

**LAURA LYNCH
123 ELM
PLUCKEMIN, NJ 07978
2018 INCOME TAX RETURN**

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

LAURA F LYNCH
 123 ELM
 PLUCKEMIN NJ 07978
 (908) 555-1111

Preparer No.: 995
 Client No. : XXX-XX-1111
 Invoice Date: 01/05/2019

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 4 (OTHER TAXES) FORM 1040 SCHEDULE 6 (FOREIGN ADDRESS/THIRD PARTY DESIG SCHEDULE C (BUSINESS PROFIT/LOSS) SCHEDULE EIC (EARNED INCOME CREDIT) FORM W-2 (WAGES AND TAX) (2) FORM 1099-MISC (MISCELLANEOUS INCOME) (2) FORM 1099-R (RETIREMENT DISTRIBUTIONS) (2) FORM 2441 (CHILD CARE CREDIT) FORM 4137 (TAX ON TIPS) FORM 5329 (TAX ON EARLY RETIREMENT DISTRIBUTION) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) QUALIFIED BUSINESS INCOME DEDUCTION WORKSHEET CHILD TAX CREDIT WORKSHEET FORM 8812 (CHILD TAX CREDIT) NJ STATE RESIDENT RETURN	
	Total Invoice
	\$0.00
	Amount Paid
	\$0.00
	Balance Due
	\$0.00

TAX YEAR: 2018

PROCESS DATE: 01/05/2019

CLIENT : 831-00-1111 LAURA F LYNCH

BIRTH DATE : 01/02/1972 Age:46

ADDRESS : 123 ELM
: PLUCKEMIN NJ 07978

PREPARER : 995

Home : (908) 555-1111

PREPARER FEE :

Work : -

ELECTRONIC :

Cell : -

TOTAL FEES :

STATUS : 4

FED TYPE: Electronic Mail

EFFECTIVE RATE: 0.19%

ST TYPE : Electronic Mail

E-MAIL : LLynch101@GMail.com

DEPENDENT NAME	BIRTH DATE	AGE	SSN	RELATIONSHIP	MONTHS
JOHN F LYNCH	12/25/2014	4	833-00-0752	SON	12
GEORGE F LYNCH	10/18/2011	7	832-00-0752	SON	12

LISTING OF FORMS FOR THIS RETURN

- FORM 1040
- SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)
- SCHEDULE 3 (NONREFUNDABLE CREDITS)
- SCHEDULE 4 (OTHER TAXES)
- SCHEDULE 6 (FOREIGN ADDRESS AND THIRD PARTY DESIGNEE)
- FORM W-2
- FORM 1099-R (RETIREMENT DISTRIBUTIONS)
- FORM 1099-MISC (Miscellaneous Income)
- SCHEDULE C (BUSINESS INCOME)
- SCHEDULE EIC (EARNED INCOME CREDIT)
- FORM 2441 (CHILD CARE CREDIT)
- FORM 4137 (SS AND MEDICARE ON UNREPORTED TIP INCOME)
- FORM 5329 (TAX ON EARLY RETIREMENT DISTRIBUTIONS)
- QUALIFIED BUSINESS INCOME DEDUCTION WORKSHEET
- CHILD TAX CREDIT WORKSHEET
- FORM 8812 (ADDITIONAL CHILD TAX CREDIT)
- FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
- NJ STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	NJ RESIDENT
FILING STATUS	4	4
TOTAL INCOME	28734	23334
TOTAL ADJUSTMENTS	0	0
ADJUSTED GROSS INCOME	28734	18334
DEDUCTIONS	18000	833
EXEMPTIONS	0	3500
TAXABLE INCOME	10723	14001
TAX	1073	0
CREDITS	1073	0
PAYMENTS	3480	2157
OTHER TAXES	20	0
EARNED INCOME CREDIT	3596	1331
REFUND	7056	2157
AMOUNT DUE	0	0

CLIENT : LAURA LYNCH

831-00-1111

PREPARER : 995 DATE : 01/05/2019

* W-2 INCOME FORMS SUMMARY *

	<u>T/S</u>	<u>EMPLOYER</u>	<u>WAGES</u>	<u>FED WITH</u>	<u>FICA</u>	<u>MED TAX</u>	<u>STATE WITH ST</u>
1.	T	ACME CORP	14598	1002	905	212	575 NJ
2.	T	ACME DINER	2532	328	157	37	201 NJ
		TOTALS.....	17130	1330	1062	249	776

* 1099-R INCOME FORMS SUMMARY *

	<u>[T/S]</u>	<u>PAYER</u>	<u>GROSS DIST</u>	<u>TAXABLE AMT</u>	<u>FED WITH</u>	<u>STATE WITH ST</u>
1.	T	ACME IRAS	5000	5000	750	0
2.	T	ACME PENSIONS	5400	5400	0	0
		TOTALS.....	10400	10400	750	0

