RONALD & ALICIA DAVIS 143 CONCORD LANE DENVILLE, NJ 07834 2018 INCOME TAX RETURN

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

RONALD DAVIS & ALICIA DAVIS 143 CONCORD LANE DENVILLE NJ 07834 (904) 567-1212

Preparer No.: 995
Client No. : XXX-XX-1804 Invoice Date: 11/18/2018

#### **INVOICE**

| Description                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              | Amount |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------|
| PREPARATION OF 2018 FEDERAL/STATE FORMS  FORM 1040 FORM 1040 SCHEDULE 1 (ADDITIONAL INCOME FORM 1040 SCHEDULE 3 (NONREFUNDABLE CREIFORM 1040 SCHEDULE 6 (FOREIGN ADDRESS/THESCHEDULE B (INTEREST & DIVIDENDS) SCHEDULE D (CAPITAL GAINS & LOSS) FORM 8949 (SALES OF CAPITAL ASSETS) (3) CAPITAL GAIN TAX WORKSHEET FORM 1099-R (RETIREMENT DISTRIBUTIONS) FORM 4684 (CASUALTY LOSS) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)  FORM 8453 (E-FILE DECLARATION) | AND ADJUSTMENTS<br>DITS)<br>HIRD PARTY DESIG |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total Invoice                                | \$0.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Amount Paid                                  | \$0.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Balance Due                                  | \$0.00 |

TAX YEAR: 2018 PROCESS DATE: 11/18/2018

CLIENT : 572-00-1804 RONALD DAVIS BIRTH DATE : 08/08/1958 Age:60 BIRTH DATE : 05/06/1960 Age:58 SPOUSE : 572-00-1814 ALICIA DAVIS

ADDRESS: 143 CONCORD LANE PREPARER : 995

: DENVILLE NJ 07834

Home : (904) 567-1212 PREPARER FEE : Work : -ELECTRONIC : Cell : -TOTAL FEES :

STATUS : 2

FED TYPE: Electronic Mail ST TYPE : Regular Tax EFFECTIVE RATE: 2.76%

E-MAIL :

LISTING OF FORMS FOR THIS RETURN FORM 1040 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)
SCHEDULE 3 (NONREFUNDABLE CREDITS)
SCHEDULE 6 (FOREIGN ADDRESS AND THIRD PARTY DESIGNEE) FORM 1099-R (RETIREMENT DISTRIBUTIONS) SCHEDULE B (INTEREST/DIVIDEND INCOME)

SCHEDULE D (CAPITAL GAINS/LOSSES)

FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)

FORM 8453 (E-FILE TRANSMITTAL ATTACHMENTS)

FORM 8949 (SALES AND OTHER DISPOSITIONS OF CAPITAL ASSETS)

\* QUICK SUMMARY \*

| SUMMARY               | FEDERAL |  |
|-----------------------|---------|--|
| FILING STATUS         | 2       |  |
| TOTAL INCOME          | 44512   |  |
| TOTAL ADJUSTMENTS     | 0       |  |
| ADJUSTED GROSS INCOME | 44512   |  |
| DEDUCTIONS            | 24000   |  |
| EXEMPTIONS            | 0       |  |
| TAXABLE INCOME        | 20512   |  |
| TAX                   | 603     |  |
| CREDITS               | 36      |  |
| PAYMENTS              | 3981    |  |
| EARNED INCOME CREDIT  | 0       |  |
| REFUND                | 3414    |  |
| AMOUNT DUE            | 0       |  |
|                       |         |  |

CLIENT : RONALD DAVIS 572-00-1804 SPOUSE : ALICIA DAVIS 572-00-1814

PREPARER: 995 DATE: 11/18/2018

\* 1099-R INCOME FORMS SUMMARY \*

|    | [T/S] | PAYER             | GROSS DIST | TAXABLE AMT | FED WITH | STATE WITH ST |
|----|-------|-------------------|------------|-------------|----------|---------------|
| 1. | T     | DUVALL COUNTY SCH | 26017      | 25089       | 2945     | 1159 NJ       |
|    |       |                   |            |             |          |               |
|    |       |                   |            |             |          |               |
|    |       | TOTALS            | 26017      | 25089       | 2945     | 1159          |

### Form **8879**

IRS e-file Signature Authorization

OMB No. 1545-0074

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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Social security number                                                                                                                                                                                                                 | r                                                                                             |                                                                                                                                                                        |
| RONALD DAVIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 572-00-1804                                                                                                                                                                                                                            | 1                                                                                             |                                                                                                                                                                        |
| Spouse's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Spouse's social securi                                                                                                                                                                                                                 | ty number                                                                                     |                                                                                                                                                                        |
| ALICIA DAVIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 572-00-1814                                                                                                                                                                                                                            | 1                                                                                             |                                                                                                                                                                        |
| Part I Tax Return Information — Tax Year Ending December 31, 2018 (V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | hole dollars only)                                                                                                                                                                                                                     |                                                                                               |                                                                                                                                                                        |
| 1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                        | 1                                                                                             | 44512                                                                                                                                                                  |
| <b>2</b> Total tax (Form 1040, line 15; Form 1040NR, line 61)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                        | 2                                                                                             | 567                                                                                                                                                                    |
| 3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1040NR, line 62a).                                                                                                                                                                                                                     | 3                                                                                             | 3981                                                                                                                                                                   |
| 4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                        | 4                                                                                             | 3414                                                                                                                                                                   |
| 5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        | 5                                                                                             |                                                                                                                                                                        |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you g                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | et and keep a co <sub>l</sub>                                                                                                                                                                                                          | py of yo                                                                                      | ur return)                                                                                                                                                             |
| or the tax year ending December 31, 2018, and to the best of my knowledge and belief, they are true, con Part I above are the amounts from my electronic income tax return. I consent to allow my intermed originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I au Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later thate. I also authorize the financial institutions involved in the processing of the electronic payment of tanswer inquiries and resolve issues related to the payment. I further acknowledge that the personal iderefectoric income tax return and, if applicable, my Electronic Funds Withdrawal Consent. | ate service provider, tra<br>eipt or reason for rejection<br>chorize the U.S. Treasure<br>indicated in the tax prefection<br>debit the entry to this ac<br>To revoke (cancel) a pay<br>an 2 business days pricaxes to receive confider | ansmitter, on of the try and its doparation so count. This ment, I muor to the pantial inform | or electronic return ansmission, (b) the esignated Financial of tware for payment is a uthorization is to ust contact the U.S. ayment (settlement) lation necessary to |
| Faxpayer's PIN: check one box only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _                                                                                                                                                                                                                                      |                                                                                               |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | enerate my PIN                                                                                                                                                                                                                         | L   1   8                                                                                     | 0 4                                                                                                                                                                    |
| ERO firm name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | · -                                                                                                                                                                                                                                    | ter five dig                                                                                  |                                                                                                                                                                        |
| as my signature on my tax year 2018 electronically filed income tax return.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        | n't enter al                                                                                  | •                                                                                                                                                                      |
| <ul> <li>I will enter my PIN as my signature on my tax year 2018 electronically filed inco entering your own PIN and your return is filed using the Practitioner PIN method four signature ►</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                        | plete Par                                                                                     |                                                                                                                                                                        |
| Decreeds DIM should are however.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                        |                                                                                               |                                                                                                                                                                        |
| ERO firm name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                        | nter five dig                                                                                 |                                                                                                                                                                        |
| as my signature on my tax year 2018 electronically filed income tax return.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                        | n't enter al                                                                                  |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                        |                                                                                               |                                                                                                                                                                        |
| Spouse's signature ▶ Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>&gt;</b>                                                                                                                                                                                                                            |                                                                                               |                                                                                                                                                                        |
| Practitioner PIN Method Returns Only—continu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | e below                                                                                                                                                                                                                                |                                                                                               |                                                                                                                                                                        |
| Part III Certification and Authentication — Practitioner PIN Method Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                        |                                                                                               |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                        |                                                                                               |                                                                                                                                                                        |
| <b>ERO's EFIN/PIN.</b> Enter your six-digit EFIN followed by your five-digit self-selected PIN.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3 6 9 2 5<br>Don't er                                                                                                                                                                                                                  | 8   9   8<br>nter all zero                                                                    |                                                                                                                                                                        |
| certify that the above numeric entry is my PIN, which is my signature for the tax year 2 the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance method and <b>Pub. 1345</b> , Handbook for Authorized IRS e-file Providers of Individual Incom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | with the requiremen                                                                                                                                                                                                                    |                                                                                               |                                                                                                                                                                        |
| ERO's signature ► IRS PREPARER Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>▶</b> 11/18/201                                                                                                                                                                                                                     | L8                                                                                            |                                                                                                                                                                        |
| - <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                        |                                                                                               |                                                                                                                                                                        |
| ERO Must Retain This Form — See Instruction  Don't Submit This Form to the IRS Unless Reques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        |                                                                                               |                                                                                                                                                                        |

