-MONROE
- Spouse \_\_\_\_\_
- 4 Total number of exemptions claimed on federal return . . . . . 4
- 5 Total number of additional exemptions for certain dependent children . . . . . 1
- 6 Check box(es) below if, by December 31, 2018
- Taxpayer is ☐ 65 or older and/or ☐ Blind
- Spouse is ☐ 65 or older and/or ☐ Blind
- Number of exemptions for 65 or older, or blind . . . . . \_\_\_\_\_
- 7 Check box(es) below if
- Taxpayer is ☐ 65 or older and 2018 federal adjusted gross income less than \$40,000
- Spouse is ☐ 65 or older and 2018 federal adjusted gross income less than \$40,000
- Number of exemptions for 65 or older with federal adjusted gross income less than \$40,000 . . . . . \_\_\_\_\_

**Part VII Estimated Taxable Income and Tax for 2018**

	Column A Spouse	Column B Taxpayer or Joint
<input type="checkbox"/> Check if filing a joint return in 2018 and on January 1, 2018 taxpayer and spouse anticipate living in different counties (or working in different counties if both are nonresidents). <b>Be sure to complete Column A if this box is checked.</b>		
1 Estimated Indiana adjusted gross income . . . . .		4,756.
2 Total exemption amount. . . . .		4,208.
3 Amount subject to Indiana income tax (line 1 minus line 2) . . . . .		548.
4 a County tax rate. . . . .		0.0134500
b County income tax due (line 3 times county tax rate above) . . . . .		7.
5 State income tax due (line 3 times .0323) . . . . .		18.
6 Total state and county tax due for 2018 (line 4b plus line 5) . . . . .		25.
7 Total anticipated credits (including 2018 state and county income tax withheld) . . . . .		612.
8 Total estimated tax due (line 6 minus line 7) . . . . .		0.

**Tax Summary**  
► Keep for your records

**2017**

Name(s) Rose A Kincade	
<b>Indiana total income</b> . . . . .	7,451.
<b>Indiana deductions</b> . . . . .	2,695.
<b>Indiana adjusted gross income</b> . . . . .	4,756.
<b>Exemptions</b> . . . . .	4,208.
<b>Indiana taxable income</b> . . . . .	548.
<b>State tax</b> . . . . .	18.
<b>County tax</b> . . . . .	7.
<b>Other taxes</b> . . . . .	
<b>Total tax</b> . . . . .	25.
<b>State tax withheld</b> . . . . .	244.
<b>County tax withheld</b> . . . . .	100.
<b>Estimated tax paid for 2017</b> . . . . .	
<b>Total Indiana payments and credits</b> . . . . .	612.
<b>Overpayment</b> . . . . .	587.
<b>Contributions</b> . . . . .	
<b>Amount applied to 2018 estimated tax</b> . . . . .	
<b>Penalties and interest</b> . . . . .	
<b>Refund</b> . . . . .	587.
<b>Amount due</b> . . . . .	

## Smart Worksheets from your 2017 Indiana Tax Return

SMART WORKSHEET FOR: Indiana Earned Income Credit Worksheet

Modified AGI Smart Worksheet	
Enter losses as positive amounts.	
<b>A</b>	Adjusted gross income from federal Form 1040, line 37 . . . . . 9,745.
<b>B</b>	Net capital losses . . . . .
<b>C</b>	Net losses from estates and trusts . . . . .
<b>D</b>	Net losses from royalties and rental of personal property. . . . .
<b>E</b>	Tax exempt interest . . . . .
<b>F 1</b>	Net loss from federal Schedules C . . . . .
<b>2</b>	Net loss from Schedules F . . . . .
<b>3</b>	Net loss from rental real estate, partnerships, S corporations and Forms 4835 . . . . .
<b>G</b>	<b>Total</b> of lines F1, F2 and F3. . . . .
<b>H</b>	Multiply line G by 75% . . . . .
<b>I</b>	Nontaxable distributions from IRAs, pensions and annuities . . . . .
<b>J</b>	<b>Total Modified AGI.</b> Add lines in the right hand column. . . . . 9,745.

SMART WORKSHEET FOR: Indiana Earned Income Credit Worksheet

Investment Income Smart Worksheet	
<b>A</b>	Taxable and tax exempt interest . . . . .
<b>B</b>	Dividend income . . . . .
<b>C</b>	Capital gain net <b>income</b> . . . . .
<b>D</b>	Royalty and rental of personal property net <b>income</b> . . . . .
<b>E</b>	Passive activity net <b>income</b> :
<b>1</b>	Rental real estate net income or loss. . . . .
<b>2</b>	Farm rental net income or loss . . . . .
<b>3</b>	Partnerships and S corporations net income or loss . . . . .
<b>4</b>	Estates and trusts net income or loss . . . . .
	<b>Total</b> of lines E1, E2, E3 and E4 . . . . .
	Total passive activity net <b>income</b> , if greater than zero . . . . .
<b>F</b>	Interest and dividends from federal Forms 8814 . . . . .
<b>G</b>	Adjustments . . . . .
<b>H</b>	<b>Total investment income</b> , add lines A through G . . . . . 0.