* 1099-MISC INCOME FORMS SUMMARY *

	<u>[T/S]</u>	<u>PAYER</u>	<u>RENTS</u>	<u>ROYALTIES</u>	<u>OTHER INCOME</u>	<u>FEDERAL WITH</u>	<u>NONEMPLOYEE COMPENSATION</u>
1.	T	ACME SERVICES	0	0	0	0	5000
2.	T	ACME PARTNERS	0	0	0	0	7000
		TOTALS.....	0	0	0	0	12000

a Employee's social security number 831-00-1111		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile					
b Employer identification number (EIN) 91-1000752				1 Wages, tips, other compensation 14598		2 Federal income tax withheld 1002							
c Employer's name, address, and ZIP code ACME CORP 123 MAIN PLUCKEMIN NJ 07978				3 Social security wages 14598		4 Social security tax withheld 905							
				5 Medicare wages and tips 14598		6 Medicare tax withheld 212							
				7 Social security tips		8 Allocated tips							
d Control number				9 Verification code		10 Dependent care benefits							
e Employee's first name and initial LAURA F		Last name LYNCH		Suff.		11 Nonqualified plans		12a See instructions for box 12 DD 3000					
f Employee's address and ZIP code 123 ELM PLUCKEMIN NJ 07978				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b							
				14 Other WD HC 62 DI 28 FLI 13		12c							
						12d							
15 State NJ		Employer's state ID number 911000752		16 State wages, tips, etc. 14598		17 State income tax 575		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2018** Department of the Treasury—Internal Revenue Service

a Employee's social security number 831-00-1111		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile					
b Employer identification number (EIN) 92-1000752				1 Wages, tips, other compensation 2532		2 Federal income tax withheld 328							
c Employer's name, address, and ZIP code ACME DINER 123 MAIN PLUCKEMIN NJ 07978				3 Social security wages 1944		4 Social security tax withheld 157							
				5 Medicare wages and tips 2532		6 Medicare tax withheld 37							
				7 Social security tips 588		8 Allocated tips 250							
d Control number				9 Verification code		10 Dependent care benefits							
e Employee's first name and initial LAURA F		Last name LYNCH		Suff.		11 Nonqualified plans		12a See instructions for box 12					
f Employee's address and ZIP code 123 ELM PLUCKEMIN NJ 07978				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b							
				14 Other WD HC 11 DI 5 FLI 2		12c							
						12d							
15 State NJ		Employer's state ID number 921000752		16 State wages, tips, etc. 2532		17 State income tax 201		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2** Wage and Tax Statement **2018** Department of the Treasury—Internal Revenue Service

Consent to Disclose Tax Return Information to VITA/TCE Tax Prep Sites

Federal Disclosure

Federal law required this consent form be provided to you ("you" refers to each taxpayer, if more than one). Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

I LAURA LYNCH authorize The Practice Lab:

Global Carry Forward of data allows TaxSlayer LLC, the provider of the VITA/TCE tax software to make your tax return information available to ANY volunteer site participating in the IRS's VITA/TCE program that you select to prepare a tax return in the next filing season.

This means you will be able to visit any volunteer site using TaxSlayer next year and have your tax return populate with your current year data, regardless of where you filed your tax return this year.

This consent is valid through November 14, 2020

The tax return information that will be disclosed includes, but is not limited to, demographic, financial and other personally identifiable information, about you, your tax return and your sources of income, which was input into the tax preparation software for the purpose of preparing your tax return.

This information includes your name, address, date of birth, phone number, SSN, filing status, occupation, employer's name and address, and the amounts and sources of income, deductions and credits that were claimed on, or contained within, your tax return.

The tax return information that will be disclosed also includes the name, SSN, date of birth, and relationship of any dependents that were claimed on your tax return.

You do not need to provide consent for the VITA/TCE partner preparing your tax return this year. Global Carry Forward will assist you only if you visit a different VITA or TCE partner next year.

Limitation on the Duration of Consent: I/we, the taxpayer, do not wish to limit the duration of the consent of the disclosure of tax return information to a date earlier than presented above (November 14, 2020). If I/we wish to limit the duration of the consent of the disclosure to an earlier

Limitation on the Scope of Disclosure: I/we, the taxpayer, do not wish to limit the scope of the disclosure of tax return information further than presented above. If I/we wish to limit the scope of the disclosure of tax return information further than presented above, I/we will deny consent.

Taxpayer PIN: 12345

PIN Date 1/5/2019

Signature: _____ Date: _____

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email to: complaints@tigta.treas.gov.

IRS e-file Signature Authorization

2018

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name LAURA F LYNCH	Social security number 831-00-1111
Spouse's name	Spouse's social security number

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

1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	28734
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	20
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	2080
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	7056
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

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

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

Taxpayer's PIN: check one box only

- I authorize PRACTICE LAB to enter or generate my PIN

1	1	1	1	1
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 as my signature on my tax year 2018 electronically filed income tax return.
ERO firm name 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 ▶ 01/05/2019

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.
ERO firm name 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 ▶ 01/05/2019

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

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

Your first name and initial: **LAURA F** Last name: **LYNCH** Your social security number: **831-00-1111**

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: **JOHN F LYNCH** Last name: **LYNCH** 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. **123 ELM** Apt. no. _____ Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **PLUCKEMIN, NJ 07978** If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
GEORGE F	LYNCH	832000752	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.)
	01/05/19	EDITOR	<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

		NON-W2 . DISABILITY		1	22780
		2a		2b	
		3a		3b	
		4a		4b	5000
		5a		5b	
		6	954	6	28734
		7		7	28734
		8		8	18000
		9		9	11
		10		10	10723
		11	1073	11	1073
		12	459	12	1073
		13		13	0
		14		14	20
		15		15	20
		16	FORM 1099	16	2080
		17	3596 1400	17	4996
		18		18	7076
		19		19	7056
		20a		20a	7056
		21		21	
		22		22	
		23		23	

Standard Deduction for —

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

Refund

Direct deposit? See instructions.

