

**MARY ELLIOTT  
143 CONCORD LANE  
DENVER, NJ 07834  
2018 INCOME TAX RETURN**

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

MARY ELLIOTT  
 143 CONCORD LANE  
 DENVER NJ 07834  
 (904) 567-1212

Preparer No.: 995  
 Client No. : XXX-XX-1805  
 Invoice Date: 11/18/2018

**INVOICE**

Description	Amount
PREPARATION OF 2018 FEDERAL/STATE FORMS & WORKSHEETS:  FORM 1040 FORM 1040 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS FORM 1040 SCHEDULE 3 (NONREFUNDABLE CREDITS) FORM 1040 SCHEDULE 6 (FOREIGN ADDRESS/THIRD PARTY DESIG SCHEDULE A (ITEMIZED DEDUCTIONS) SCHEDULE A MEDICAL BREAKDOWN SCHEDULE A SALES TAX WORKSHEET SCHEDULE A CONTRIBUTION WORKSHEET FORM W-2 (WAGES AND TAX) FORM 4684 (CASUALTY LOSS) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) CHILD TAX CREDIT WORKSHEET FORM 8863 (EDUCATION CREDIT) OTHER INCOME	
	<b>Total Invoice</b>
	\$0.00
	<b>Amount Paid</b>
	\$0.00
	<b>Balance Due</b>
	\$0.00

TAX YEAR: 2018

PROCESS DATE: 11/18/2018

CLIENT : 572-00-1805 MARY ELLIOTT

BIRTH DATE : 08/08/1958 Age:60

ADDRESS : 143 CONCORD LANE  
: DENVILLE NJ 07834

PREPARER : 995

Home : (904) 567-1212

PREPARER FEE :

Work : -

ELECTRONIC :

Cell : -

TOTAL FEES :

STATUS : 4

FED TYPE: Direct Deposit

ST TYPE : Regular Tax

EFFECTIVE RATE: 3.77%

E-MAIL :

DEPENDENT NAME	BIRTH DATE	AGE	SSN	RELATIONSHIP	MONTHS
AMY HARRIS	05/04/1993	25	586-00-1800	DAUGHTER	12

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 W-2  
 SCHEDULE A (ITEMIZED DEDUCTIONS)  
 FORM 4684 (CASUALTY LOSS)  
 CHILD TAX CREDIT WORKSHEET  
 FORM 8863 (EDUCATION CREDITS)  
 FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)

\* QUICK SUMMARY \*

SUMMARY	FEDERAL
FILING STATUS	4
TOTAL INCOME	52232
TOTAL ADJUSTMENTS	0
ADJUSTED GROSS INCOME	52232
DEDUCTIONS	24587
EXEMPTIONS	0
TAXABLE INCOME	27645
TAX	3043
CREDITS	2000
PAYMENTS	5500
EARNED INCOME CREDIT	0
REFUND	4457
AMOUNT DUE	0

DIRECT DEPOSIT INFORMATION

RTN: 021200339      ACCOUNT: 54789      AMOUNT: \$4,457.00

CLIENT : MARY ELLIOTT

572-00-1805


PREPARER : 995      DATE : 11/18/2018

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\* W-2 INCOME FORMS SUMMARY \*

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	T/S EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH ST
1.	T CINNAMONS QUIL	52000	4500	3341	781	2385 NJ
	TOTALS.....	52000	4500	3341	781	2385

<b>a</b> Employee's social security number 572-00-1805		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile		
<b>b</b> Employer identification number (EIN) 46-8000752				<b>1</b> Wages, tips, other compensation 52000		<b>2</b> Federal income tax withheld 4500				
<b>c</b> Employer's name, address, and ZIP code CINNAMONS QUILT SHOPPE 4220 HOOD RD DENVER NJ 07834				<b>3</b> Social security wages 53890		<b>4</b> Social security tax withheld 3341				
				<b>5</b> Medicare wages and tips 53890		<b>6</b> Medicare tax withheld 781				
				<b>7</b> Social security tips		<b>8</b> Allocated tips				
<b>d</b> Control number				<b>9</b> Verification code 15ACBD349875ECA4		<b>10</b> Dependent care benefits				
<b>e</b> Employee's first name and initial Last name Suff. MARY ELLIOTT 143 CONCORD LANE DENVER NJ 07834				<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 D   1890				
				<b>13</b> Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		<b>12b</b> DD   6700				
				<b>14</b> Other WD HC 143 DI 64 FLI 30		<b>12c</b>				
						<b>12d</b>				
<b>15</b> State Employer's state ID number NJ   468000752000		<b>16</b> State wages, tips, etc. 5300		<b>17</b> State income tax 2385		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name