# Form **8453**

Department of the Treasury Internal Revenue Service

Your first name and initial

#### U.S. Individual Income Tax Transmittal for an IRS e-file Return

For the year January 1–December 31, 2018

► See instructions on back.

Last name

► Go to www.irs.gov/Form8453 for the latest information.

OMB No. 1545-0074

2018

Your social security number

|             | I                                                                                                                                                                              | Р                 | RONALD                                                        |               | DAVIS                   |                   |                                 | 572-00-1804                                                                                         |  |  |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------|---------------|-------------------------|-------------------|---------------------------------|-----------------------------------------------------------------------------------------------------|--|--|
|             | R If a joint return, spouse's first name and initial                                                                                                                           |                   |                                                               | and initial   | Last name               |                   | Spouse's social security number |                                                                                                     |  |  |
|             |                                                                                                                                                                                | N<br>T            | ALICIA                                                        |               | DAVIS                   |                   |                                 | 572-00-1814                                                                                         |  |  |
| Please      |                                                                                                                                                                                |                   | Home address (number and street).                             | If you have a |                         | ons.              | Apt. no.                        | ▲ Important! ▲                                                                                      |  |  |
| print or    |                                                                                                                                                                                | C<br>L            | 143 CONCORD LANE                                              | 1             |                         |                   |                                 | You must enter                                                                                      |  |  |
| type.       |                                                                                                                                                                                | E                 | City, town or post office, state, and 2                       |               | a foreign address, also | complete spaces   | below.)                         | your SSN(s) above.                                                                                  |  |  |
|             |                                                                                                                                                                                | A<br>R            |                                                               | 834           | ,                       |                   | ,                               | , ,                                                                                                 |  |  |
|             |                                                                                                                                                                                | L<br>Y            | Foreign country name                                          |               | rovince/state/county    | Foreign postal of | code                            | 1                                                                                                   |  |  |
|             | - (                                                                                                                                                                            |                   | l creight country hame                                        | T oroigir p   | 10vinos/state/sodinty   | 1 oroigir pootar  | Joue                            | )                                                                                                   |  |  |
|             | `                                                                                                                                                                              |                   |                                                               |               |                         |                   |                                 | ,                                                                                                   |  |  |
|             |                                                                                                                                                                                |                   | FILE THIS FOR                                                 | M ONI V I     | F YOU ARE ATTA          | ACHING ONE        | OD MODE                         |                                                                                                     |  |  |
|             |                                                                                                                                                                                |                   |                                                               |               | ORMS OR SUPPO           |                   |                                 |                                                                                                     |  |  |
| Check       | the a                                                                                                                                                                          | pplica            | ble box(es) to identify the at                                | tachment      | ts.                     |                   |                                 |                                                                                                     |  |  |
|             |                                                                                                                                                                                |                   | B-C, Contributions of Mote<br>ement)                          | or Vehicl     | les, Boats, and         | Airplanes         | (or equiva <b>l</b> er          | nt contemporaneous written                                                                          |  |  |
|             | Form return                                                                                                                                                                    |                   | Power of Attorney and Declar                                  | ration of F   | Representative (or      | POA that stat     | tes the agent                   | is granted authority to sign the                                                                    |  |  |
|             | Form                                                                                                                                                                           | 3115,             | Application for Change in Acc                                 | ounting M     | lethod                  |                   |                                 |                                                                                                     |  |  |
|             | Descr                                                                                                                                                                          | iption<br>rvatior | of Rehabilitation), with an inc                               | dication th   | nat it was receive      | d by the Dep      | artment of th                   | tification Application (Part 2—<br>e Interior or the State Historic<br>or that such status has been |  |  |
|             |                                                                                                                                                                                |                   | - attach the Certificate for B ntifying the product as renewa |               |                         |                   |                                 | seller or a certificate from the ller                                                               |  |  |
|             | Form                                                                                                                                                                           | 5713,             | International Boycott Report                                  |               |                         |                   |                                 |                                                                                                     |  |  |
|             |                                                                                                                                                                                |                   | Noncash Charitable Contribution and any related attach        |               |                         |                   |                                 | isal is required), or Section B,<br>Form 8283)                                                      |  |  |
|             |                                                                                                                                                                                |                   | Release/Revocation of Releasee or separation agreement, to    |               |                         |                   |                                 | arent (or certain pages from a structions)                                                          |  |  |
|             | Form 8                                                                                                                                                                         | 8858, 1           | Information Return of U.S. Per                                | sons With     | Respect to Foreig       | n Disregardec     | Entities (FDE                   | s) and Foreign Branches (FBs)                                                                       |  |  |
|             |                                                                                                                                                                                |                   | - attach the Certificate for B ntifying the product as renewa |               |                         |                   |                                 | seller or a certificate from the ller                                                               |  |  |
|             | Form                                                                                                                                                                           | 8885,             | Health Coverage Tax Credit, a                                 | and all req   | uired attachments       | ;                 |                                 |                                                                                                     |  |  |
| $\boxtimes$ | Form 8949, Sales and Other Dispositions of Capital Assets (or a statement with the same information), if you elect not to report your transactions electronically on Form 8949 |                   |                                                               |               |                         |                   |                                 |                                                                                                     |  |  |