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

LYNCH

831-00-1111

Additional Income	1-9b	Reserved	1-9b		
	10	Taxable refunds, credits, or offsets of state and local income taxes	10		
	11	Alimony received	11	900	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	54	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13		
	14	Other gains or (losses). Attach Form 4797	14		
	15a	Reserved	15b		
	16a	Reserved	16b		
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17		
	18	Farm income or (loss). Attach Schedule F	18		
	19	Unemployment compensation	19		
	20a	Reserved	20b		
	21	Other income. List type and amount ▶ _____	21		
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	954	
	Adjustments to Income	23	Educator expenses	23	
		24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
		25	Health savings account deduction. Attach Form 8889	25	
		26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
		27	Deductible part of self-employment tax. Attach Schedule SE	27	
		28	Self-employed SEP, SIMPLE, and qualified plans	28	
		29	Self-employed health insurance deduction	29	
		30	Penalty on early withdrawal of savings	30	
31a		Alimony paid b Recipient's SSN ▶ _____	31a		
32		IRA deduction	32		
33	Student loan interest deduction	33			
34	Reserved	34			
35	Reserved	35			
36	Add lines 23 through 35	36			

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 for instructions and the latest information.**

Name(s) shown on Form 1040

Your social security number

LYNCH

831-00-1111

Nonrefundable Credits	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	614
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Reserved	52	
	53	Residential energy credit. Attach Form 5695	53	
	54	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	54	
	55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55	614

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

Schedule 3 (Form 1040) 2018

QNA

**SCHEDULE 4
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Other Taxes

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **04**

Name(s) shown on Form 1040

LYNCH

Your social security number

831-00-1111

**Other
Taxes**

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

57		
58	20	20
59		
60a		
60b		
61		
62		
63		
64	20	20

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

Schedule 4 (Form 1040) 2018

QNA

SCHEDULE 6
(Form 1040)

Foreign Address, Third Party Designee, and Other Information

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

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

2018
Attachment
Sequence No. **05A**

Name(s) shown on Form 1040

LYNCH

Your social security number

831-00-1111

**Foreign
Address**

Foreign country name

Foreign province/county

Foreign postal code

**Third Party
Designee**

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

Designee's
name ▶

Phone
no. ▶

Personal identification number
(PIN) ▶

**Additional
Paid
Preparer
Information**

Firm's address

15 PRACTICE LAB WAY
WASHINGTON WASHINGTON 20005

Phone no.

202-202-2022

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

Schedule 6 (Form 1040) 2018

QNA

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

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

▶ Attach to Form 1040.

2018

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

LAURA LYNCH

831-00-1111

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
1	Medical and dental expenses (see instructions)	1	1200		
2	Enter amount from Form 1040, line 7 <input type="text" value="2"/> 28734				
3	Multiply line 2 by 7.5% (0.075)	3	2155		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	
Taxes You Paid	5 State and local taxes				
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	5a	897		
	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	897		
	e Enter the smaller of line 5d and \$10,000 (\$5,000 if married filing separately)	5e	897		
	6 Other taxes. List type and amount ▶ _____	6			
	7 Add lines 5e and 6			7	897
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>				
	a Home mortgage interest and points reported to you on Form 1098	8a			
	b Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ _____	8b			
	c Points not reported to you on Form 1098. See instructions for special rules	8c			
	d Reserved	8d			
	e Add lines 8a through 8c	8e			
	9 Investment interest. Attach Form 4952 if required. See instructions	9			
	10 Add lines 8e and 9			10	
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	60		
	12 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12			
	13 Carryover from prior year	13			
	14 Add lines 11 through 13			14	60
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15	
Other Itemized Deductions	16 Other—from list in instructions. List type and amount ▶ _____			16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8	17			957
	18 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>				

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

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

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **09**

Name of proprietor LAURA F LYNCH		Social security number (SSN) 831-00-1111
A Principal business or profession, including product or service (see instructions) DOCUMENT PREPARATION	B Enter code from instructions ▶ 5 6 1 4 1 0	
C Business name. If no separate business name, leave blank. LAURA LYNCH	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
H If you started or acquired this business during 2018, check here . . . <input type="checkbox"/>		
I Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J If "Yes," did you or will you file required Forms 1099? . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . ▶ <input type="checkbox"/>	1	12176
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	12176
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	12176
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 ▶	7	12176

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions).	9	199	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	11923
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31				54
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.					