Form **W-2** Wage and Tax Statement **2017** Department of the Treasury—Internal Revenue Service

<b>a</b> Employee's social security number		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile		
<b>b</b> Employer identification number (EIN)				<b>1</b> Wages, tips, other compensation		<b>2</b> Federal income tax withheld				
<b>c</b> Employer's name, address, and ZIP code				<b>3</b> Social security wages		<b>4</b> Social security tax withheld				
				<b>5</b> Medicare wages and tips		<b>6</b> Medicare tax withheld				
				<b>7</b> Social security tips		<b>8</b> Allocated tips				
<b>d</b> Control number				<b>9</b> Verification code		<b>10</b> Dependent care benefits				
<b>e</b> Employee's first name and initial Last name Suff.				<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12				
				<b>13</b> Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b>				
				<b>14</b> Other		<b>12c</b>				
						<b>12d</b>				
<b>15</b> State Employer's state ID number		<b>16</b> State wages, tips, etc.		<b>17</b> State income tax		<b>18</b> Local wages, tips, etc.		<b>19</b> Local income tax		<b>20</b> Locality name

Form **W-2** Wage and Tax Statement **2017** Department of the Treasury—Internal Revenue Service

**IRS e-file Signature Authorization**

**2018**

Department of the Treasury  
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name <b>MARY ELLIOTT</b>	Social security number <b>572-00-1805</b>
Spouse's name	Spouse's social security number

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

<b>1</b> Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	<b>1</b>	52232
<b>2</b> Total tax (Form 1040, line 15; Form 1040NR, line 61)	<b>2</b>	1043
<b>3</b> Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	<b>3</b>	4500
<b>4</b> Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	<b>4</b>	4457
<b>5</b> Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	<b>5</b>	

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

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

**Taxpayer's PIN: check one box only**

- I authorize PRACTICE LAB to enter or generate my PIN 

1	1	8	0	5
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 as my signature on my tax year 2018 electronically filed income tax return. Enter five digits, but don't enter all zeros
  - I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.
- Your signature ▶ \_\_\_\_\_ Date ▶ 11/18/2018

**Spouse's PIN: check one box only**

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication — Practitioner PIN Method Only**

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

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

 Don't enter all zeros

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

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

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

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

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

Your first name and initial: MARY Last name: ELLIOTT Your social security number: 572-00-1805

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

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

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

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

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

143 CONCORD LANE

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

DENVILLE, NJ 07834

(1) First name		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
Last name				Child tax credit	Credit for other dependents
AMY	HARRIS	586001800	DAUGHTER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	11/18/18	MANAGER	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			<input type="text"/>