Your First Name and Initial <b>Rose A</b>	Last Name <b>Kincade</b>	<b>Enter your SSN(s).</b>	Your Social Security Number* <b>3073</b>
Your Spouse's First Name and Initial (if filed joint)	Last Name		Spouse's Social Security No.*

**PART 1 – PURPOSE**

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

**\*Do Not Truncate**

**PART 2 – TAX RETURN INFORMATION**

1 Arizona Adjusted Gross Income	672	00
2 Balance Of Tax .....	0	00
3 Arizona Income Tax Withheld ...	18	00

**Check box 4 or box 5:**

- 4 ☒ **REFUND:** Enter the amount of refund..... 118 00
- 5 ☐ **AMOUNT YOU OWE:** Enter the amount owed..... 00

**PART 3 – FINANCIAL INSTITUTION INFORMATION**

Must be present when requesting direct debit or deposit.

☐ Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT

ROUTING NUMBER

☒ Checking ☐ Savings

2 8 3 9 7 7 6 8 8

ACCOUNT NUMBER

[REDACTED]

DIRECT DEBIT REQUEST DATE

DIRECT DEBIT PAYMENT AMOUNT

MMDDYYYY

\$ [REDACTED].00

**Box 4 Checkbox – Refund:** You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

**Box 5 Checkbox – Amount You Owe:** You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

**Foreign Account Deposit/Debit Checkbox:** Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, **you must mail a check to the Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016.**

**PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)**

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2017, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- 6a ☒ I consent that my refund be directly deposited as designated in the electronic portion of my 2017 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b ☐ I do not want direct deposit of my refund or I am not receiving a refund.
- 6c ☐ I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the DOR does not receive full and timely payment of my tax liability by April 17, 2018, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to DOR.

I authorize Self-Prepared

(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2017. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

<b>PLEASE SIGN HERE</b>	→	YOUR PEN AND INK SIGNATURE	DATE
	→	SPOUSE'S PEN AND INK SIGNATURE	DATE

**Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.**

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Place any required federal and AZ schedules or other documents after Form 140PY.

Arizona Form  
**140PY** Part-Year Resident Personal Income Tax Return FOR CALENDAR YEAR  
**2017**

82F ☐ Check box 82F if filing under extension OR FISCAL YEAR BEGINNING MM/DD AND ENDING MM/DD 66F

1 Your First Name and Middle Initial Rose A Last Name Kincade Enter your SSN(s) Your Social Security Number 3073  
1 Spouse's First Name and Middle Initial (if box 4 or 6 checked) Last Name \_\_\_\_\_ Spouse's Social Security No. \_\_\_\_\_

2 Current Home Address - number and street, rural route Apt. No. Daytime Phone (with area code) 94 (812) 391-1915  
2 PO Box 31015  
City, Town or Post Office State ZIP Code Last Names Used in Last Four Prior Year(s) (if different) 97  
3 Flagstaff AZ 86003-1015

4 ☐ Married filing joint return 4a ☐ Injured Spouse Protection of Joint Overpayment REVENUE USE ONLY. DO NOT MARK IN THIS AREA.  
5 ☒ Head of household: Enter name of qualifying child or dependent on next line: Rose Kincade 88R  
6 ☐ Married filing separate return: Enter spouse's name and Social Security Number above.  
7 ☐ Single  
↓ Enter the number claimed. Do not put a check mark.  
8 ☐ Age 65 or over (you and/or spouse) If completing lines 8 through 11, also complete lines 48 through 53. 81P PM 80R RCVD  
9 ☐ Blind (you and/or spouse)  
10 3 Dependents: Do not include self or spouse.  
11 ☐ Qualifying parents and grandparents

12-13 Residency Status (check one): 12 ☒ Part-Year Resident Other than Active Military 13 ☐ Part-Year Resident Active Military

(Box 10): Dependent Information: Children and other dependents. For more space, (check) ☒ and complete page 3.  
Dependents  
10a Elizabeth R Kincade Daughter 12 ☐ ☐  
10b Lynnda Kincade Niece 12 ☐ ☐

(Box 11): Qualifying parents and grandparents. See instructions. For more space, (check) ☐ and complete page 3.  
11a ☐ ☐ ☐  
11b ☐ ☐ ☐

14 Dates of Arizona residency: From 08/04/2017 to 12/31/2017  
List other state(s) of residency: IN  
2017 FEDERAL Amount from Federal Return 2017 ARIZONA Amount Only  
15 Wages, salaries, tips, etc. 15 9,745 00 2,294 00  
16 Interest 16 00 00  
17 Dividends 17 00 00  
18 Arizona income tax refunds 18 00 00  
19 Alimony received 19 00 00  
20 Business income (or loss) from federal Schedule C 20 00 00  
21 Gains (or losses) from federal Schedule D. See instructions for ARIZONA column 21 00 00  
22 Rents, royalties, partnerships, estates, trusts, small business corporations from federal Schedule E 22 00 00  
23 Other income reported on your federal return 23 0 00 00  
24 Total income: Add lines 15 through 23 24 9,745 00 2,294 00  
25 Other federal adjustments: Include your own schedule 25 0 00 00  
26 Federal adjusted gross income: Subtract line 25 from line 24 in the FEDERAL column 26 9,745 00  
27 Arizona gross income: Subtract line 25 from line 24 in the ARIZONA column 27 2,294 00