32a All investment is at risk.
32b Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation **Yes** **No**

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ► 08 / 01 /2017

44 Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:

a Business 366 **b** Commuting (see instructions) _____ **c** Other 10000

45 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

46 Do you (or your spouse) have another vehicle available for personal use?. **Yes** **No**

47a Do you have evidence to support your deduction? **Yes** **No**

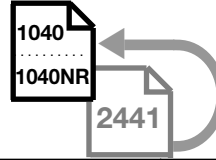
b If "Yes," is the evidence written? **Yes** **No**

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

COPIES		8850
PAPER		2025
PRINTER CARTRIDGES		1048
48 Total other expenses. Enter here and on line 27a	48	11923

Child and Dependent Care Expenses

▶ Attach to Form 1040 or Form 1040NR.



2018

Attachment Sequence No. **21**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

LAURA LYNCH

Your social security number

831-00-1111

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

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

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	ACME DAY CARE	123 MAIN PLUCKEMIN NJ 07978	93-9000752	1793
	EDNA LOY	121 ELM PLUCKEMIN NJ 07978	839-00-0752	400

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

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

Part II Credit for Child and Dependent Care Expenses

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

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2018 for the person listed in column (a)
First	Last		
JOHN	LYNCH	833-00-0752	1103
GEORGE	LYNCH	832-00-0752	1090

3	Add the amounts in column (c) of line 2. Don't enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	2193																																								
4	Enter your earned income . See instructions	4	22584																																								
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	22584																																								
6	Enter the smallest of line 3, 4, or 5	6	2193																																								
7	Enter the amount from Form 1040, line 7; or Form 1040NR, line 36	7	28734																																								
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X .28																																								
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9	Multiply line 6 by the decimal amount on line 8. If you paid 2017 expenses in 2018, see the instructions	9	614																																								
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions.	10	1073																																								
11	Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Schedule 3 (Form 1040), line 49; or Form 1040NR, line 47	11	614																																								

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

Social Security and Medicare Tax on Unreported Tip Income

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/Form4137 for the latest information.

2018
Attachment
Sequence No. **24**

► Attach to Form 1040, Form 1040NR, Form 1040NR-EZ, Form 1040-SS, or Form 1040-PR.

Name of person who received tips. If married, complete a separate Form 4137 for each spouse with unreported tips.

Social security number
831-00-1111

LAURA F. LYNCH

1	(a) Name of employer to whom you were required to but didn't report all your tips (see instructions)	(b) Employer identification number (see instructions)	(c) Total cash and charge tips you received (including unreported tips) (see instructions)	(d) Total cash and charge tips you reported to your employer
A	ACME DINER	92-1000752	838	588
B				
C				
D				
E				
2	Total cash and charge tips you received in 2018. Add the amounts from line 1, column (c)		2	838
3	Total cash and charge tips you reported to your employer(s) in 2018. Add the amounts from line 1, column (d)		3	588
4	Subtract line 3 from line 2. This amount is income you must include in the total on Form 1040, line 1; Form 1040NR, line 8; or Form 1040NR-EZ, line 3		4	250
5	Cash and charge tips you received but didn't report to your employer because the total was less than \$20 in a calendar month (see instructions)		5	
6	Unreported tips subject to Medicare tax. Subtract line 5 from line 4		6	250
7	Maximum amount of wages (including tips) subject to social security tax		7	128,400 00
8	Total social security wages and social security tips (total of boxes 3 and 7 shown on your Form(s) W-2) and railroad retirement (RRTA) compensation (subject to 6.2% rate) (see instructions)		8	17130
9	Subtract line 8 from line 7. If line 8 is more than line 7, enter -0-		9	111270
10	Unreported tips subject to social security tax. Enter the smaller of line 6 or line 9. If you received tips as a federal, state, or local government employee, see instructions		10	250
11	Multiply line 10 by 0.062 (social security tax rate)		11	16
12	Multiply line 6 by 0.0145 (Medicare tax rate)		12	4
13	Add lines 11 and 12. Enter the result here and on Schedule 4 (Form 1040), line 58; Form 1040NR, line 56; or Form 1040NR-EZ, line 14 (Form 1040-SS and 1040-PR filers, see instructions.)		13	20

General Instructions

Future Developments

For the latest information about developments related to Form 4137 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form4137.

What's New

For 2018, the maximum wages and tips subject to social security tax increases to \$128,400. The social security tax rate an employee must pay on tips remains at 6.2% (0.062).

Reminder

A 0.9% Additional Medicare Tax applies to Medicare wages, Railroad Retirement Tax Act compensation, and self-employment income over a threshold amount based on your filing status. Use Form 8959, Additional Medicare Tax, to figure this tax. For more information on the Additional Medicare Tax, see "What is the Additional Medicare Tax?" at www.irs.gov/AdMT.

Purpose of form. Use Form 4137 **only** to figure the social security and Medicare tax owed on tips you didn't report to your employer, including any allocated tips shown on your Form(s) W-2 that you must report as income. You also must report the income on Form 1040, line 1; Form 1040NR, line 8; or

Form 1040NR-EZ, line 3. By filing this form, your social security and Medicare tips will be credited to your social security record (used to figure your benefits). Don't use Form 4137 as a substitute Form W-2.