**Paid Preparers** See Schedule 6

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

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

QNA

	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	52000	
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	<b>2a</b>	Tax-exempt interest . . . . . <b>2a</b>	<b>2b</b>	Taxable interest . . . . .	
	<b>3a</b>	Qualified dividends . . . . . <b>3a</b>	<b>3b</b>	Ordinary dividends . . . . .	
	<b>4a</b>	IRAs, pensions, and annuities . . . . . <b>4a</b>	<b>4b</b>	Taxable amount . . . . .	
	<b>5a</b>	Social security benefits . . . . . <b>5a</b>	<b>5b</b>	Taxable amount . . . . .	
	<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 <u>232</u> . . . . .	<b>6</b>	52232	
	<b>7</b>	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 . . . . .	<b>7</b>	52232	
	<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>8</b>	24587	
	<b>9</b>	Qualified business income deduction (see instructions) . . . . .	<b>9</b>		
	<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- . . . . .	<b>10</b>	27645	
<b>Standard Deduction for—</b> <ul style="list-style-type: none"> <li>• Single or married filing separately, \$12,000</li> <li>• Married filing jointly or Qualifying widow(er), \$24,000</li> <li>• Head of household, \$18,000</li> <li>• If you checked any box under Standard deduction, see instructions.</li> </ul>	<b>11</b>	<b>a</b> Tax (see inst) <u>3043</u> (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> _____) . . . . .	<b>11</b>	3043	
		<b>12</b>	<b>b</b> Add any amount from Schedule 2 and check here . . . . . <input type="checkbox"/>		
		<b>12</b>	<b>a</b> Child tax credit/credit for other dependents <u>500</u> <b>b</b> Add any amount from Schedule 3 and check here <input checked="" type="checkbox"/>	<b>12</b>	2000
		<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	<b>13</b>	1043
		<b>14</b>	Other taxes. Attach Schedule 4 . . . . .	<b>14</b>	0
	<b>15</b>	Total tax. Add lines 13 and 14 . . . . .	<b>15</b>	1043	
	<b>16</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>16</b>	4500	
	<b>17</b>	Refundable credits: <b>a</b> EIC (see inst.) _____ <b>b</b> Sch 8812 _____ <b>c</b> Form 8863 <u>1000</u> . . . . .			
	<b>17</b>	Add any amount from Schedule 5 _____ . . . . .	<b>17</b>	1000	
	<b>18</b>	Add lines 16 and 17. These are your total payments . . . . .	<b>18</b>	5500	
	<b>19</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b> . . . . .	<b>19</b>	4457	
	<b>20a</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>	<b>20a</b>	4457	
Direct deposit? See instructions.	<b>b</b>	Routing number <u>021200339</u> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	<b>d</b>	Account number <u>54789</u>			
	<b>21</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b> . . . . . <input type="checkbox"/>	<b>21</b>		
<b>Amount You Owe</b>	<b>22</b>	<b>Amount you owe.</b> Subtract line 18 from line 15. For details on how to pay, see instructions . . . . . <input type="checkbox"/>	<b>22</b>		
	<b>23</b>	Estimated tax penalty (see instructions) . . . . . <input type="checkbox"/>	<b>23</b>		

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

QNA



**SCHEDULE 1**  
**(Form 1040)**

**Additional Income and Adjustments to Income**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **01**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

Name(s) shown on Form 1040

Your social security number

ELLIOTT

572-00-1805

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .	<b>1-9b</b>	
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>10</b>	
	<b>11</b>	Alimony received . . . . .	<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	<b>13</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>	
	<b>15a</b>	Reserved . . . . .	<b>15b</b>	
	<b>16a</b>	Reserved . . . . .	<b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>17</b>	
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>18</b>	
	<b>19</b>	Unemployment compensation . . . . .	<b>19</b>	
	<b>20a</b>	Reserved . . . . .	<b>20b</b>	
<b>21</b>	Other income. List type and amount ▶ <u>HOMESTEAD BENEFIT RECOVER</u>	<b>21</b>	232	
<b>22</b>	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 . . . . .	<b>22</b>	232	
<b>Adjustments to Income</b>	<b>23</b>	Educator expenses . . . . .	<b>23</b>	
	<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>24</b>	
	<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>	
	<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>	
	<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>	
	<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>	
	<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>	
	<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>	
	<b>31a</b>	Alimony paid <b>b</b> Recipient's SSN ▶ _____	<b>31a</b>	
	<b>32</b>	IRA deduction . . . . .	<b>32</b>	
<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>		
<b>34</b>	Reserved . . . . .	<b>34</b>		
<b>35</b>	Reserved . . . . .	<b>35</b>		
<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>		

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

Schedule 1 (Form 1040) 2018

QNA

**SCHEDULE 3**  
**(Form 1040)**

**Nonrefundable Credits**

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. **03**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