|                                 | Department of the Treasury—Internal Reven                                                 |                        | (99)<br>rn 20                                  | 18 omb No.           | 1545-0074    | IRS Use Onl    | y—Do not w                      | rite or staple in this space. |
|---------------------------------|-------------------------------------------------------------------------------------------|------------------------|------------------------------------------------|----------------------|--------------|----------------|---------------------------------|-------------------------------|
| Filing status:                  | Single X Married filing jointly                                                           | Married filing         | separately                                     | Head of household    | Qualify      | ring widow(er) |                                 |                               |
| Your first name and             | l initial                                                                                 | Last name              | Э                                              |                      |              |                | Your so                         | cial security number          |
| RONALD                          |                                                                                           | DAVIS                  |                                                |                      |              |                | 572-                            | 00-1804                       |
| Your standard dedu              | uction: Someone can claim yo                                                              | u as a dependent       | You were                                       | e born before Januar | y 2, 1954    | You a          | re blind                        |                               |
| If joint return, spous          | se's first name and initialDECEASI                                                        | ED: OllastOnām/e       | 2018                                           |                      |              |                | Spouse's                        | s social security number      |
| ALICIA                          |                                                                                           | DAVIS                  |                                                |                      |              |                | 572-                            | 00-1814                       |
| Spouse standard ded             | uction: Someone can claim your                                                            | spouse as a depe       | ndent Sp                                       | oouse was born befo  | re January 2 | 2, 1954        |                                 | ear health care coverage      |
| ☐ Spouse is blind               | Spouse itemizes on a sepa                                                                 | arate return or you v  | were dual-status                               | alien                |              |                | or ex                           | empt (see inst.)              |
| Home address (num               | nber and street). If you have a P.O. b                                                    | ox, see instruction    | s.                                             |                      |              | Apt. no.       | 1                               | tial Election Campaign        |
| 143 CONCC                       | ORD LANE                                                                                  |                        |                                                |                      |              |                | (see inst.)                     | You Spouse                    |
|                                 | office, state, and ZIP code. If you have                                                  | e a foreign address    | s, attach Schedu                               | le 6.                |              |                | If more t                       | han four dependents,          |
| DENVILLE,                       | , NJ 07834                                                                                |                        |                                                |                      |              |                | see inst.                       | and ✓ here ►                  |
| Dependents (see                 | e instructions):                                                                          | <b>(2)</b> Soc         | Social security number (3) Relationship to you |                      |              | (4)            | ✓ if qualifies                  | s for (see inst.):            |
| (1) First name                  | Last name                                                                                 |                        |                                                |                      |              | Child tax c    |                                 | Credit for other dependents   |
|                                 |                                                                                           |                        |                                                |                      |              |                |                                 |                               |
|                                 |                                                                                           |                        |                                                |                      |              |                |                                 |                               |
|                                 |                                                                                           |                        |                                                |                      |              |                |                                 |                               |
|                                 |                                                                                           |                        |                                                |                      |              |                |                                 |                               |
| Olgii corre                     | er penalties of perjury, I declare that I have ect, and complete. Declaration of preparer |                        |                                                |                      |              |                | owledge and                     | I belief, they are true,      |
| Here                            | Your signature<br>Filing as Surviving Spous                                               |                        | Date                                           | Your occupation      |              |                |                                 | nt you an Identity Protection |
| Joint return? See instructions. | Filling as Surviving Spous                                                                | ee -                   | 11/18/18                                       | RETIRED              |              |                | PIN, enter it<br>here (see inst |                               |
| Keep a copy for                 | Spouse's signature. If a joint return                                                     | <b>both</b> must sign. | Date                                           | Spouse's occupation  | on           |                |                                 | nt you an Identity Protection |
| your records.                   |                                                                                           |                        | 11/18/18                                       | HOMEMAKER            |              |                | PIN, enter it<br>here (see inst |                               |
| Paid                            | Print/Type preparer's name                                                                | Preparer's signat      | ture                                           | ·                    | PTIN         |                |                                 | Check if:                     |
| Preparers                       |                                                                                           |                        |                                                |                      | S1234        | 5678           |                                 | 3rd Party Designee            |
| See Schedule 6                  | Firm's name ▶ PRACTICE L                                                                  | AB                     | <u> </u>                                       |                      | Firm's EIN   |                |                                 | Self-employed                 |

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

orm **1040** (201

|                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |            |                                    |                                     |       |     | •       |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------|------------------------------------|-------------------------------------|-------|-----|---------|
|                                                                             | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Wages, salaries, tips, etc. Attach F       | orm(s)     | N-2                                |                                     |       | 1   |         |
| Attach Form(s)<br>W-2. Also attach<br>Form(s) W-2G and<br>1099-R if tax was | <b>2</b> a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Tax-exempt interest                        | 2a         | 915                                | <b>b</b> Taxable interest           |       | 2b  | 785     |
|                                                                             | 3a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Qualified dividends                        | За         | 2368                               | <b>b</b> Ordinary dividends         |       | 3b  | 2711    |
|                                                                             | 4a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | IRAs, pensions, and annuities .            | 4a         | 26017                              | <b>b</b> Taxable amount             | . [   | 4b  | 25089   |
| withheld.                                                                   | 5a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Social security benefits                   | 5a         |                                    | <b>b</b> Taxable amount             | . [   | 5b  |         |
|                                                                             | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Total income, Add lines 1 through 5, Ad    | d any am   | ount from Schedule 1, line 22      | 15927                               | . [   | 6   | 44512   |
|                                                                             | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Adjusted gross income. If you ha           |            |                                    |                                     |       |     | 4.454.0 |
| Standard                                                                    | $oldsymbol{	extstyle oldsymbol{	extstyle \textstyle $ | subtract Schedule 1, line 36, from         |            |                                    |                                     | ı     | 7   | 44512   |
| • Single or married                                                         | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Standard deduction or itemized de          | duction    | s (from Schedule A)                |                                     |       | 8   | 24000   |
| filing separately,                                                          | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Qualified business income deducti          | on (see    | instructions)                      |                                     |       | 9   |         |
| \$12,000                                                                    | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Taxable income. Subtract lines 8 a         | nd 9 fro   | m line 7. If zero or less, enter - | -0                                  | . [   | 10  | 20512   |
| <ul> <li>Married filing<br/>jointly or Qualifying</li> </ul>                | 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | a Tax (see inst)603 (check                 | if any fro | m: <b>1</b> Form(s) 8814 <b>2</b>  | Form 4972 <b>3</b>                  | _)    |     |         |
| widow(er),<br>\$24,000                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>b Add</b> any amount from Schedule      | 11         | 603                                |                                     |       |     |         |
| Head of                                                                     | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | a Child tax credit/credit for other depend | ents       | <b>b Add</b> any amou              | nt from Schedule 3 and check here ▶ | • X   | 12  | 36      |
| household,<br>\$18.000                                                      | 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Subtract line 12 from line 11. If zer      |            |                                    |                                     |       | 13  | 567     |
| If you checked                                                              | 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Other taxes. Attach Schedule 4.            |            |                                    |                                     | . [   | 14  | 0       |
| any box under<br>Standard                                                   | 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Total tax. Add lines 13 and 14 .           |            |                                    |                                     | . [   | 15  | 567     |
| deduction, see instructions.                                                | 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Federal income tax withheld from           | orms V     | V-2 and 1099 FORM                  | 1 1099                              | . [   | 16  | 3981    |
| see ilistructions.                                                          | J <sub>17</sub>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Refundable credits: a EIC (see inst.)      |            |                                    |                                     |       |     |         |
|                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Add any amount from Schedule 5             |            |                                    |                                     |       | 17  |         |
|                                                                             | 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Add lines 16 and 17. These are yo          |            |                                    |                                     | Г     | 18  | 3981    |
| Refund                                                                      | 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | If line 18 is more than line 15, subt      | act line   | 15 from line 18. This is the am    | nount you <b>overpaid</b>           |       | 19  | 3414    |
| neiuliu                                                                     | 20a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Amount of line 19 you want refund          | ed to y    | ou. If Form 8888 is attached, o    | check here                          | · 🗆 [ | 20a | 3414    |
| Direct deposit?                                                             | b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Routing number XXXX                        | ХХ         | ХХХХХ ▶стур                        | e: Checking Sav                     | ings  |     |         |
| See instructions.                                                           | · d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |            | XXXXXX                             |                                     | Ĭ     |     |         |
|                                                                             | 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Amount of line 19 you want applied         |            |                                    | 21                                  |       |     |         |
| Amount You Owe                                                              | 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Amount you owe. Subtract line 18           |            |                                    | av. see instructions                | ▶     | 22  | ,       |
|                                                                             | 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Estimated tax penalty (see instruct        |            | •                                  | Ť I                                 | j     |     |         |
| 0 - 1                                                                       | -/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -40.40 for its to selice a southly let all |            | Manager 1                          | 1 1                                 |       |     | - 1010  |