If you believe you're an employee and you received Form 1099-MISC, Miscellaneous Income, instead of Form W-2, Wage and Tax Statement, because your employer didn't consider you an employee, don't use this form to report the social security and Medicare tax on that income. Instead, use Form 8919, Uncollected Social Security and Medicare Tax on Wages.

**Additional Taxes on Qualified Plans
(Including IRAs) and Other Tax-Favored Accounts**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**

Attachment
Sequence No. **29**

▶ **Go to www.irs.gov/Form5329 for instructions and the latest information.**

Name of individual subject to additional tax. If married filing jointly, see instructions.

Your social security number

LAURA F LYNCH

831-00-1111

**Fill in Your Address Only
if You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street), or P.O. box if mail is not delivered to your home		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.		If this is an amended return, check here <input type="checkbox"/>
Foreign country name	Foreign province/state/county	Foreign postal code

If you **only** owe the additional 10% tax on early distributions, you may be able to report this tax directly on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57, without filing Form 5329. See the instructions for Schedule 4 (Form 1040), line 59, or for Form 1040NR, line 57.

Part I Additional Tax on Early Distributions. Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 59½ from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040 or Form 1040NR—see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

1	Early distributions included in income. For Roth IRA distributions, see instructions	1	5000
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: <u>03</u>	2	5000
3	Amount subject to additional tax. Subtract line 2 from line 1	3	
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57 Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.	4	

Part II Additional Tax on Certain Distributions From Education Accounts and ABLER Accounts. Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21, from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABLER account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLER account	5	
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	
8	Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57	8	

Part III Additional Tax on Excess Contributions to Traditional IRAs. Complete this part if you contributed more to your traditional IRAs for 2018 than is allowable or you had an amount on line 17 of your 2017 Form 5329.

9	Enter your excess contributions from line 16 of your 2017 Form 5329. See instructions. If zero, go to line 15	9	
10	If your traditional IRA contributions for 2018 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11	2018 traditional IRA distributions included in income (see instructions) .	11	
12	2018 distributions of prior year excess contributions (see instructions) .	12	
13	Add lines 10, 11, and 12	13	
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15	Excess contributions for 2018 (see instructions)	15	
16	Total excess contributions. Add lines 14 and 15	16	
17	Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2018 (including 2018 contributions made in 2019). Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57	17	

Part IV Additional Tax on Excess Contributions to Roth IRAs. Complete this part if you contributed more to your Roth IRAs for 2018 than is allowable or you had an amount on line 25 of your 2017 Form 5329.

18	Enter your excess contributions from line 24 of your 2017 Form 5329. See instructions. If zero, go to line 23	18	
19	If your Roth IRA contributions for 2018 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20	2018 distributions from your Roth IRAs (see instructions)	20	
21	Add lines 19 and 20	21	
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Excess contributions for 2018 (see instructions)	23	
24	Total excess contributions. Add lines 22 and 23	24	
25	Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2018 (including 2018 contributions made in 2019). Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57	25	

Part V Additional Tax on Excess Contributions to Coverdell ESAs. Complete this part if the contributions to your Coverdell ESAs for 2018 were more than is allowable or you had an amount on line 33 of your 2017 Form 5329.

26	Enter the excess contributions from line 32 of your 2017 Form 5329. See instructions. If zero, go to line 31	26	
27	If the contributions to your Coverdell ESAs for 2018 were less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	27	
28	2018 distributions from your Coverdell ESAs (see instructions)	28	
29	Add lines 27 and 28	29	
30	Prior year excess contributions. Subtract line 29 from line 26. If zero or less, enter -0-	30	
31	Excess contributions for 2018 (see instructions)	31	
32	Total excess contributions. Add lines 30 and 31	32	
33	Additional tax. Enter 6% (0.06) of the smaller of line 32 or the value of your Coverdell ESAs on December 31, 2018 (including 2018 contributions made in 2019). Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57	33	

Part VI Additional Tax on Excess Contributions to Archer MSAs. Complete this part if you or your employer contributed more to your Archer MSAs for 2018 than is allowable or you had an amount on line 41 of your 2017 Form 5329.

34	Enter the excess contributions from line 40 of your 2017 Form 5329. See instructions. If zero, go to line 39	34	
35	If the contributions to your Archer MSAs for 2018 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	35	
36	2018 distributions from your Archer MSAs from Form 8853, line 8	36	
37	Add lines 35 and 36	37	
38	Prior year excess contributions. Subtract line 37 from line 34. If zero or less, enter -0-	38	
39	Excess contributions for 2018 (see instructions)	39	
40	Total excess contributions. Add lines 38 and 39	40	
41	Additional tax. Enter 6% (0.06) of the smaller of line 40 or the value of your Archer MSAs on December 31, 2018 (including 2018 contributions made in 2019). Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57	41	

Part VII Additional Tax on Excess Contributions to Health Savings Accounts (HSAs). Complete this part if you, someone on your behalf, or your employer contributed more to your HSAs for 2018 than is allowable or you had an amount on line 49 of your 2017 Form 5329.