Name(s) shown on Form 1040

Your social security number

ELLIOTT

572-00-1805

<b>Nonrefundable Credits</b>	<b>48</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>48</b>	
	<b>49</b>	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>49</b>	
	<b>50</b>	Education credits from Form 8863, line 19 . . . . .	<b>50</b>	1500
	<b>51</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>51</b>	
	<b>52</b>	Reserved . . . . .	<b>52</b>	
	<b>53</b>	Residential energy credit. Attach Form 5695 . . . . .	<b>53</b>	
	<b>54</b>	Other credits from Form <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> _____	<b>54</b>	
	<b>55</b>	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	<b>55</b>	1500

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

**Schedule 3 (Form 1040) 2018**

QNA

**SCHEDULE 6**  
**(Form 1040)**

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

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

**2018**  
Attachment  
Sequence No. **05A**

Name(s) shown on Form 1040

ELLIOTT

**Your social security number**

572-00-1805

**Foreign  
Address**

Foreign country name

Foreign province/county

Foreign postal code

**Third Party  
Designee**

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

Designee's  
name ▶

Phone  
no. ▶

Personal identification number  
(PIN) ▶

**Additional  
Paid  
Preparer  
Information**

Firm's address

15 PRACTICE LAB WAY  
WASHINGTON WASHINGTON 20005

Phone no.

202-202-2022

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

**Schedule 6 (Form 1040) 2018**

QNA

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

▶ Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

▶ Attach to Form 1040.

**2018**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

MARY ELLIOTT

572-00-1805

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.			
<b>1</b>	Medical and dental expenses (see instructions) . . . . .	<b>1</b>	12162	
<b>2</b>	Enter amount from Form 1040, line 7 <b>2</b> 52232			
<b>3</b>	Multiply line 2 by 7.5% (0.075) . . . . .	<b>3</b>	3917	
<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	<b>4</b>		8245
<b>Taxes You Paid</b>	<b>5</b> State and local taxes			
	<b>a</b> State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	<b>5a</b>	2622	
	<b>b</b> State and local real estate taxes (see instructions) . . . . .	<b>5b</b>	4328	
	<b>c</b> State and local personal property taxes . . . . .	<b>5c</b>		
	<b>d</b> Add lines 5a through 5c . . . . .	<b>5d</b>	6950	
	<b>e</b> Enter the smaller of line 5d and \$10,000 (\$5,000 if married filing separately) . . . . .	<b>5e</b>	6950	
	<b>6</b> Other taxes. List type and amount ▶ _____	<b>6</b>		
	<b>7</b> Add lines 5e and 6 . . . . .	<b>7</b>		6950
<b>Interest You Paid</b>	<b>8</b> Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>			
	<b>a</b> Home mortgage interest and points reported to you on Form 1098 . . . . .	<b>8a</b>	6712	
	<b>b</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 ▶ _____	<b>8b</b>		
	<b>c</b> Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>8c</b>		
	<b>d</b> Reserved . . . . .	<b>8d</b>		
	<b>e</b> Add lines 8a through 8c . . . . .	<b>8e</b>	6712	
	<b>9</b> Investment interest. Attach Form 4952 if required. See instructions . . . . .	<b>9</b>		
	<b>10</b> Add lines 8e and 9 . . . . .	<b>10</b>		6712
<b>Gifts to Charity</b>	<b>11</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	<b>11</b>	2580	
	<b>12</b> Other than by cash or check. If any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500 . . . . .	<b>12</b>	100	
	<b>13</b> Carryover from prior year . . . . .	<b>13</b>		
	<b>14</b> Add lines 11 through 13 . . . . .	<b>14</b>		2680
<b>Casualty and Theft Losses</b>	<b>15</b> Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . .	<b>15</b>		
<b>Other Itemized Deductions</b>	<b>16</b> Other—from list in instructions. List type and amount ▶ _____	<b>16</b>		
<b>Total Itemized Deductions</b>	<b>17</b> Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8 . . . . .	<b>17</b>		24587
	<b>18</b> If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>			

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040.