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

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## 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 572-00-1804 DAVIS Additional 1-9b Reserved 1-9b 10 Taxable refunds, credits, or offsets of state and local income taxes 10 Income 11 11 12 12 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □ 15927 13 13 14 14 15b 15a 16a 16b 17 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 18 19 19 20a 20b Other income. List type and amount ▶ 21 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 15927 23 Educator expenses . . . . . . . . . . . . . . . . **Adjustments** 24 Certain business expenses of reservists, performing artists, to Income and fee-basis government officials. Attach Form 2106 . . . 24 25 Health savings account deduction. Attach Form 8889 . 25 Moving expenses for members of the Armed Forces. 26 Attach Form 3903 . . . . . . . . . . . . . . . 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans . . 28 29 Self-employed health insurance deduction . . . . 29 30 30 Penalty on early withdrawal of savings . . . . . . 31a Alimony paid **b** Recipient's SSN ▶ 31a 32 32 33 Student loan interest deduction . . . . . . 33 34 34 35 Reserved . . . . 35 Add lines 23 through 35

For Paperwork Reduction Act Notice, see your tax return instructions.  $\mathtt{ONA}$ 

Schedule 1 (Form 1040) 2018

#### **SCHEDULE 3**

(Form 1040)

**Nonrefundable Credits** 

OMB No. 1545-0074

2018
Attachment
Sequence No. 03

Department of the Treasury Internal Revenue Service

► Attach to Form 1040.

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

| Name(s) shown on Fo | Name(s) shown on Form 1040 |                                                                                       |             |        |  |  |  |
|---------------------|----------------------------|---------------------------------------------------------------------------------------|-------------|--------|--|--|--|
| DAVIS               |                            |                                                                                       | 572-0       | 0-1804 |  |  |  |
| Nonrefundable       | 48                         | Foreign tax credit. Attach Form 1116 if required                                      | 48          | 36     |  |  |  |
| Credits             | 49                         | Credit for child and dependent care expenses. Attach Form 2441                        | 49          |        |  |  |  |
| Orcaito             | 50                         | Education credits from Form 8863, line 19                                             | 50          |        |  |  |  |
|                     | 51                         | Retirement savings contributions credit. Attach Form 8880                             | 51          |        |  |  |  |
|                     | 52                         | Reserved                                                                              | 52          |        |  |  |  |
|                     | 53                         | Residential energy credit. Attach Form 5695                                           | 53          |        |  |  |  |
|                     | 54                         | Other credits from Form a 3800 b 8801 c                                               | 54          |        |  |  |  |
|                     | 55                         | Add the amounts in the far right column. Enter here and include on Form 1040, line 12 | 2 <b>55</b> | 36     |  |  |  |

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

Schedule 3 (Form 1040) 2018

## SCHEDULE 6 (Form 1040)

### Foreign Address, Third Party Designee, and Other Information

OMB No. 1545-0074

2018
Attachment
Sequence No. 05A

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 F | Your social security number                           |                                                 |                                |
|--------------------|-------------------------------------------------------|-------------------------------------------------|--------------------------------|
| DAVIS              | 572-00-1804                                           |                                                 |                                |
| Foreign            | Foreign country name                                  | Foreign province/county                         | Foreign postal code            |
| Address            |                                                       |                                                 |                                |
| Third Party        | Do you want to allow another person to discuss this r | eturn with the IRS (see instructions)? 🔲 Yes. ( | Complete below. X No           |
| Designee           | Designee's                                            | Phone                                           | Personal identification number |
|                    | name ►                                                | no. ►                                           | (PIN) ▶                        |
| Additional         | Firm's address                                        |                                                 | Phone no.                      |
| Paid               | 15 PRACTICE LAB WAY                                   | 202-202-2022                                    |                                |
| Preparer           | WASHINGTON WASHINGTON 20005                           |                                                 | 202-202-2022                   |
| Information        |                                                       |                                                 |                                |

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

Schedule 6 (Form 1040) 2018

### SCHEDULE A (Form 1040)

Department of the Treasury

Internal Revenue Service (99)

**Itemized Deductions** 

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

► Attach to Form 1040.

► Attach to Form 1040.

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

OMB No. 1545-0074

2018

Attachment Sequence No. **07** 

Name(s) shown on Form 1040 Your social security number 572-00-1804 RONALD & ALICIA DAVIS Caution: Do not include expenses reimbursed or paid by others. Medical and 1 Medical and dental expenses (see instructions) . . . . . 1 2 Enter amount from Form 1040, line 7 | 2 | Dental **3** Multiply line 2 by 7.5% (0.075) . . . . . . . . . . . . . 3 **Expenses** 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-. Taxes You 5 State and local taxes Paid 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 1159 5a 10000 **b** State and local real estate taxes (see instructions) . . . . . 5b c State and local personal property taxes . . . . . . 5c **d** Add lines 5a through 5c . . . . . . . . . . . . . . . 5d 11159 e Enter the smaller of line 5d and \$10,000 (\$5,000 if married filing 10000 5e 6 Other taxes. List type and amount ▶ 6 **7** Add lines 5e and 6 . . . . . . . . 10000 Interest You 8 Home mortgage interest and points. If you didn't use all of your Paid home mortgage loan(s) to buy, build, or improve your home, Caution: Your see instructions and check this box . . . . . . . . . . . . . mortgage interest deduction may be a Home mortgage interest and points reported to you on Form limited (see 8a instructions). 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 8с 8d e Add lines 8a through 8c . . . . . . . . . . . . . . . . . . 8e 9 Investment interest. Attach Form 4952 if required. See 9 **10** Add lines 8e and 9 Gifts to 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . . . . . . . . . . . . . . . 11 Charity 12 Other than by cash or check. If any gift of \$250 or more, see If you made a instructions. You must attach Form 8283 if over \$500 . . . 12 gift and got a benefit for it. **13** Carryover from prior year . . . . . . . . . . . . . . . . see instructions. **14** Add lines 11 through 13 . . . . . . . . . . . . . . . 14 Casualty and 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified **Theft Losses** disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See 15 16 Other—from list in instructions. List type and amount ▶ **Other** Itemized **Deductions** 16 **Total** 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on 10000 **Itemized** 17 Deductions 18 If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . . . . . . . . . . . . .

# SCHEDULE B (Form 1040)

Department of the Treasury Internal Revenue Service (99) **Interest and Ordinary Dividends** 

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

► Attach to Form 1040.

OMB No. 1545-0074

2018 Attachment Sequence No. 08

Your social security number Name(s) shown on return 572-00-1804 RONALD & ALICIA DAVIS **Amount** Part I List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this Interest interest first. Also, show that buyer's social security number and address US BANK 785 (See instructions and the instructions for Form 1040, line 2b.) Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form. 2 785 2 Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 3 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b. 4 785 **Note:** If line 4 is over \$1,500, you must complete Part III. Amount Part II List name of payer ▶ **Ordinary** GRANT INVESTMENT SERVICES 366 **Dividends** ALPINE BROKERAGE 2345 (See instructions and the instructions for Form 1040, line 3b.) 5 Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown 27116 Add the amounts on line 5. Enter the total here and on Form 1040, line 3b on that form. Note: If line 6 is over \$1,500, you must complete Part III. You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a Part III Yes No foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. **Foreign** At any time during 2018, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign **Accounts** Χ and Trusts If "Yes," are you required to file FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 (See instructions.) and its instructions for filing requirements and exceptions to those requirements . . . . . . . . If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶\_\_\_\_\_ During 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . Χ

# SCHEDULE D (Form 1040)

### **Capital Gains and Losses**

► Attach to Form 1040 or Form 1040NR.

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

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2018

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

RONALD & ALICIA DAVIS

Your social security number 572 - 00 - 1804

| Pa            | rt I Short-Term Capital Gains and Losses—Ge                                                                                                                                                                                                                                     | nerally Assets I                        | Held One Year                          | or Less (se                                               | e ins            | tructions)                                                                                    |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|-----------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------|
| lines<br>This | instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to le dollars.                                                                                                                                         | (d)<br>Proceeds<br>(sales price)        | (e)<br>Cost<br>(or other basis)        | (g) Adjustmen to gain or loss Form(s) 8949, line 2, colum | from<br>Part I,  | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|               | Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. |                                         |                                        |                                                           |                  |                                                                                               |
| 1b            | Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked                                                                                                                                                                                                  | 17750                                   | 13933                                  |                                                           |                  | 3817                                                                                          |
| 2             | Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked                                                                                                                                                                                                  |                                         |                                        |                                                           |                  |                                                                                               |
| 3             | Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked                                                                                                                                                                                                  |                                         |                                        |                                                           |                  |                                                                                               |
| 4             | Short-term gain from Form 6252 and short-term gain or (le                                                                                                                                                                                                                       | oss) from Forms 4                       | .684, 6781, and 88                     | 324                                                       | 4                |                                                                                               |
| 5             | Net short-term gain or (loss) from partnerships, Schedule(s) K-1                                                                                                                                                                                                                | •                                       |                                        |                                                           | 5                |                                                                                               |
| 6             | Short-term capital loss carryover. Enter the amount, if an                                                                                                                                                                                                                      |                                         | our <b>Capital Loss</b>                | Carryover                                                 | 6                | (                                                                                             |
| 7             | Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise                                                                                                                                                            | through 6 in co <b>l</b> u              | mn (h). If you have                    | e any long-                                               | 7                | 3817                                                                                          |
| Pa            | rt II Long-Term Capital Gains and Losses—Ger                                                                                                                                                                                                                                    | nerally Assets F                        | leld More Than                         | One Year                                                  | (see             | instructions)                                                                                 |
| lines<br>This | instructions for how to figure the amounts to enter on the below.  form may be easier to complete if you round off cents to le dollars.                                                                                                                                         | <b>(d)</b><br>Proceeds<br>(sales price) | <b>(e)</b><br>Cost<br>(or other basis) | (g) Adjustmen to gain or loss Form(s) 8949, line 2, colum | from<br>Part II, | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 8a            | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.  |                                         |                                        |                                                           |                  |                                                                                               |
| 8b            | Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked                                                                                                                                                                                                  | 8089                                    | 5195                                   |                                                           |                  | 2894                                                                                          |
| 9             | Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked                                                                                                                                                                                                  | 9492                                    | 9450                                   |                                                           |                  | 42                                                                                            |
| 10            | Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked                                                                                                                                                                                                  |                                         |                                        |                                                           |                  |                                                                                               |
| 11            | Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824                                                                                                                                                                                          |                                         | and long-term ga                       | nin or (loss)                                             | 11               |                                                                                               |
| 12            | Net long-term gain or (loss) from partnerships, S corporat                                                                                                                                                                                                                      | ions, estates, and                      | trusts from Sched                      | dule(s) K-1                                               | 12               |                                                                                               |
| 13            | Capital gain distributions. See the instructions                                                                                                                                                                                                                                |                                         |                                        |                                                           | 13               | 9174                                                                                          |
| 14            | Long-term capital loss carryover. Enter the amount, if any <b>Worksheet</b> in the instructions                                                                                                                                                                                 | 14                                      | ( )                                    |                                                           |                  |                                                                                               |

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on

12110

DAVIS Schedule D (Form 1040) 2018 572-00-1804

| Part | Summary                                                                                                                                                                                                                                            |    |       |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 16   | Combine lines 7 and 15 and enter the result                                                                                                                                                                                                        | 16 | 15927 |
|      | • If line 16 is a <b>gain,</b> enter the amount from line 16 on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 17 below.                                                                                                |    |       |
|      | • If line 16 is a <b>loss</b> , skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.                                                                                                                              |    |       |
|      | • If line 16 is <b>zero</b> , skip lines 17 through 21 below and enter -0- on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14. Then go to line 22.                                                                                        |    |       |
| 17   | Are lines 15 and 16 <b>both</b> gains?<br>☑ <b>Yes.</b> Go to line 18.                                                                                                                                                                             |    |       |
|      | No. Skip lines 18 through 21, and go to line 22.                                                                                                                                                                                                   |    |       |
| 18   | If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet                                                                                                     | 18 |       |
| 19   | If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see                                                                                                                                                                  |    |       |
| 19   | instructions), enter the amount, if any, from line 18 of that worksheet                                                                                                                                                                            | 19 |       |
| 20   | Are lines 18 and 19 both zero or blank?  Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. |    |       |
|      | ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.                                                                                                                                             |    |       |
| 21   | If line 16 is a loss, enter here and on Schedule 1 (Form 1040), line 13, or Form 1040NR, line 14, the <b>smaller</b> of:                                                                                                                           |    |       |
|      | • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)                                                                                                                                                                  | 21 | ( )   |
|      | Note: When figuring which amount is smaller, treat both amounts as positive numbers.                                                                                                                                                               |    |       |
| 22   | Do you have qualified dividends on Form 1040, line 3a, or Form 1040NR, line 10b?                                                                                                                                                                   |    |       |
|      | ☐ <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 11a (or in the instructions for Form 1040NR, line 42).                                                                |    |       |
|      | ■ No. Complete the rest of Form 1040 or Form 1040NR.                                                                                                                                                                                               |    |       |