42	Enter the excess contributions from line 48 of your 2017 Form 5329. If zero, go to line 47	42	
43	If the contributions to your HSAs for 2018 are less than the maximum allowable contribution, see instructions. Otherwise, enter -0-	43	
44	2018 distributions from your HSAs from Form 8889, line 16	44	
45	Add lines 43 and 44	45	
46	Prior year excess contributions. Subtract line 45 from line 42. If zero or less, enter -0-	46	
47	Excess contributions for 2018 (see instructions)	47	
48	Total excess contributions. Add lines 46 and 47	48	
49	Additional tax. Enter 6% (0.06) of the smaller of line 48 or the value of your HSAs on December 31, 2018 (including 2018 contributions made in 2019). Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57	49	

Part VIII Additional Tax on Excess Contributions to an ABL Account. Complete this part if contributions to your ABL account for 2018 were more than is allowable.

50	Excess contributions for 2018 (see instructions)	50	
51	Additional tax. Enter 6% (0.06) of the smaller of line 50 or the value of your ABL account on December 31, 2018. Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57	51	

Part IX Additional Tax on Excess Accumulation in Qualified Retirement Plans (Including IRAs). Complete this part if you did not receive the minimum required distribution from your qualified retirement plan.

52	Minimum required distribution for 2018 (see instructions)	52	
53	Amount actually distributed to you in 2018	53	
54	Subtract line 53 from line 52. If zero or less, enter -0-	54	
55	Additional tax. Enter 50% (0.50) of line 54. Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57	55	

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

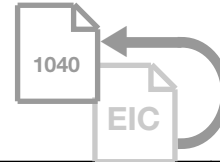
Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

 Your signature
  Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

SCHEDULE EIC
(Form 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

2018

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

LAURA LYNCH

Your social security number

831-00-1111

Before you begin:

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



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

Qualifying Child Information

Child 1

Child 2

Child 3

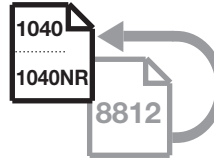
	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	JOHN LYNCH		GEORGE LYNCH			
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040, line 17a, unless the child was born and died in 2018. If your child was born and died in 2018 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	833-00-0752		832-00-0752			
3 Child's year of birth	Year <u>2</u> <u>0</u> <u>1</u> <u>4</u> <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u>2</u> <u>0</u> <u>1</u> <u>1</u> <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4 a Was the child under age 24 at the end of 2018, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2018?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	SON		SON			
6 Number of months child lived with you in the United States during 2018 • If the child lived with you for more than half of 2018 but less than 7 months, enter "7." • If the child was born or died in 2018 and your home was the child's home for more than half the time he or she was alive during 2018, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>		<u>12</u> months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	

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

Schedule EIC (Form 1040) 2018

SCHEDULE 8812
(Form 1040)

Additional Child Tax Credit



OMB No. 1545-0074

2018

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

Your social security number

LAURA LYNCH

831-00-1111

Part I All Filers

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

1	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise: 1040 filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040, line 12a). 1040NR filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040NR, line 49).		1	2000
2	Enter the amount from Form 1040, line 12a, or Form 1040NR, line 49		2	459
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit		3	1541
4	Number of qualifying children under 17 with the required social security number: <u>1</u> X \$1,400. Enter the result. If zero, stop here; you cannot claim this credit		4	1400
5	Enter the smaller of line 3 or line 4		5	1400
6a	Earned income (see separate instructions)	6a		22834
b	Nontaxable combat pay (see separate instructions)	6b		
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result	7		20334
8	Multiply the amount on line 7 by 15% (0.15) and enter the result Next. On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> No. If line 8 is zero, stop here; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.		8	3050

Part II Certain Filers Who Have Three or More Qualifying Children

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

Part III Additional Child Tax Credit

15	This is your additional child tax credit	15		1400
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Enter this amount on
Form 1040, line 17b, or
Form 1040NR, line 64.

2018 Qualified Business Income Deduction—Simplified Worksheet

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

Keep for Your Records



Before you begin: This worksheet is for taxpayers who:

- ✓ Have qualified business income.
- ✓ Are not a patron in a specified agricultural or horticultural cooperative.
- ✓ Have taxable income less than \$157,500 (\$315,000 if married filing jointly).

1.	(a) Trade or business name	(b) Employer identification number	(c) Qualified business income or (loss)
	LAURA LYNCH		54

2. Total qualified business income or (loss). Add the amounts in column 1(c) **2.** 54
- Note. If reporting qualified business income or (loss) from more than four trades or businesses, see the instructions for line 2 of this worksheet.*
3. Qualified business loss carryforward from the prior year. Enter as a negative number **3.** _____
4. Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- **4.** 54
5. Qualified business income component. Multiply line 4 by 20% (0.20) **5.** 11
6. Qualified REIT dividends and PTP income or (loss) **6.** _____
7. Qualified REIT and PTP loss carryforward from the prior year. Enter as a negative number **7.** (_____) _____
8. Total qualified REIT and PTP income. Add lines 6 and 7. If zero or less, enter -0- **8.** _____
9. Multiply line 8 by 20% (0.20) **9.** _____
10. Qualified business income deduction before the income limitation. Add lines 5 and 9 **10.** 11
11. Income before qualified business income deduction **11.** 10734
12. Net capital gains (see instructions) **12.** _____
13. Subtract line 12 from line 11. If zero or less, enter -0- **13.** 10734
14. Income limitation. Multiply line 13 by 20% (0.20) **14.** 2147
15. Qualified business income deduction. Enter the smaller of line 10 or line 14 **15.** 11
16. Total qualified business loss carryforward. Add lines 2 and 3. If more than zero, enter -0- **16.** (_____) _____
17. Total qualified REIT income and PTP loss carryforward. Add lines 6 and 7. If more than zero, enter -0- **17.** (_____) _____

