

**TERRY BALDWIN
143 CONCORD LANE
DENVER, NJ 07834
2018 INCOME TAX RETURN**

PRACTICE LAB
 15 PRACTICE LAB WAY
 WASHINGTON DC 20005
 (202) 202-2022

TERRY BALDWIN
 143 CONCORD LANE
 DENVILLE NJ 07834
 (904) 567-1212

Preparer No.: 995
 Client No. : XXX-XX-1802
 Invoice Date: 11/18/2018

INVOICE

Description	Amount
PREPARATION OF 2018 FEDERAL/STATE FORMS & WORKSHEETS: FORM 1040 FORM 1040 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS FORM 1040 SCHEDULE 4 (OTHER TAXES) FORM 1040 SCHEDULE 5 (OTHER PAYMENTS AND REFUNDABLE CRE FORM 1040 SCHEDULE 6 (FOREIGN ADDRESS/THIRD PARTY DESIG SCHEDULE C (BUSINESS PROFIT/LOSS) SCHEDULE SE (SELF-EMPLOYMENT TAX) FORM 1099-MISC (MISCELLANEOUS INCOME) (2) FORM 4684 (CASUALTY LOSS) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)	
	Total Invoice
	\$0.00
	Amount Paid
	\$0.00
	Balance Due
	\$0.00

TAX YEAR: 2018

PROCESS DATE: 11/18/2018

CLIENT : 572-00-1802 TERRY BALDWIN

BIRTH DATE : 08/08/1958 Age:60

ADDRESS : 143 CONCORD LANE
: DENVILLE NJ 07834

PREPARER : 995

Home : (904) 567-1212

PREPARER FEE :

Work : -

ELECTRONIC :

Cell : -

TOTAL FEES :

STATUS : 1

FED TYPE: Electronic Mail

ST TYPE : Regular Tax

EFFECTIVE RATE: 39.69%

E-MAIL :

LISTING OF FORMS FOR THIS RETURN

FORM 1040
 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)
 SCHEDULE 4 (OTHER TAXES)
 SCHEDULE 5 (OTHER PAYMENTS AND REFUNDABLE CREDITS)
 SCHEDULE 6 (FOREIGN ADDRESS AND THIRD PARTY DESIGNEE)
 FORM 1099-MISC (Miscellaneous Income)
 SCHEDULE C (BUSINESS INCOME)
 SCHEDULE SE (SELF EMPLOYMENT TAX)
 FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)

* QUICK SUMMARY *

SUMMARY	FEDERAL
FILING STATUS	1
TOTAL INCOME	33893
TOTAL ADJUSTMENTS	5295
ADJUSTED GROSS INCOME	28598
DEDUCTIONS	12000
EXEMPTIONS	0
TAXABLE INCOME	16598
TAX	1799
CREDITS	0
PAYMENTS	6650
OTHER TAXES	4789
EARNED INCOME CREDIT	0
REFUND	62
AMOUNT DUE	0

* 1099-MISC INCOME FORMS SUMMARY *

[T/S]	PAYER	RENTS	ROYALTIES	OTHER INCOME	FEDERAL WITH	NONEMPLOYEE COMPENSATION
1.	T JANES CAFE	0	0	0	0	3200
2.	T JONES AUTO REPAIR	0	0	0	650	6500
	TOTALS.....	0	0	0	650	9700

IRS e-file Signature Authorization

2018

Department of the Treasury
Internal Revenue Service

▶ **Return completed Form 8879 to your ERO. (Don't send to the IRS.)**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name TERRY BALDWIN	Social security number 572-00-1802
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2018 (Whole dollars only)

1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	28598
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	6588
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	650
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	62
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury 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 federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. 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. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize PRACTICE LAB to enter or generate my PIN

1	1	8	0	2
---	---	---	---	---

 as my signature on my tax year 2018 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 11/18/2018

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

--	--	--	--	--

 as my signature on my tax year 2018 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

3	6	9	2	5	8	9	8	7	6	5
---	---	---	---	---	---	---	---	---	---	---

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ IRS PREPARER Date ▶ 11/18/2018

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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

Your first name and initial: TERRY Last name: BALDWIN Your social security number: 572-00-1802

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

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

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

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

Home address (number and street). If you have a P.O. box, see instructions. 143 CONCORD LANE Apt. no. Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. DENVILLE, NJ 07834 If more than four dependents, see inst. and ✓ here