This box may be blank or may contain a printed barcode of data from your return.  
28 AZ income ratio: Divide line 27 by line 26. 28 0.235  
29 Total depreciation included in Arizona gross income 29 00  
30 Other Additions to Income 30 00  
31 Subtotal: Add lines 27, 29, and 30 31 2,294 00  
32 AZ sourced gain/loss 32 00  
33 Short-term gain/loss 33 00  
34 Long-term gain/loss 34 00  
35 Net long-term gain 35 0 00  
36 Multiply line 35 by 25% (.25) 36 00  
37 Net capital gain from qualified small business 37 00  
38 Subtract line 31 - (lines 36 + 37) 38 2,294 00



Your Name (as shown on page 1) Rose A Kincade		Your Social Security Number [REDACTED] 3073			
Subtractions - cont. from page 1	39	Enter the amount from page 1, line 38	39	2,294	00
	40	Recalculated Arizona depreciation	40		00
	41	Contributions to 529 College Savings Plans	41		00
	42	Reserved	42		
	43	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	43		00
	44	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	44		00
	45	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income	45		00
	46	Other Subtractions from Income: See instructions and include your own schedule	46		00
	47	Subtract lines 40 through 46 from line 39	47	2,294	00
	Exemptions	48	Age 65 or over: Multiply the number in box 8 by \$2,100	48	
49		Blind: Multiply the number in box 9 by \$1,500	49		00
50		Dependents: Multiply the number in box 10 by \$2,300	50	6,900	00
51		Qualifying parents and grandparents: Multiply the number in box 11 by \$10,000	51		00
52		Add lines 48 through 51	52	6,900	00
53		Multiply line 52 by the Arizona income ratio on line 28	53	1,622	00
Balance of Tax	54	Arizona adjusted gross income: Subtract line 53 from line 47	54	672	00
	55	Deductions: Check box and enter amount. See instructions 55I <input type="checkbox"/> ITEMIZED 55S <input checked="" type="checkbox"/> STANDARD	55	10,336	00
	56	Personal exemptions: See instructions	56	1,011	00
	57	Arizona taxable income: Subtract lines 55 and 56 from line 54. If less than zero, enter "0"	57	0	00
	58	Compute the tax using amount from line 57 and Tax Table X or Y	58	0	00
	59	Tax from recapture of credits from Arizona Form 301, Part 2, line 40	59		00
	60	Subtotal of tax: Add lines 58 and 59 and enter the total	60	0	00
	61	Family income tax credit (from the worksheet - see instructions)	61	160	00
	62	Credits from Arizona Form 301, Part 2, line 76	62		00
	63	Balance of tax: Subtract lines 61 and 62 from line 60. If the sum of lines 61 and 62 is more than line 60, enter "0"	63	0	00
Total Payments and Refundable Credits	64	2017 AZ income tax withheld	64	18	00
	65	2017 AZ estimated tax payments 65a [REDACTED] 00 Claim of Right 65b [REDACTED] 00 Add 65a and 65b	65c		00
	66	2017 AZ extension payment (Form 204)	66		00
	67	Increased Excise Tax Credit (from the worksheet - see instructions)	67	100	00
	68	Other refundable credits: Check the box(es) and enter the total amount 681 <input type="checkbox"/> 308-I 682 <input type="checkbox"/> 342 683 <input type="checkbox"/> 349	68		00
	69	Total payments and refundable credits: Add lines 64 through 68 and enter the total	69	118	00
Tax Due or Overpayment	70	TAX DUE: If line 63 is larger than line 69, subtract line 69 from line 63, and enter amount of tax due. Skip lines 71, 72 and 73	70		00
	71	OVERPAYMENT: If line 69 is larger than line 63, subtract line 63 from line 69, and enter amount of overpayment	71	118	00
	72	Amount of line 71 to be applied to 2018 estimated tax	72	0	00
	73	Balance of overpayment: Subtract line 72 from line 71	73	118	00
Voluntary Gifts	74 - 84 Voluntary Gifts to:				
	74	Solutions Teams Assigned to Schools	74		00
	75	Arizona Wildlife	75		00
	76	Child Abuse Prevention	76		00
	77	Domestic Violence Shelter	77		00
	78	Political Gift	78		00
	79	Neighbors Helping Neighbors	79		00
	80	Special Olympics	80		00
Penalty	81	Veterans' Donations Fund	81		00
	82	I Didn't Pay Enough Fund	82		00
	83	Sustainable State Parks and Road Fund	83		00
	84	Spay/Neuter of Animals	84		00
	85	Political Party (if amount is entered on line 78 - check only one): 851 <input type="checkbox"/> Democratic 852 <input type="checkbox"/> Green Party 853 <input type="checkbox"/> Libertarian 854 <input type="checkbox"/> Republican			
	86	Estimated payment penalty and Arizona Long-Term Health Care Savings Account (AZLTHSA) penalty	86		00
	87	871 <input type="checkbox"/> Annualized/Other 872 <input type="checkbox"/> Farmer or Fisherman 873 <input type="checkbox"/> Form 221 included 874 <input type="checkbox"/> AZLTHSA Penalty			
	88	Add lines 74 through 84 and 86; enter the total	88		00
Refund or Amount Owed	89	REFUND: Subtract line 88 from line 73. If less than zero, enter amount owed on line 90	89	118	00
	Direct Deposit of Refund: Check box 89A if your deposit will be ultimately placed in a foreign account; see instructions. 89A <input type="checkbox"/>				
	C <input checked="" type="checkbox"/> Checking or S <input type="checkbox"/> Savings ROUTING NUMBER 2 8 3 9 7 7 6 8 8 ACCOUNT NUMBER [REDACTED]				
	90	AMOUNT OWED: Add lines 70 and 88. Make check payable to Arizona Department of Revenue; write your SSN on payment.	90		00
PLEASE SIGN HERE	Under penalties of perjury, I declare that I have read this return and any documents with it, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	YOUR SIGNATURE		DATE	Security Guard OCCUPATION	
	SPOUSE'S SIGNATURE		DATE	SPOUSE'S OCCUPATION	
	Self Prepared				
	PAID PREPARER'S SIGNATURE		DATE	FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)	
	PAID PREPARER'S STREET ADDRESS		PAID PREPARER'S TIN		
	PAID PREPARER'S CITY		STATE	ZIP CODE	PAID PREPARER'S PHONE NUMBER