Trade or business name EIN QB Income

Child Tax Credit and Credit for Other Dependents Worksheet

Before you begin: ✓ Figure the amount of any credits you are claiming on Form 5695, Part II, line 30*; Form 8910; Form 8936; or Schedule R.

**See the Form 5695 instructions to see if line 30 (nonbusiness energy property credit) applies for 2018.*

Part 1

1. Number of qualifying children under 17 with the required social security number: 1 × \$2,000. Enter the result. 1 2000

2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: _____ × \$500. Enter the result. 2

Caution: Don't include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, don't include anyone you included on line 1.

3. Add lines 1 and 2 3 2000

4. Enter the amount from Form 1040, line 7, or Form 1040NR, line 37. 4 28734

5. **1040 Filers.** Enter the total of any—
• Exclusion of income from Puerto Rico; and
• Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.
1040NR Filers. Enter -0-. 5

6. Add lines 4 and 5. Enter the total. 6 28734

7. Enter the amount shown below for your filing status.
• Married filing jointly—\$400,000
• All other filing statuses—\$200,000 7 200000

8. Is the amount on line 6 more than the amount on line 7?
 No. Leave line 8 blank. Enter -0- on line 9.
 Yes. Subtract line 7 from line 6.
If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.
For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc. 8

9. Multiply the amount on line 8 by 5% (0.05). Enter the result. 9 0

10. Is the amount on line 3 more than the amount on line 9?
 No.
You cannot take the child tax credit or credit for other dependents on Form 1040, line 12a, or Form 1040NR, line 49. You also cannot take the additional child tax credit on Form 1040, line 17b, or Form 1040NR, line 64. Complete the rest of your Form 1040 or Form 1040NR.
 Yes. Subtract line 9 from line 3. Enter the result. 10 2000
Go to Part 2 on the next page.

QNA

Part 2

11. Enter the amount from Form 1040, line 11 or Form 1040NR, line 45.

11 1073

12. Add the following amounts from:

Form 1040	or	Form 1040NR	
Schedule 3, line 48		Line 46	+ _____
Schedule 3, line 49		Line 47	+ _____ 614
Schedule 3, line 50		+ _____
Schedule 3, line 51		Line 48	+ _____
Form 5695, line 30*			+ _____
Form 8910, line 15			+ _____
Form 8936, line 23			+ _____
Schedule R, line 22			+ _____

Enter the total.

12 614

*See the Form 5695 instructions to see if line 30 (nonbusiness energy property credit) applies for 2018.

13. Subtract line 12 from line 11

13 459

14. Are you claiming any of the following credits?

- Mortgage interest credit, Form 8396.
- Adoption credit, Form 8839.
- Residential energy efficient property credit, Form 5695, Part I.
- District of Columbia first-time homebuyer credit, Form 8859.

No. Enter -0-.

Yes. If you are filing Form 2555 or 2555-EZ, enter -0-. Otherwise, complete the Line 14 Worksheet, later, to figure the amount to enter here.

14 0

15. Subtract line 14 from line 13. Enter the result.

15 459

16. Is the amount on line 10 of this worksheet more than the amount on line 15?

No. Enter the amount from line 10.

Yes. Enter the amount from line 15. See the TIP below.

This is your child tax credit and credit for other dependents.

16 459

Enter this amount on Form 1040, line 12a, or Form 1040NR, line 49.



You may be able to take the additional child tax credit on Form 1040, line 17b, or Form 1040NR, line 64, only if you answered "Yes" on line 16 and line 1 is more than zero.

- First, complete your Form 1040 through line 17a (also complete Schedule 5, line 72) or Form 1040NR through line 63 (also complete line 67).
- Then, use Schedule 8812 to figure any additional child tax credit.

Medical and Dental Expenses

<u>Description of Expense</u>	<u>Amount</u>
Medical and Dental Insurance	1000
Amount Paid to Doctors, Dentists, Eye Doctors, etc.	<u>200</u>
TOTALS:	1200

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	60
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	28734
11	14367

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

		Carryover
12	60	
13		
14	14307	

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

15	60	
16	8620	
17	14307	
18		
19		
20	8620	

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

21		
22		
23	14307	
24	8620	

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

25	5747	
26		
27		
28	60	
29	14307	
30		
31		
32	60	
33	28674	
34		
35	60	
36		
37		

Credit Limit Worksheet - Form 2441, Line 10

Complete this worksheet to figure the amount to enter on line 10.