QNA Schedule D (Form 1040) 2018

### Form **8949**

Department of the Treasury

Internal Revenue Service

### **Sales and Other Dispositions of Capital Assets**

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2018 Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return

RONALD & ALICIA DAVIS

Social security number or taxpayer identification number 572-00-1804

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

|   | <ul><li>☐ (B) Short-term transactions</li><li>☐ (C) Short-term transactions</li></ul>                                                            | -                                          |                                | -                                   | sis <b>wasn't</b> report                              | ted to the II                                                | RS                                    |                                                              |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------|-------------------------------------|-------------------------------------------------------|--------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------|
| 1 |                                                                                                                                                  | (b) Date acquired                          | (c)<br>Date sold or            | <b>(d)</b><br>Proceeds              | (e) Cost or other basis. See the <b>Note</b> below    | r other basis.  e Note below  See the separate instructions. |                                       | (h)<br>Gain or (loss).<br>Subtract column (e)                |
|   | (Example: 100 sh. XYZ Co.)                                                                                                                       | (Mo., day, yr.)                            | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions | (f)<br>Code(s) from<br>instructions                          | <b>(g)</b><br>Amount of<br>adjustment | from column (d) and<br>combine the result<br>with column (g) |
|   | ALPINE BROKERAG                                                                                                                                  | VARIOUS                                    | 05/26/2018                     | 17750                               | 13933                                                 | M                                                            |                                       | 3817                                                         |
|   |                                                                                                                                                  |                                            |                                |                                     |                                                       |                                                              |                                       |                                                              |
|   |                                                                                                                                                  |                                            |                                |                                     |                                                       |                                                              |                                       |                                                              |
|   |                                                                                                                                                  |                                            |                                |                                     |                                                       |                                                              |                                       |                                                              |
|   |                                                                                                                                                  |                                            |                                |                                     |                                                       |                                                              |                                       |                                                              |
|   |                                                                                                                                                  |                                            |                                |                                     |                                                       |                                                              |                                       |                                                              |
|   |                                                                                                                                                  |                                            |                                |                                     |                                                       |                                                              |                                       |                                                              |
|   |                                                                                                                                                  |                                            |                                |                                     |                                                       |                                                              |                                       |                                                              |
|   |                                                                                                                                                  |                                            |                                |                                     |                                                       |                                                              |                                       |                                                              |
|   |                                                                                                                                                  |                                            |                                |                                     |                                                       |                                                              |                                       |                                                              |
|   |                                                                                                                                                  |                                            |                                |                                     |                                                       |                                                              |                                       |                                                              |
|   |                                                                                                                                                  |                                            |                                |                                     |                                                       |                                                              |                                       |                                                              |
|   |                                                                                                                                                  |                                            |                                |                                     |                                                       |                                                              |                                       |                                                              |
|   |                                                                                                                                                  |                                            |                                |                                     |                                                       |                                                              |                                       |                                                              |
| 2 | Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked). or line 3 (if Box C | I here and incl<br>is checked), <b>lin</b> | ude on your<br>e 2 (if Box B   | 17750                               | 13933                                                 |                                                              |                                       | 3817                                                         |

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8949 (2018) Attachment Sequence No. 12A

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side RONALD & ALICIA DAVIS

Social security number or taxpayer identification number 572-00-1804

Before you check Box D. E. or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

#### Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

| <ul> <li>☑ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)</li> <li>☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS</li> <li>☐ (F) Long-term transactions not reported to you on Form 1099-B</li> </ul> |                                            |                                |                                     |                                                       |                                                                                                                                           |                                       |                                                              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------|-------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------|--|
| 1  (a)  Description of property                                                                                                                                                                                                                                                                                       | (b) Date acquired                          | (c) Date sold or               | (d)<br>Proceeds                     | (e) Cost or other basis. See the <b>Note</b> below    | Adjustment, if any, to gain or los<br>If you enter an amount in column (<br>enter a code in column (f).<br>See the separate instructions. |                                       |                                                              |  |
| (Example: 100 sh. XYZ Co.)                                                                                                                                                                                                                                                                                            | (Mo., day, yr.)                            | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions | (f)<br>Code(s) from<br>instructions                                                                                                       | <b>(g)</b><br>Amount of<br>adjustment | from column (d) and<br>combine the result<br>with column (g) |  |
| ALPINE BROKERAG                                                                                                                                                                                                                                                                                                       | VARIOUS                                    | 10/20/2018                     | 8089                                | 5195                                                  | М                                                                                                                                         |                                       | 2894                                                         |  |
|                                                                                                                                                                                                                                                                                                                       |                                            |                                |                                     |                                                       |                                                                                                                                           |                                       |                                                              |  |
|                                                                                                                                                                                                                                                                                                                       |                                            |                                |                                     |                                                       |                                                                                                                                           |                                       |                                                              |  |
|                                                                                                                                                                                                                                                                                                                       |                                            |                                |                                     |                                                       |                                                                                                                                           |                                       |                                                              |  |
|                                                                                                                                                                                                                                                                                                                       |                                            |                                |                                     |                                                       |                                                                                                                                           |                                       |                                                              |  |
|                                                                                                                                                                                                                                                                                                                       |                                            |                                |                                     |                                                       |                                                                                                                                           |                                       |                                                              |  |
|                                                                                                                                                                                                                                                                                                                       |                                            |                                |                                     |                                                       |                                                                                                                                           |                                       |                                                              |  |
|                                                                                                                                                                                                                                                                                                                       |                                            |                                |                                     |                                                       |                                                                                                                                           |                                       |                                                              |  |
|                                                                                                                                                                                                                                                                                                                       |                                            |                                |                                     |                                                       |                                                                                                                                           |                                       |                                                              |  |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total If Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box                                                                                                                                                                 | nere and includ<br>is checked), <b>lin</b> | e on your<br>e 9 (if Box E     | 8089                                | 5195                                                  |                                                                                                                                           |                                       | 2894                                                         |  |

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 10 (if Box F above is checked) ▶

QNA Form **8949** (2018) Form 8949 (2018) Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side RONALD & ALICIA DAVIS

Social security number or taxpayer identification number 572-00-1804

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

#### Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- 🔀 (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