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).  
If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

Your Name (as shown on page 1) Rose A Kincade	Your Social Security Number <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> 3073
--	--

## Dependent Information - Continuation Sheet

### from Page 1 Dependents

Include with your return **only** if listing additional dependents.

Complete this form *only* if you need additional space from page 1 to list your dependents.  
 If you do not list **all** dependents claimed on page 1 of your income tax return, you may lose the exemptions.

#### Children and other dependents, continued from page 1.

	(a) FIRST AND LAST NAME <small>(Do not list yourself or spouse.)</small>	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017	(e) ✓ if this person did not qualify as a dependent on your federal return	(f) ✓ if you did not claim this person on your federal return due to educational credits
10c	Austin Kincade	<div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div>	Nephew	12	<input type="checkbox"/>	<input type="checkbox"/>
10d					<input type="checkbox"/>	<input type="checkbox"/>
10e					<input type="checkbox"/>	<input type="checkbox"/>
10f					<input type="checkbox"/>	<input type="checkbox"/>
10g					<input type="checkbox"/>	<input type="checkbox"/>
10h					<input type="checkbox"/>	<input type="checkbox"/>
10i					<input type="checkbox"/>	<input type="checkbox"/>
10j					<input type="checkbox"/>	<input type="checkbox"/>
10k					<input type="checkbox"/>	<input type="checkbox"/>
10l					<input type="checkbox"/>	<input type="checkbox"/>
10m					<input type="checkbox"/>	<input type="checkbox"/>
10n					<input type="checkbox"/>	<input type="checkbox"/>
10o					<input type="checkbox"/>	<input type="checkbox"/>
10p					<input type="checkbox"/>	<input type="checkbox"/>
10q					<input type="checkbox"/>	<input type="checkbox"/>
10r					<input type="checkbox"/>	<input type="checkbox"/>
10s					<input type="checkbox"/>	<input type="checkbox"/>
10t					<input type="checkbox"/>	<input type="checkbox"/>

#### Qualifying parents and grandparents, continued from page 1.

	(a) FIRST AND LAST NAME <small>(Do not list yourself or spouse.)</small>	(b) SOCIAL SECURITY NO.	(c) RELATIONSHIP	(d) NO. OF MONTHS LIVED IN YOUR HOME IN 2017	(e) ✓ if age 65 or over	(f) ✓ if died in 2017
11c					<input type="checkbox"/>	<input type="checkbox"/>
11d					<input type="checkbox"/>	<input type="checkbox"/>
11e					<input type="checkbox"/>	<input type="checkbox"/>
11f					<input type="checkbox"/>	<input type="checkbox"/>
11g					<input type="checkbox"/>	<input type="checkbox"/>
11h					<input type="checkbox"/>	<input type="checkbox"/>
11i					<input type="checkbox"/>	<input type="checkbox"/>
11j					<input type="checkbox"/>	<input type="checkbox"/>