**2018**  
Attachment  
Sequence No. **50**

▶ Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

Name(s) shown on return

Your social security number

MARY ELLIOTT

572-00-1805



*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.*

**Part I Refundable American Opportunity Credit**

<b>1</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . . .	<b>1</b>	2500
<b>2</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	<b>2</b>	90000
<b>3</b>	Enter the amount from Form 1040, line 7. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>3</b>	52232
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .	<b>4</b>	37768
<b>5</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>5</b>	10000
<b>6</b>	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	1.000
<b>7</b>	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box . . . . . <input type="checkbox"/>	<b>7</b>	2500
<b>8</b>	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040, line 17c. Then go to line 9 below . . . . .	<b>8</b>	1000

**Part II Nonrefundable Education Credits**

<b>9</b>	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	<b>9</b>	1500
<b>10</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .	<b>10</b>	
<b>11</b>	Enter the smaller of line 10 or \$10,000 . . . . .	<b>11</b>	
<b>12</b>	Multiply line 11 by 20% (0.20) . . . . .	<b>12</b>	
<b>13</b>	Enter: \$134,000 if married filing jointly; \$67,000 if single, head of household, or qualifying widow(er) . . . . .	<b>13</b>	
<b>14</b>	Enter the amount from Form 1040, line 7. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>14</b>	
<b>15</b>	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .	<b>15</b>	
<b>16</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>16</b>	
<b>17</b>	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>17</b>	
<b>18</b>	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	<b>18</b>	
<b>19</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 50 . . . . .	<b>19</b>	1500

Name(s) shown on return **MARY ELLIOTT** Your social security number **572-00-1805**



**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

**20** Student name (as shown on page 1 of your tax return)  
**AMY HARRIS**

**21** Student social security number (as shown on page 1 of your tax return)  
**586-00-1800**

**22** Educational institution information (see instructions)

<b>a.</b> Name of first educational institution <b>LIBERTY COLLEGE</b>	<b>b.</b> Name of second educational institution (if any)
<b>(1)</b> Address. Number and street (or P.O. box), city, town or post office, state, and ZIP code. If a foreign address, see instructions. <b>23 GRADUATE WAY BRIDGEWATER NJ 08807</b>	<b>(1)</b> Address. Number and street (or P.O. box), city, town or post office, state, and ZIP code. If a foreign address, see instructions.
<b>(2)</b> Did the student receive Form 1098-T from this institution for 2018? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>(2)</b> Did the student receive Form 1098-T from this institution for 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(3)</b> Did the student receive Form 1098-T from this institution for 2017 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>(3)</b> Did the student receive Form 1098-T from this institution for 2017 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution. <b>1 0 - 8 0 0 0 7 5 2</b>	<b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution. _____ - _____

**23** Has the Hope Scholarship Credit or American opportunity credit or the former Hope Scholarship Credit been claimed for this student for any 4 tax years before 2018?  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 24.

**24** Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2018 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.  Yes — Go to line 25.  No — **Stop!** Go to line 31 for this student.

**25** Did the student complete the first 4 years of postsecondary education before 2018? See instructions.  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 26.

**26** Was the student convicted, before the end of 2018, of a felony for possession or distribution of a controlled substance?  Yes — **Stop!** Go to line 31 for this student.  No — Complete lines 27 through 30 for this student.



**You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .	<b>27</b>	4000
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>	2000
<b>29</b> Multiply line 28 by 25% (0.25) . . . . .	<b>29</b>	500
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . .	<b>30</b>	2500

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>	
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Name(s) shown on return

MARY ELLIOTT

Your social security number

572-00-1805



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, line 7 or Form 1040NR, line 36 is more than \$31,500 (\$47,250 if head of household; \$63,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2001; (b) is claimed as a dependent on someone else's 2018 tax return; or (c) was a **student** (see instructions).