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

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

Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		11/18/18	PAINTER	<input type="text"/>
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
				<input type="text"/>

Paid Preparers See Schedule 6

Print/Type preparer's name	Preparer's signature	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ PRACTICE LAB		S12345678 Firm's EIN ▶ -	

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

QNA

	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	2a	Tax-exempt interest 2a	2b	Taxable interest
	3a	Qualified dividends 3a	3b	Ordinary dividends
	4a	IRAs, pensions, and annuities 4a	4b	Taxable amount
	5a	Social security benefits 5a	5b	Taxable amount
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 <u>33893</u>	6	33893
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	28598
Standard Deduction for— <ul style="list-style-type: none"> • Single or married filing separately, \$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions. 	8	Standard deduction or itemized deductions (from Schedule A)	8	12000
	9	Qualified business income deduction (see instructions)	9	
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	16598
	11	a Tax (see inst) <u>1799</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____)	11	1799
		b Add any amount from Schedule 2 and check here <input type="checkbox"/>		
	12	a Child tax credit/credit for other dependents _____ b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	
	13	Subtract line 12 from line 11. If zero or less, enter -0-	13	1799
	14	Other taxes. Attach Schedule 4	14	4789
	15	Total tax. Add lines 13 and 14	15	6588
	16	Federal income tax withheld from Forms W-2 and 1099 FORM 1099	16	650
	17	Refundable credits: a EIC (see inst.) _____ b Sch 8812 _____ c Form 8863 _____	17	
		Add any amount from Schedule 5 <u>6000</u>	17	6000
	18	Add lines 16 and 17. These are your total payments	18	6650
Refund	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	62
	20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a	62
Direct deposit? See instructions.	b	Routing number <u>X X X X X X X X X X</u> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <u>X X X X X X X X X X X X X X X X</u>		
	21	Amount of line 19 you want applied to your 2019 estimated tax 21	21	
Amount You Owe	22	Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions 22	22	
	23	Estimated tax penalty (see instructions) 23	23	

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

QNA

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

Your social security number

BALDWIN

572-00-1802

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	33893
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
21	Other income. List type and amount ▶ _____	21		
22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	33893	
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	2395
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	2900
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶ _____	31a	
	32	IRA deduction	32	
33	Student loan interest deduction	33		
34	Reserved	34		
35	Reserved	35		
36	Add lines 23 through 35	36	5295	

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

Schedule 1 (Form 1040) 2018

QNA

SCHEDULE 4
(Form 1040)

Other Taxes

OMB No. 1545-0074

2018
Attachment
Sequence No. **04**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

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

Name(s) shown on Form 1040

BALDWIN

Your social security number

572-00-1802

Other Taxes	57	Self-employment tax. Attach Schedule SE	57	4789
	58	Unreported social security and Medicare tax from: Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	59	
	60a	Household employment taxes. Attach Schedule H	60a	
	b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions)	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	62	
	63	Section 965 net tax liability installment from Form 965-A	63	0
	64	Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14	64	4789

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

Schedule 4 (Form 1040) 2018

QNA

SCHEDULE 5
(Form 1040)

Other Payments and Refundable Credits

OMB No. 1545-0074

2018
Attachment
Sequence No. **05**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

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

Name(s) shown on Form 1040

Your social security number

BALDWIN

572-00-1802

Other Payments and Refundable Credits	65	Reserved	65	
	66	2018 estimated tax payments and amount applied from 2017 return	66	6000
	67a	Reserved	67a	
	b	Reserved	67b	
	68-69	Reserved	68-69	
	70	Net premium tax credit. Attach Form 8962	70	
	71	Amount paid with request for extension to file (see instructions)	71	
	72	Excess social security and tier 1 RRTA tax withheld	72	
	73	Credit for federal tax on fuels. Attach Form 4136	73	
	74	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	74	
75	Add the amounts in the far right column. These are your total other payments and refundable credits . Enter here and include on Form 1040, line 17.	75	6000	

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

Schedule 5 (Form 1040) 2018

QNA

SCHEDULE 6
(Form 1040)

Foreign Address, Third Party Designee, and Other Information

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

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

2018
Attachment
Sequence No. **05A**

Name(s) shown on Form 1040

BALDWIN

Your social security number

572-00-1802

**Foreign
Address**

Foreign country name

Foreign province/county

Foreign postal code

**Third Party
Designee**

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

Designee's
name ▶

Phone
no. ▶

Personal identification number
(PIN) ▶

**Additional
Paid
Preparer
Information**

Firm's address

15 PRACTICE LAB WAY
WASHINGTON WASHINGTON 20005

Phone no.