**Additional Dependents Worksheet****2017**

Keep for your records

Name

Rose A Kincade

Social Security Number

[REDACTED] 3073

Type of Dep	First Name	Last Name	Date of birth (mm/dd/yyyy)	Social security number	Relationship	No. mos in home
	Stillborn Certificate Number		Deceased			
D	Elizabeth R	Kincade	11/29/2006	[REDACTED]	Daughter	12
D	Lynnda	Kincade	08/20/1999	[REDACTED]	Niece	12
D	Austin	Kincade	02/19/2002	[REDACTED]	Nephew	12

**Enter additional dependents below**

Type of Dep	First Name	Last Name	Date of birth (mm/dd/yyyy)	Social security number	Relationship	No. mos in home
	Stillborn Certificate Number		Deceased			

**Dependent Information:**

In the 'Type of Dep' column above, select the appropriate code for each dependent listed:

- D — Dependent (Default)
- A — Parent/Ancessor (65 or over, lived 12 months in taxpayer home)
- O — Dependent on AZ only (65 or older, not claimed on federal return)
- E — Dependent on AZ only (student not claimed on federal return to allow federal education credits)
- S — Dependent on AZ only (Stillborn)
- N — N/A (Not a qualified dependent), exclude dependent from tax return

See the government instructions on a main form, dependent section, for more information.

Keep for your records

Name

Rose A Kincade

Social Security Number

[REDACTED] 3073

Type of Dep	First Name	Last Name	Date of birth (mm/dd/yyyy)	Social security number	Relationship	No. mos in home
	Stillborn Certificate Number		Deceased			
D	Elizabeth R	Kincade	11/29/2006	[REDACTED]	Daughter	12
D	Lynnda	Kincade	08/20/1999	[REDACTED]	Niece	12
D	Austin	Kincade	02/19/2002	[REDACTED]	Nephew	12

## Enter additional dependents below

Type of Dep	First Name	Last Name	Date of birth (mm/dd/yyyy)	Social security number	Relationship	No. mos in home
	Stillborn Certificate Number		Deceased			

## Dependent Information:

In the 'Type of Dep' column above, select the appropriate code for each dependent listed:

- D — Dependent (Default)
- A — Parent/Ancessor (65 or over, lived 12 months in taxpayer home)
- O — Dependent on AZ only (65 or older, not claimed on federal return)
- E — Dependent on AZ only (student not claimed on federal return to allow federal education credits)
- S — Dependent on AZ only (Stillborn)
- N — N/A (Not a qualified dependent), exclude dependent from tax return

See the government instructions on a main form, dependent section, for more information.

► Keep for your records

Name as Shown on Return

Rose A Kincade

Social Security Number

3073

**Family Income Tax Credit Worksheet**

<b>A</b>	Number of dependents listed as type "D" . . . . .	<u>3</u>
<b>B</b>	Number of personal exemptions based upon filing status (MFJ = 2, otherwise = 1) . . . . .	<u>1</u>
<b>C</b>	Add lines A and B . . . . .	<u>4</u>
<b>D</b>	Multiply line C by \$40 . . . . .	<u>160.</u>
<b>E</b>	Enter \$240 if MFJ or HOH; enter \$120 if Single or MFS . . . . .	<u>240.</u>
<b>F</b>	Lesser of line D or line E. Enter here and on Form 140PY, line 61 . . . . .	<u>160.</u>

Worksheet for Net Long-Term Capital Gain  
Subtraction for Assets Acquired After  
December 31, 2011

2017

► Keep for your records

Name as Shown on Return  
Rose A KincadeSocial Security Number  
3073☒ 2017 Original Return☐ 2017 Amended Return

		(a) Total net long-term capital gains or (losses) from all assets	(b) For amounts to enter, see the inst. for column (b)	(c) Net long-term capital gains or (losses) included in column (b) from assets acquired before 1/1/2012	(d) Net long-term capital gains or (losses) included in column (b) from assets acquired after 12/31/2011
	Long-Term Capital Gain or (loss) as reported on Federal Schedule D (or other form/schedule) and included in computation of federal adjusted gross income.  Enter the <b>total</b> net long-term capital gains or (losses) from the following forms in each applicable column. See instructions.				
1	Form(s) 8949 Sales and Other Dispositions of Capital Assets; and Form(s) 1099-B, Proceed from Broker and Barter Exchange Transactions, for long-term transactions directly reported on Federal Schedule D. . . . .				
2	Form(s) 4797 Sales of Business Property				
3	Form(s) 2439 Notice to Shareholder of Undistributed Long-Term Capital Gains				
4	Form(s) 6252 Installment Sale Income				
5	Form(s) 4684 Casualties and Thefts				
6	Form(s) 6781 Gains and Losses from Sec. 1256 Contracts and Straddles				
7	Form(s) 8824 Like-Kind Exchanges				
8	Partnerships, S corporations, estates, and trusts - from AZ Form 120S Schedule K-1(NR); and AZ Form 141 Schedule K-1(NR)				
9	Form(s) 1099-DIV Dividends and Distributions				
10	Subtotal: for each column, combine the amounts and enter the total.				
11	Available long-term capital loss carryover. Enter the amount, if any, in each applicable column.				
12	Subtract line 11 from line 10 and enter the difference in each applicable column. . . . .				
13	For amounts to enter on line 13, column (d), see worksheet instructions . . . . .				
14	<b>Net long-term capital gain or (loss) included in computation of your federal adjusted gross income.</b> Subtract line 13 from line 12 and enter the difference in each applicable column. <ul style="list-style-type: none"> <li>If the amount on line 14, column (d) is a net capital (loss), you do not qualify to take the subtraction.</li> <li>If the amount on line 14, column (d) is a net capital gain, enter the result on Form 140PY, page 1, line 35. Also enter the amount from line 14, column (b) on Form 140PY, page 1, line 34.</li> </ul>				