	(a) You	(b) Your spouse
1 Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2018. <b>Do not</b> include rollover contributions . . . . .		
2 Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2018 (see instructions) . . . . .	1890	
3 Add lines 1 and 2 . . . . .	1890	
4 Certain distributions received <b>after</b> 2015 and <b>before</b> the due date (including extensions) of your 2018 tax return (see instructions). If married filing jointly, include <b>both</b> spouses' amounts in <b>both</b> columns. See instructions for an exception . . . . .		
5 Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	1890	
6 In each column, enter the <b>smaller</b> of line 5 or \$2,000 . . . . .	1890	
7 Add the amounts on line 6. If zero, <b>stop</b> ; you can't take this credit . . . . .		1890
8 Enter the amount from Form 1040, line 7* or Form 1040NR, line 36 . . . . .	52232	
9 Enter the applicable decimal amount shown below.		

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
Enter on line 9—				
---	\$19,000	0.5	0.5	0.5
\$19,000	\$20,500	0.5	0.5	0.2
\$20,500	\$28,500	0.5	0.5	0.1
\$28,500	\$30,750	0.5	0.2	0.1
\$30,750	\$31,500	0.5	0.1	0.1
\$31,500	\$38,000	0.5	0.1	0.0
\$38,000	\$41,000	0.2	0.1	0.0
\$41,000	\$47,250	0.1	0.1	0.0
\$47,250	\$63,000	0.1	0.0	0.0
\$63,000	---	0.0	0.0	0.0

**Note:** If line 9 is zero, **stop**; you can't take this credit.

10 Multiply line 7 by line 9 . . . . .	10	
11 Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions . . . . .	11	1543
12 <b>Credit for qualified retirement savings contributions.</b> Enter the <b>smaller</b> of line 10 or line 11 here and on Schedule 3 (Form 1040), line 51; or Form 1040NR, line 48 . . . . .	12	

\* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

Medical and Dental Expenses

<u>Description of Expense</u>	<u>Amount</u>
Medical and Dental Insurance	897
Amount Paid to Doctors, Dentists, Eye Doctors, etc.	2137
Prescription Medicine, Drugs, or Insulin	1967
Hospital Care including Meals and Lodging	5035
Qualified Long-Term Care Insurance	1200
Mileage (1253 miles x 0.180)	226
AMBULANCE	700
	<hr/>
TOTALS:	12162



MARY ELLIOTT  
**State and Local General Sales Tax Deduction**  
**Worksheet—Line 5b**

572-00-1805

Keep for Your Records 



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

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

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

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

1. Enter your **state** general sales taxes from the 2017 Optional State Sales Tax Table ..... 1. \$ 740

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

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

**No.** Enter -0-.

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

} ..... 2. \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

**No.** Multiply line 2 by line 3.

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

} ..... 6. \$ \_\_\_\_\_

7. Enter your state and local general sales taxes paid on specified items, if any. See the instructions for line 7 of the worksheet ..... 7. \$ 1080

8. **Deduction for general sales taxes.** Add lines 1, 6, and 7. Enter the result here and the total from all your state and local general sales tax deduction worksheets, if you completed more than one, on Schedule A, line 5. Be sure to check **box b** on that line ..... 8. \$ 1820

**Worksheet 2. Applying the Deduction Limits**

*Keep for your records*



If the result on any line is less than zero, enter zero. For other instructions, see *Instructions for Worksheet 2*.

**Caution:** Don't use this worksheet if you have a carryover of a charitable contribution from an earlier year.

**Step 1. Enter any qualified conservation contributions (QCCs).**

- 1. If you are a qualified farmer or rancher, enter any QCCs eligible for the 100% limit . . . . .
- 2. Enter any QCCs not entered on line 1. Don't include this amount on line 4, 5, 6, 7, or 9 . . . . .

1	
2	

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

- 3. Enter contributions for certain Presidentially declared disaster areas that you elect to treat as qualified contributions. Do not include this amount on line 4 below . . . . .
- 4. Enter your contributions to 50% limit organizations. (Include contributions of capital gain property if you reduced the property's fair market value. Don't include contributions of capital gain property deducted at fair market value.) **Don't** include any contributions you entered on line 1, 2, or 3 . . . . .
- 5. Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value . . . . .
- 6. Enter your contributions (other than of capital gain property) to qualified organizations that aren't 50% limit organizations . . . . .
- 7. Enter your contributions "for the use of" any qualified organization. (But don't enter here any amount that must be entered on line 9.) . . . . .
- 8. Add lines 6 and 7 . . . . .
- 9. Enter your contributions of capital gain property to or for the use of any qualified organization. (But don't enter here any amount entered on line 4 or 5.) . . . . .