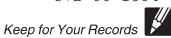
|                                                                                                              |                   | ,                              |                                     |                                                       |                                     |                                                                                                |                                                                                                |
|--------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------|-------------------------------------|-------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| (a) Description of property                                                                                  | (b) Date acquired | (c)<br>Date sold or            | (d)<br>Proceeds                     | (e) Cost or other basis. See the <b>Note</b> below    | If you enter an enter a co          | f any, to gain or loss.<br>amount in column (g),<br>ode in column (f).<br>parate instructions. | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
| (Example: 100 sh. XYZ Co.)                                                                                   | (Mo., day, yr.)   | disposed of<br>(Mo., day, yr.) | (sales price)<br>(see instructions) | and see Column (e)<br>in the separate<br>instructions | (f)<br>Code(s) from<br>instructions | <b>(g)</b><br>Amount of<br>adjustment                                                          |                                                                                                |
| ALPINE BROKERAG                                                                                              | INHERIT           | 03/15/2018                     | 9492                                | 9450                                                  |                                     |                                                                                                | 42                                                                                             |
|                                                                                                              |                   |                                |                                     |                                                       |                                     |                                                                                                |                                                                                                |
|                                                                                                              |                   |                                |                                     |                                                       |                                     |                                                                                                |                                                                                                |
|                                                                                                              |                   |                                |                                     |                                                       |                                     |                                                                                                |                                                                                                |
|                                                                                                              |                   |                                |                                     |                                                       |                                     |                                                                                                |                                                                                                |
|                                                                                                              |                   |                                |                                     |                                                       |                                     |                                                                                                |                                                                                                |
|                                                                                                              |                   |                                |                                     |                                                       |                                     |                                                                                                |                                                                                                |
|                                                                                                              |                   |                                |                                     |                                                       |                                     |                                                                                                |                                                                                                |
|                                                                                                              |                   |                                |                                     |                                                       |                                     |                                                                                                |                                                                                                |
|                                                                                                              |                   |                                |                                     |                                                       |                                     |                                                                                                |                                                                                                |
|                                                                                                              |                   |                                |                                     |                                                       |                                     |                                                                                                |                                                                                                |
|                                                                                                              |                   |                                |                                     |                                                       |                                     |                                                                                                |                                                                                                |
|                                                                                                              |                   |                                |                                     |                                                       |                                     |                                                                                                |                                                                                                |
|                                                                                                              |                   |                                |                                     |                                                       |                                     |                                                                                                |                                                                                                |
| 2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above | here and includ   | e on your                      |                                     |                                                       |                                     |                                                                                                |                                                                                                |
| above is checked), or <b>line 10</b> (if <b>Box</b>                                                          |                   |                                | 9492                                | 9450                                                  |                                     |                                                                                                | 42                                                                                             |

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

QNA Form **8949** (2018)

#### 572-00-1804

### RONALD & ALICIA DAVIS State and Local General Sales Tax Deduction Worksheet—Line 5b





Instead of using this worksheet, you can find your deduction by using the Sales Tax Deduction Calculator at <u>IRS.gov/</u>

| В  | efore you begin:                                        | See the instructions                           | for line 1 of the works                                                   | heet if you:                     |                             |                                                            |           |           |        |
|----|---------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------|----------------------------------|-----------------------------|------------------------------------------------------------|-----------|-----------|--------|
|    |                                                         |                                                | than one state during 2017.                                               |                                  |                             |                                                            |           |           |        |
|    | Zip:07834                                               | State:NJ                                       | County:NEW                                                                | JERSEY                           | STATE                       | City:DENVILLE                                              | Days      | Lived     | in:365 |
| 1. | Enter your <b>state</b> general                         | sales taxes from the                           | 2017 Optional State S                                                     | ales Tax Tabl                    | le                          |                                                            | 1.        | . \$      | 663    |
|    |                                                         |                                                |                                                                           |                                  |                             | entucky, Maine, Maryland, ine 6, and go to line 7. Othe    | rwise, go |           |        |
| 2. | Did you live in Alaska, A<br>Carolina, South Carolina   |                                                |                                                                           | ois, Louisian                    | a, Mississip                | pi, Missouri, New York, No                                 | rth       |           |        |
|    | <b>No.</b> Enter -0                                     |                                                |                                                                           |                                  | }                           | 2. \$                                                      |           |           |        |
|    | Yes. Enter your base Sales Tax Tables.                  | e local general sales                          | taxes from the 2017 O                                                     | ptional Local                    | J                           |                                                            |           |           |        |
| 3. | Did your locality impose instructions for line 3 of     | -                                              | s tax in 2017? Residen                                                    | ts of Californ                   | ia and Neva                 | da, see the                                                |           |           |        |
|    | No. Skip lines 3 thro                                   | ough 5, enter -0- on l                         | line 6, and go to line 7.                                                 |                                  |                             |                                                            |           |           |        |
|    | general sales tax rate                                  | e was 2.5%, enter 2.3<br>ity in the same state | ate, but omit the percer 5. If your local general during 2017, see the in | sales tax rate<br>structions for | changed or<br>line 3 of the | you lived in<br>e                                          |           |           |        |
| 4. | Did you enter -0- on line                               | : 2?                                           |                                                                           |                                  |                             |                                                            |           |           |        |
|    | No. Skip lines 4 and                                    | 5 and go to line 6.                            |                                                                           |                                  |                             |                                                            |           |           |        |
|    |                                                         |                                                | ate (shown in the table<br>ate general sales tax rat                      |                                  |                             |                                                            | 6.8750    |           |        |
| 5. | Divide line 3 by line 4. I                              | Enter the result as a d                        | lecimal (rounded to at                                                    | least three pla                  | nces)                       | · · · · · · · · · · · · 5                                  |           |           |        |
| 6. | Did you enter -0- on line                               | : 2?                                           |                                                                           |                                  |                             |                                                            |           |           |        |
|    | No. Multiply line 2                                     | by line 3.                                     |                                                                           |                                  |                             |                                                            |           |           |        |
|    |                                                         | by line 5. If you live instructions for line   | ed in more than one loo<br>6 of the worksheet.                            | cality in the s                  | ame state                   | J                                                          | 6.        | . \$      |        |
| 7. | Enter your state and loca worksheet                     | C                                              |                                                                           |                                  |                             | ions for line 7 of the                                     | 7.        | . \$      |        |
| 8. | <b>Deduction for general s</b> sales tax deduction work |                                                |                                                                           |                                  |                             | from all your state and local ure to check <b>box b</b> on | general   |           |        |
|    | that line                                               |                                                |                                                                           |                                  |                             |                                                            | 8.        | <u>\$</u> | 663    |
|    |                                                         |                                                |                                                                           |                                  |                             |                                                            |           |           |        |