# Arizona Information Worksheet

2017

► Keep for your records

## Part I - Personal Information

### Taxpayer:

First Name . . . . . Rose  
Middle Initial . . . . . A Suffix . . . . .  
Last Name . . . . . Kincade  
Social Security No . . . . . 3073  
Date of Birth . . . . . 01/19/1978  
Date of Death . . . . .  
Daytime Phone . . . . . (812) 391-1915  
Extension . . . . .

### Spouse:

First Name . . . . .  
Middle Initial . . . . . Suffix . . . . .  
Last Name . . . . .  
Social Security No . . . . .  
Date of Birth . . . . .  
Date of Death . . . . .  
Daytime Phone . . . . .  
Extension . . . . .

Home Phone . . . . .

Print this daytime phone on forms . . . . . ☒ Taxpayer daytime ☐ Spouse daytime ☐ Home

Street Address . PO Box 31015

Apt No. . . . .

City . . . . . Flagstaff State . . . . . AZ ZIP Code 86003-1015

Last name(s) in prior years if different from name(s) used in current year . . . . .  
\_\_\_\_\_

## Part II - Main Form

- ☐ Form **140**: Resident Tax Return (Long form) . . . . . ► \_\_\_\_\_
- ☐ Form **140A**: Resident Tax Return (Short form) . . . . . ► \_\_\_\_\_
- ☐ Form **140NR**: Nonresident Tax Return . . . . . ► \_\_\_\_\_
- Enter Nonresident income allocations on Form 140NR . . . . . ► \_\_\_\_\_
- ☒ Form **140PY**: Part-Year Resident Tax Return . . . . . ► \_\_\_\_\_
- Dates of Residency: From: 08/04/2017 To: 12/31/2017
- Other states of residency: IN \_\_\_\_\_
- Enter Part-Year Resident income allocations on Form 140PY . . . . . ► \_\_\_\_\_
- ☐ Form **140PTC**: Full-Year Resident Property Tax Refund (Credit Claim) Only. . . . . ► \_\_\_\_\_

### Military personnel and composite return filers:

- ☐ You were active duty in Arizona and are filing part-year or nonresident return (Form 140NR or 140PY)
- ☐ You are filing a composite return on Form 140NR

## Part III - Filing Status

- ☐ Married filing joint return
- ☐ Injured spouse protection of joint overpayment (Form 203) . . . . . ► \_\_\_\_\_
- ☒ Head of household
- Child's First name Rose MI \_\_\_\_\_ Last Name Kincade Suff \_\_\_\_\_
- ☐ Head of household and married in 2017
- ☐ Married filing separate return
- ☐ Spouse itemized deductions
- ☐ Married filing separate with one spouse claiming at least one dependent
- ☐ Single

## Part IV - Other Information

	Your Arizona gross income for <b>2016</b> was in excess of \$75,000 (\$150,000 if MFJ)
	Someone (such as taxpayer's parent) can claim taxpayer as a dependent
	You qualify as a farmer or fisherman for federal tax purposes
	Itemize even if itemized deductions are less than standard deduction
	Take the standard deduction even if less than itemized deductions
	Check this box if you are a first time Arizona income tax filer

## Increased Excise Tax Credit

☐ You were sentenced to 60 days or more in a county, state or federal prison during tax year 2017  
Credit claimed by another member of the household . . . . .

## Voluntary Gifts

1	Solutions Teams Assigned to Schools Fund . . . . .	1	_____
2	Arizona Wildlife Fund . . . . .	2	_____
3	Child Abuse Prevention Fund . . . . .	3	_____
4	Domestic Violence Shelter Fund . . . . .	4	_____
5	I Didn't Pay Enough Fund . . . . .	5	_____
6	Neighbors Helping Neighbors Fund . . . . .	6	_____
7	Special Olympics Fund . . . . .	7	_____
8	Veterans' Donations Fund . . . . .	8	_____
9	Sustainable State Parks and Road Fund . . . . .	9	_____
10	Spay/Neuter of Animals . . . . .	10	_____
11	Political Gift - select party below . . . . .	11	_____
	<input type="checkbox"/> Democratic		
	<input type="checkbox"/> Green		
	<input type="checkbox"/> Libertarian		
	<input type="checkbox"/> Republican		

## Part V - Electronic Filing Information

**Yes** **No**  
☒ ☐ Federal PIN(s) will be used (See help)

## Part VI - Direct Deposit Information or Direct Debit Information

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you want to elect direct deposit of state tax refund?
<input type="checkbox"/>	<input type="checkbox"/>	Do you want direct debit of state tax payment (Electronic Filing Only)?