202-202-2022

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

Schedule 6 (Form 1040) 2018

QNA

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

▶ Attach to Form 1040.

2018

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040

Your social security number

TERRY BALDWIN

572-00-1802

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1			
	2 Enter amount from Form 1040, line 7 2	2			
	3 Multiply line 2 by 7.5% (0.075)	3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4				
Taxes You Paid	5 State and local taxes				
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/>	5a	460		
	b State and local real estate taxes (see instructions)	5b	5500		
	c State and local personal property taxes	5c			
	d Add lines 5a through 5c	5d	5960		
	e Enter the smaller of line 5d and \$10,000 (\$5,000 if married filing separately)	5e	5960		
	6 Other taxes. List type and amount ▶ _____	6			
7 Add lines 5e and 6	7			5960	
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>				
	a Home mortgage interest and points reported to you on Form 1098	8a			
	b Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ _____	8b			
	c Points not reported to you on Form 1098. See instructions for special rules	8c			
	d Reserved	8d			
	e Add lines 8a through 8c	8e			
9 Investment interest. Attach Form 4952 if required. See instructions	9				
10 Add lines 8e and 9	10				
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11			
	12 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12			
	13 Carryover from prior year	13			
	14 Add lines 11 through 13	14			
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15			
Other Itemized Deductions	16 Other—from list in instructions. List type and amount ▶ _____	16			
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8	17		5960	
	18 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>				

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2018
Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

Name of proprietor TERRY BALDWIN		Social security number (SSN) 572-00-1802
A Principal business or profession, including product or service (see instructions) PAINTING WALL	B Enter code from instructions ▶ 238320	
C Business name. If no separate business name, leave blank. BALDWIN PAINTING	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2018, check here . . . <input type="checkbox"/>		
I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Forms 1099? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . ▶ <input type="checkbox"/>	1	47315
2	Returns and allowances . . .	2	
3	Subtract line 2 from line 1 . . .	3	47315
4	Cost of goods sold (from line 42) . . .	4	
5	Gross profit. Subtract line 4 from line 3 . . .	5	47315
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . .	6	
7	Gross income. Add lines 5 and 6 . . . ▶	7	47315

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

8	Advertising . . .	8	785	18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions). . .	9	1073	19	Pension and profit-sharing plans . . .	19	
10	Commissions and fees . . .	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion . . .	12		b	Other business property . . .	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . .	13		21	Repairs and maintenance . . .	21	
14	Employee benefit programs (other than on line 19) . . .	14		22	Supplies (not included in Part III) . . .	22	10296
15	Insurance (other than health)	15	478	23	Taxes and licenses . . .	23	95
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel . . .	24a	
b	Other . . .	16b		b	Deductible meals (see instructions) . . .	24b	
17	Legal and professional services	17		25	Utilities . . .	25	695
28	Total expenses before expenses for business use of home. Add lines 8 through 27a . . . ▶			28		28	13422
29	Tentative profit or (loss). Subtract line 28 from line 7 . . .			29		29	33893
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . .						
31	Net profit or (loss). Subtract line 30 from line 29.			31		31	33893
	<ul style="list-style-type: none"> • If a profit, enter on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. 						
32	If you have a loss, check the box that describes your investment in this activity (see instructions). <ul style="list-style-type: none"> • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited. 						
	32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.						

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)

TERRY BALDWIN

Social security number of person

with **self-employment** income ▶ 572-00-1802

Section B—Long Schedule SE

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instructions)		
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	()
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note: Skip this line if you use the nonfarm optional method (see instructions)		33893
3	Combine lines 1a, 1b, and 2		33893
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		31300
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		
c	Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue ▶		31300
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
6	Add lines 4c and 5b	6	31300
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2018	7	128,400 00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$128,400 or more, skip lines 8b through 10, and go to line 11	8a	
b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c	Wages subject to social security tax (from Form 8919, line 10)	8c	
d	Add lines 8a, 8b, and 8c	8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶	9	128400
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	3881
11	Multiply line 6 by 2.9% (0.029)	11	908
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55	12	4789
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27	13	2395

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income ¹ wasn't more than \$7,920, or (b) your net farm profits ² were less than \$5,717.			
14	Maximum income for optional methods	14	5,280 00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,280. Also include this amount on line 4b above	15	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$5,717 and also less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.			
16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.
² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.
⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

TERRY BALDWIN
State and Local General Sales Tax Deduction
Worksheet—Line 5b

572-00-1802

Keep for Your Records 



Instead of using this worksheet, you can find your deduction by using the Sales Tax Deduction Calculator at [IRS.gov/Salestax](https://www.irs.gov/Salestax).