### DAVIS

### Qualified Dividends and Capital Gain Tax Worksheet—Line 44

Keep for Your Records



| Befo    | re you begin:   ✓ See the earlier instructions for line 44 to see if you can use this  ✓ Before completing this worksheet, complete Form 1040 throug  ✓ If you don't have to file Schedule D and you received capital g                                               | th line 43.                |     |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----|
|         | the box on line 13 of Form 1040.                                                                                                                                                                                                                                      |                            |     |
| 1.      | Enter the amount from Form 1040, line 43. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet                                                                | 20512                      |     |
| 2.      | Enter the amount from Form 1040, line 9b* 2. 2368                                                                                                                                                                                                                     |                            |     |
| 3.      | Are you filing Schedule D?*                                                                                                                                                                                                                                           |                            |     |
|         | <ul> <li>✓ Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or a loss, enter -0</li> <li>☐ No. Enter the amount from Form 1040, line 13.</li> </ul>                                                                            |                            |     |
| 4.      | Add lines 2 and 3 4. 14478                                                                                                                                                                                                                                            |                            |     |
| 5.      | If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0                                                                                                                           |                            |     |
| 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                                                                                                                                                                                                                | 6034                       |     |
| 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. Enter the smaller of line 1 or line 8 9.                                                                           | 77200                      |     |
| 9.      | Enter the smaller of line 1 or line 8                                                                                                                                                                                                                                 | 20512                      |     |
| 10.     | Enter the smaller of line 7 or line 9                                                                                                                                                                                                                                 |                            |     |
| 11.     | Subtract line 10 from line 9. This amount is taxed at 0%                                                                                                                                                                                                              |                            |     |
| 12.     | Enter the smaller of line 1 or line 6                                                                                                                                                                                                                                 |                            |     |
| 13.     | Enter the amount from line 11                                                                                                                                                                                                                                         |                            |     |
| 14.     | Subtract line 13 from line 12                                                                                                                                                                                                                                         |                            |     |
| 15.     | Enter:                                                                                                                                                                                                                                                                |                            |     |
|         | \$418,400 if single,<br>\$235,350 if married filing separately,<br>\$470,700 if married filing jointly or qualifying widow(er),<br>\$444,550 if head of household.                                                                                                    | 479000                     |     |
| 16.     | Enter the smaller of line 1 or line 15                                                                                                                                                                                                                                | <u>20512</u>               |     |
| 17.     | Add lines 7 and 11                                                                                                                                                                                                                                                    | 20512                      |     |
| 18.     | Subtract line 17 from line 16. If zero or less, enter -0                                                                                                                                                                                                              |                            |     |
| 19.     | Enter the smaller of line 14 or line 18                                                                                                                                                                                                                               |                            |     |
| 20.     | Multiply line 19 by 15% (0.15)                                                                                                                                                                                                                                        | 20                         |     |
| 21.     | Add lines 11 and 19                                                                                                                                                                                                                                                   | 14478                      |     |
| 22.     | Subtract line 21 from line 12                                                                                                                                                                                                                                         |                            |     |
| 23.     | Multiply line 22 by 20% (0.20)                                                                                                                                                                                                                                        |                            |     |
| 24.     | Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000 Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Cor Worksheet                                                                               | mputation                  | 603 |
| 25.     | Add lines 20, 23, and 24                                                                                                                                                                                                                                              |                            |     |
| 26.     | Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000 Table to figure the tax. If the amount on line 1 is \$100,000 or more, use the Tax Cor Worksheet                                                                               | , use the Tax<br>mputation |     |
| 27.     | <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 25 or 26. Also include this am 1040, line 44. If you are filing Form 2555 or 2555-EZ, don't enter this amount on F line 44. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet | nount on Form<br>orm 1040, |     |
| *If you | ı are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Works                                                                                                                                                                            |                            |     |
|         |                                                                                                                                                                                                                                                                       |                            |     |

# RONALD & ALICIA DAVIS 28% Rate Gain Worksheet—Line 18

| 1. | Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1     |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| 2. | Enter as a positive number the total 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;  • ½ 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; and  • ⅓ 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.  Don't make an entry for any section 1202 exclusion that is 100% of the gain. | 2     |
| 3. | Enter the total of all collectibles gain or (loss) from Form 4684, line 4 (but only if Form 4684, line 15, is more than zero); Form 6252; Form 6781, Part II; and Form 8824                                                                                                                                                                                                                                                                                                                                                                             | 3     |
| 4. | <ul> <li>Enter the total of any collectibles gain reported to you on:</li> <li>Form 1099-DIV, box 2d;</li> <li>Form 2439, box 1d; and</li> <li>Schedule K-1 from a partnership, S corporation, estate, or trust.</li> </ul>                                                                                                                                                                                                                                                                                                                             | 4     |
| 5. | Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), box 11, code C                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5. () |
| 6. | If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6. () |
| 7. | Combine lines 1 through 6. If zero or less, enter -0 If more than zero, also enter this amount on Schedule D, line 18                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7     |

### **Unrecaptured Section 1250 Gain Worksheet—Line 19**

| If you aren't reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.                                                                                                                                                                                                                                                                                                                                                              |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <ol> <li>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 on Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you didn't have any such property, go to line 4. If you had more than one such property, see instructions</li> <li>Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1</li> </ol> |     |
| <b>3.</b> Subtract line 2 from line 1                                                                                                                                                                                                                                                                                                                                                                                                                       | 3.  |
| <b>4.</b> Enter the total unrecaptured section 1250 gain included on line 26 or line 37 of Form(s) 6252 from installment sales of trade or business property held more than 1 year (see instructions)                                                                                                                                                                                                                                                       | 4   |
| 5. Enter the total of any amounts reported to you on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain"                                                                                                                                                                                                                                                                                                              |     |
| <b>6.</b> Add lines 3 through 5                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
| 7. Enter the <b>smaller</b> of line 6 or the gain from Form 4797, line 7                                                                                                                                                                                                                                                                                                                                                                                    |     |
| <b>8.</b> Enter the amount, if any, from Form 4797, line 8                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>9.</b> Subtract line 8 from line 7. If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                           | 9   |
| <b>10.</b> Enter the amount of any gain from the sale or exchange of an interest in a partnership attributable to unrecaptured section 1250 gain (see instructions)                                                                                                                                                                                                                                                                                         | 10. |
| 11. Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" on a Schedule K-1, Form 1099-DIV, or Form 2439 from an estate, trust, real estate investment trust, or mutual fund (or other regulated investment company) or in connection with a Form 1099-R                                                                                                                                                                       | 11  |
| 12. Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you didn't make an entry in Part I of Form 4797 for the year of sale (see instructions)                                                                                                                                                                                   | 12. |
| <b>13.</b> Add lines 9 through 12                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
| 14. If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 through 4 of the 28% Rate Gain Worksheet. Otherwise, enter -0                                                                                                                                                                                                                                                                                               |     |
| 15. Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0                                                                                                                                                                                                                                                                                                                                                   |     |
| 16. Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), box 11, code C*                                                                                                                                                                                                                                                                                                                                    |     |
| 17. Combine lines 14 through 16. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-                                                                                                                                                                                                                                                                                                                       | 17. |
| <b>18.</b> Unrecaptured section <b>1250</b> gain. Subtract line 17 from line 13. If zero or less, enter -0 If more than zero, enter the result here and on Schedule D, line 19                                                                                                                                                                                                                                                                              | 18. |
| *If you are filing Form 2555 or 2555-EZ (relating to foreign earned income), see the footnote in the Foreign Earned Income Tax Worksheet in the Form 1040 instructions before completing this line.                                                                                                                                                                                                                                                         | -   |