Name of Financial Institution (optional) . . . Crane Federal Credit Union

Account type . . . . . Checking ☒ Savings ☐

Routing number . . . . . 283977688

Account number . . . . . XXXXXXXXXX

Enter the payment date to withdraw from the account above . . . . .

State balance-due amount from this return . . . . .

## International ACH Transactions

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?



**Part VII – Extension Status****Yes No**☐☒

Has the tax return due date been extended for a six month extension?

Extended due date . . . . .

**QuickZoom** to Form 204: Application for Filing Extension . . . . . ▶**Part VIII – Amended Return**☐

You are filing an Arizona amended return for 2017 (See Tax Help)

Current tax year you are amending . . . . .

Payment with original return . . . . .

Overpayment from original return . . . . .

**QuickZoom** to Form 140X: Individual Amended Income Tax Return . . . . . ▶

► Keep for your records

Name(s) Shown on Return  
Rose A KincadeYour Social Security Number  
[REDACTED] 3073**Part I 2018 Estimated Tax Amount Options** to be paid before January 15, 2019**1 Select One of Five Ways to Calculate the Required Annual Payment for 2018 Estimates:**

- a 100% of **2017** taxes (default, see Tax Help) . . . . . ☒ 0.
- b 100% of tax on **2018** estimated taxable income . . . . . ☐ 0.
- c 90% of tax on **2018** estimated taxable income . . . . . ☐ 0.
- d Equal to 100% of overpayment (no vouchers) . . . . . ☐ 118.
- e Enter total amount you want to use for estimates and check box . . . . . ☐

**Voluntary Payments:**

**Method 1:** If federal Form 1040ES was filed, Arizona estimated payments can be calculated based on a percentage (10, 15 or 20%) of the federal estimated tax paid. To choose this option, enter the percentage to be used and the total amount of federal estimate tax on lines a and b below. Then check the box on line 1e.

- a Enter percentage to calculate the estimated vouchers . . . . . \_\_\_\_ %
- b Enter total federal estimates due . . . . . \_\_\_\_\_

**Method 2:** Installments may be filed on or before the due dates (April 15, June 15, September 15, and January 15). To choose this option, check the box and enter the total amount to be paid with estimates on line 1e. Then, on Part IV, line 2, check the box indicating the number of installments to be used.

**Method 3:** Estimated tax payments can be made as a single, lump-sum payment before January 15. To choose this option, check the box and enter the total to be paid with estimates on line 1e. Then check the box on Part IV, line 2, column 4 indicating the January payment is due next.

**2 Selected estimated tax amount:**

- a 2018 Required Annual Payment based on your choice above . . . . . 0.
- b Estimated amount of 2018 state income tax withholding . . . . . 18.
- c **Total of estimated tax payments required for 2018** (line 2a less line 2b) . . . . . 0.

**3 Select Estimated Tax Payment option:**

- a Calculate estimates if Arizona gross income in 2017 and expected 2018 gross income exceeds \$75,000 (\$150,000 if MFJ) (default) . . . . . ☒
- 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 (Arizona Form 140, 140NR, or 140PY) . . . . . 118.

**2 Select Overpayment Application Amount Option:**

- a Apply none (refund entire overpayment) . . . . . ☒
- 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 2018 estimated tax . . . . . 0.
- g Overpayment to be refunded (line 1 less line 2f) . . . . . 118.

**3 Select Overpayment Application Sequence:**

- a ☒ ◀ Consecutively b ☐ ◀ Evenly

**Part III Rounding and Printing Options****1 Select Rounding Option:**

- a ☒ ◀ 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 ☐ ◀ Print (per Part I, lines 3a - c) b ☐ ◀ Print only name, etc. c ☒ ◀ Do **not** print vouchers

**Part IV Estimated Tax Payment Summary**

	<b>1</b> Apr 17, 2018	<b>2</b> Jun 15, 2018	<b>3</b> Sep 17, 2018	<b>4</b> Jan 15, 2019	<b>Total</b>
<b>1</b> If you have already made payments, enter amounts . . . . .					
<b>2</b> Indicate which payment is due next. (e.g. if it is now April 25, check col. 2) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3</b> Required Payment . . . . .					
<b>4</b> Overpayment applied . . . . .					
<b>5</b> Net payment due . . . . .					
<b>6</b> Voucher amounts . . . . .					

**Part V Changes to Income, Deductions and Withholding for 2018**

2017 income and deductions are shown in the '2017 Actual' column below.