Before you begin: See the instructions for line 1 of the worksheet if you:

- Lived in more than one state during 2017, or
- Had any **nontaxable** income in 2017.

Zip:07834 **State:**NJ **County:**NEW JERSEY STATE **City:**DENVILLE **Days Lived in:**365

1. Enter your **state** general sales taxes from the 2017 Optional State Sales Tax Table 1. \$ 460

Next. If, for all of 2017, you lived only in Connecticut, the District of Columbia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Jersey, or Rhode Island, skip lines 2 through 5, enter -0- on line 6, and go to line 7. Otherwise, go to line 2.

2. Did you live in Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Mississippi, Missouri, New York, North Carolina, South Carolina, Tennessee, Utah, or Virginia in 2017?

No. Enter -0-.

Yes. Enter your base **local** general sales taxes from the 2017 Optional Local Sales Tax Tables.

} 2. \$ _____

3. Did your locality impose a **local** general sales tax in 2017? Residents of California and Nevada, see the instructions for line 3 of the worksheet.

No. Skip lines 3 through 5, enter -0- on line 6, and go to line 7.

Yes. Enter your **local** general sales tax rate, but omit the percentage sign. For example, if your local general sales tax rate was 2.5%, enter 2.5. If your local general sales tax rate changed or you lived in more than one locality in the same state during 2017, see the instructions for line 3 of the worksheet 3. _____

4. Did you enter -0- on line 2?

No. Skip lines 4 and 5 and go to line 6.

Yes. Enter your **state** general sales tax rate (shown in the table heading for your state), but omit the percentage sign. For example, if your state general sales tax rate is 6%, enter 6.0 4. 6.8750

5. Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places) 5. _____

6. Did you enter -0- on line 2?

No. Multiply line 2 by line 3.

Yes. Multiply line 1 by line 5. If you lived in more than one locality in the same state during 2017, see the instructions for line 6 of the worksheet.

} 6. \$ _____

7. Enter your state and local general sales taxes paid on specified items, if any. See the instructions for line 7 of the worksheet 7. \$ _____

8. **Deduction for general sales taxes.** Add lines 1, 6, and 7. Enter the result here and the total from all your state and local general sales tax deduction worksheets, if you completed more than one, on Schedule A, line 5. Be sure to check **box b** on that line 8. \$ 460

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**** SUPPORTING NOTES FOR SCHEDULE C

572-00-1802
TERRY BALDWIN
BALDWIN PAINTING

Schedule of Gross Receipts or Sales:

<u>Description</u>	<u>Amount</u>
PAINTING OF PRIVATE RESIDENCES	37,615
<u>Total Gross Receipts or Sales:</u>	<u>37,615</u>

Schedule of Materials & Supplies:

<u>Description</u>	<u>Amount</u>
PAINT	9,673
PAINTING TOOLS AND SUPPLIES	623
<u>Total Materials & Supplies:</u>	<u>10,296</u>

Schedule of Advertising:

<u>Description</u>	<u>Amount</u>
ADVERTISING	350
BUSINESS CARDS	35
PERSONALIZED COVERALLS	250
WEBSITE	150
<u>Total Advertising:</u>	<u>785</u>

Schedule of Insurance (other than health):

<u>Description</u>	<u>Amount</u>
LIABILITY INSURANCE	478
<u>Total Insurance (other than health):</u>	<u>478</u>

Schedule of Taxes and Licenses:

<u>Description</u>	<u>Amount</u>
LICENSE	95
<u>Total Taxes and Licenses:</u>	<u>95</u>

Schedule of Utilities:

<u>Description</u>	<u>Amount</u>
BUSINESS PHONE	695
<u>Total Utilities:</u>	<u>695</u>