3	
4	2680
5	
6	
7	
8	
9	

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

- 10. Enter your adjusted gross income . . . . .
- 11. Multiply line 10 by 0.5. This is your 50% limit. . . . .

10	52232
11	26116

**Contributions to 50% limit organizations**

- 12. Enter the smaller of line 4 or line 11 . . . . .
- 13. Subtract line 12 from line 4 . . . . .
- 14. Subtract line 12 from line 11 . . . . .

**Contributions not to 50% limit organizations**

- 15. Add lines 4 and 5 . . . . .
- 16. Multiply line 10 by 0.3. This is your 30% limit. . . . .
- 17. Subtract line 15 from line 11 . . . . .
- 18. Enter the smallest of line 8, 16, or 17 . . . . .
- 19. Subtract line 18 from line 8 . . . . .
- 20. Subtract line 18 from line 16 . . . . .

**Contributions of capital gain property to 50% limit organizations**

- 21. Enter the smallest of line 5, 14, or 16 . . . . .
- 22. Subtract line 21 from line 5 . . . . .
- 23. Subtract line 18 from line 17 . . . . .
- 24. Subtract line 21 from line 16 . . . . .

**Other contributions**

- 25. Multiply line 10 by 0.2. This is your 20% limit . . . . .
- 26. Enter the smallest of line 9, 20, 23, 24, or 25 . . . . .
- 27. Subtract line 26 from line 9 . . . . .
- 28. Add lines 12, 18, 21, and 26 . . . . .
- 29. Subtract line 28 from line 11 . . . . .
- 30. Enter the smaller of line 2 or line 29 . . . . .
- 31. Subtract line 30 from line 2 . . . . .
- 32. Add lines 28 and 30 . . . . .
- 33. Subtract line 32 from line 10 . . . . .

- 34. Enter the smaller of line 1 or line 33 . . . . .
- 35. Add lines 32 and 34. Enter the total here and on Schedule A (Form 1040), line 16 or line 17, whichever is appropriate . . . . .
- 36. Subtract line 34 from line 1 . . . . .
- 37. Add lines 13, 19, 22, 27, 31, and 36. Carry this amount forward to Schedule A (Form 1040) next year . . . . .

			Carryover
12		2680	
13			
14	23436		
15	2680		
16	15670		
17	23436		
18			
19			
20	15670		
21			
22			
23	23436		
24	15670		
25	10446		
26			
27			
28	2680		
29	23436		
30			
31			
32	2680		
33	49552		
34			
35		2680	
36			
37			

**Credit Limit Worksheet**

**Complete the credit limit worksheet to figure the amount to enter on line 19.**

---

1.	Enter the amount from Form 8863, line 18 . . . . .	1.	_____
2.	Enter the amount from Form 8863, Line 9 . . . . .	2.	<u>1500</u>
3.	Add lines 1 and 2 . . . . .	3.	<u>1500</u>
4.	Enter the amount from: Form 1040, line 47; or Form 1040A, line 30 . . . . .	4.	<u>3043</u>
5.	Enter the total of your credits from either: Form 1040, lines 48 and 49, and Schedule R, line 22; or Form 1040A, lines 31 and 32 . . . . .	5.	_____
6.	Subtract line 5 from line 4 . . . . .	6.	<u>3043</u>
7.	Enter the smaller of line 3 or line 6 here and on Form 8863, line 19. . . . .	7.	<u>1500</u>

**\*\*\* FILE COPY ONLY -- DO NOT MAIL \*\*\***

\*\*\*\* SUPPORTING NOTES FOR SCHEDULE A

572-00-1805

MARY ELLIOTT

-----  
Schedule of Other Medical Expenses:

Description

AMBULANCE

Amount

700

Total Other Medical Expenses:

700