**\*Caution:** For each line in the '2018 Estimated' column, enter the estimated 2018 amount **if different** from 2017. Otherwise, the '2017 Actual' amount will be used for that line. If zero, you **must** enter zero.

	<b>2017 Actual</b>	<b>*2018 Estimated</b>
<b>1</b> Use the estimated tax worksheet attached to IRS Form 1040ES and <i>enter here the amount shown as income on your federal worksheet</i> . . . . .	2,294.	
<b>Additions</b>		
<b>2</b> Non-Arizona municipal interest . . . . .		
<b>3</b> Partnership Income . . . . .		
<b>4</b> Total federal depreciation . . . . .		
<b>5</b> Other additions to income . . . . .		
<b>Subtractions</b>		
<b>6</b> Amounts received as annuities from certain federal, Arizona state or local government retirement and disability funds (up to \$2,500) that are subject to federal tax. . . . .		
<b>7</b> Interest income on obligations of the United States (e.g. U.S. savings bonds, treasury bills, etc) . . . . .		
<b>8</b> Arizona state lottery winnings (up to \$5,000) included as income on federal return. . . . .		
<b>9</b> U.S. Social Security benefits or railroad retirement act benefits included as income on federal return. . . . .		
<b>10</b> Other exempt income . . . . .		
<b>Deductions</b>		
<b>11</b> If you plan to itemize deductions, <i>enter the estimated total of your deductions</i> . If you do not plan to itemize deductions, <i>see the instructions for the allowable 2017 standard deduction</i> . . . . .	10,336.	
<b>12</b> Arizona tax withholding . . . . .	18.	
<b>Credits</b>		
<b>13</b> Credits . . . . .	260.	

**Part VI Filing Status and Personal Exemptions for 2018****1** Choose 2018 filing status:☐

Married filing jointly

☒

Head of household

Check the box if head of household and married in 2018 . . . . . ☐☐

Married filing separately

Check box if married filing separate with one spouse claiming at least one dependent . . . . . ☐☐

Single

**2 a** Number of exemptions for age 65 and over to be claimed in 2018 (taxpayer or spouse only) . . . . . 0**b** Number of blind exemptions to be claimed in 2018 . . . . . 0**c** Number of dependents to be claimed in 2018 (do not include taxpayer or spouse) . . . . . 3**d** Number of Arizona ONLY dependents to be claimed in 2018, included on line 2c above . . . . .       **e** Number of qualifying parents and ancestors of parents to be claimed in 2018 . . . . .       **3 Part-year and Nonresident Filers only:** Arizona percentage from Form 140NR orForm 140PY . . . . . 23.50 %**Part VII 2018 Estimated Taxable Income and Tax**

<b>1</b>	Amount shown as income on your federal estimated tax worksheet . . . . .	<u>2,294.</u>
<b>2</b>	Adjustments to income:	
<b>a</b>	Total additions . . . . .	
<b>b</b>	Total subtractions . . . . .	
<b>c</b>	Net adjustments . . . . .	
<b>3</b>	Deductions . . . . .	<u>10,336.</u>
<b>4</b>	Personal and dependent exemptions . . . . .	<u>2,633.</u>
<b>5</b>	Total deductions and exemptions . . . . .	<u>12,969.</u>
<b>6</b>	Estimated Arizona taxable income (line 1 plus line 2c minus line 5) . . . . .	<u>-10,675.</u>
<b>7</b>	Tax on amount from line 6 . . . . .	<u>0.</u>
<b>8</b>	Credits . . . . .	<u>260.</u>
<b>9</b>	Subtract line 8 from line 7. Enter the difference (no less than 0). <b>This is your 2018 tax based on your estimate of 2018 income</b> . . . . .	<u>0.</u>

# Tax Payments Worksheet

2017

► Keep for your records

Name Rose A Kincade	Social Security Number [REDACTED] 3073
------------------------	---

## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<b>Additional Payments</b>			
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	<b>Total tax payments . . . . .</b>	8	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	18.
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	<b>Total income tax withheld . . . . .</b>	14	18.
15	Date return will be filed and balance paid . . . . .	15	

**Tax Summary**  
 ► Keep for your records

**2017**

Name(s) Rose A Kincade	
<b>Federal adjusted gross income</b> . . . . .	9,745.
<b>Arizona adjusted gross income</b> . . . . .	672.
<b>Itemized or standard deduction</b> . . . . .	10,336.
<b>Personal exemptions</b> . . . . .	1,011.
<b>Arizona taxable income</b> . . . . .	0.
<b>Non-refundable Credits</b> . . . . .	160.
<b>Balance of Tax</b> . . . . .	0.
<b>Total payments and refundable credits</b> . . . . .	118.
<b>Tax due</b> . . . . .	118.
<b>Overpayment</b> . . . . .	0.
<b>Amount applied to estimates</b> . . . . .	118.
<b>Voluntary contributions</b> . . . . .	0.
<b>Penalties</b> . . . . .	0.
<b>Refund</b> . . . . .	118.
<b>Amount owed</b> . . . . .	0.