- 1. Enter the amount from Form 1040, line 47; Form 1040 A, line 30; or Form 1040NR, line 45 1. 1073

- 2. Enter the amount from Form 1040, line 48, or Form 1040NR, line 46; Form 1040A filers enter -0- 2. _____

- 3. Subtract line 2 from line 1. Also enter this amount on Form 2441, line 10. But if zero or less, **stop**; you cannot take the credit 3. 1073

Worksheet A—2017 EIC—Lines 66a and 66b

Keep for Your Records 


Before you begin: ✓ Be sure you are using the correct worksheet. Use this worksheet only if you answered “No” to Step 5, question 2. Otherwise, use Worksheet B.

Part 1

All Filers Using Worksheet A

1. Enter your earned income from Step 5. 1

2. Look up the amount on line 1 above in the EIC Table (right after Worksheet B) to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here. 2

If line 2 is zero,  You can't take the credit. Enter “No” on the dotted line next to line 66a.

3. Enter the amount from Form 1040, line 38. 3

4. Are the amounts on lines 3 and 1 the same?
- Yes.** Skip line 5; enter the amount from line 2 on line 6.
- No.** Go to line 5.

Part 2

Filers Who Answered “No” on Line 4

5. If you have:
- No qualifying children, is the amount on line 3 less than \$8,350 (\$13,950 if married filing jointly)?
 - 1 or more qualifying children, is the amount on line 3 less than \$18,350 (\$23,950 if married filing jointly)?


- Yes.** Leave line 5 blank; enter the amount from line 2 on line 6.
- No.** Look up the amount on line 3 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here. Look at the amounts on lines 5 and 2. Then, enter the **smaller** amount on line 6.

5

Part 3

Your Earned Income Credit

6. This is your earned income credit. 6

Enter this amount on Form 1040, line 66a. 

Reminder—

✓ If you have a qualifying child, complete and attach Schedule EIC.



If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2017.

Worksheet B—2017 EIC—Lines 66a and 66b

Keep for Your Records 



Use this worksheet if you answered “Yes” to Step 5, question 2.

- ✓ Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- ✓ If you are married filing a joint return, include your spouse’s amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

Part 1 Self-Employed, Members of the Clergy, and People With Church Employee Income Filing Schedule SE	1a. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies.	1a	54
	b. Enter any amount from Schedule SE, Section B, line 4b, and line 5a.	+ 1b	
	c. Combine lines 1a and 1b.	= 1c	54
	d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies.	- 1d	
	e. Subtract line 1d from 1c.	= 1e	54

Part 2 Self-Employed NOT Required To File Schedule SE <small>For example, your net earnings from self-employment were less than \$400.</small>	2. Don’t include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.		
	a. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.	2a	
	b. Enter any net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1*.	+ 2b	
c. Combine lines 2a and 2b.	= 2c		
<i>*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Section A. Reduce the Schedule K-1 amounts as described in the Partner’s Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.</i>			

Part 3 Statutory Employees Filing Schedule C or C-EZ	3. Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that you are filing as a statutory employee.	3	
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Part 4 All Filers Using Worksheet B <small>Note. If line 4b includes income on which you should have paid self-employment tax but didn’t, we may reduce your credit by the amount of self-employment tax not paid.</small>	4a. Enter your earned income from Step 5.	4a	22780
	b. Combine lines 1e, 2c, 3, and 4a. This is your total earned income.	4b	22834
If line 4b is zero or less,  You can’t take the credit. Enter “No” on the dotted line next to line 66a.			
5. If you have: <ul style="list-style-type: none"> ● 3 or more qualifying children, is line 4b less than \$48,340 (\$53,930 if married filing jointly)? ● 2 qualifying children, is line 4b less than \$45,007 (\$50,597 if married filing jointly)? ● 1 qualifying child, is line 4b less than \$39,617 (\$45,207 if married filing jointly)? ● No qualifying children, is line 4b less than \$15,010 (\$20,600 if married filing jointly)? 			
<input checked="" type="checkbox"/> Yes. If you want the IRS to figure your credit, see <i>Credit figured by the IRS</i> , earlier. If you want to figure the credit yourself, enter the amount from line 4b on line 6 of this worksheet.			
<input type="checkbox"/> No.  You can’t take the credit. Enter “No” on the dotted line next to line 66a.			

Worksheet B—2017 EIC—Lines 66a and 66b—Continued

Keep for Your Records



Part 5

All Filers Using Worksheet B

6. Enter your total earned income from Part 4, line 4b.

6	22834
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7. Look up the amount on line 6 above in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.

7	4839
----------	------

If line 7 is zero, You can't take the credit. Enter "No" on the dotted line next to line 66a.

8. Enter the amount from Form 1040, line 38.

8	28734
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9. Are the amounts on lines 8 and 6 the same?
 Yes. Skip line 10; enter the amount from line 7 on line 11.
 No. Go to line 10.

Part 6

Filers Who Answered "No" on Line 9

10. If you have:
 • No qualifying children, is the amount on line 8 less than \$8,350 (\$13,950 if married filing jointly)?
 • 1 or more qualifying children, is the amount on line 8 less than \$18,350 (\$23,950 if married filing jointly)?
 Yes. Leave line 10 blank; enter the amount from line 7 on line 11.
 No. Look up the amount on line 8 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.
 Look at the amounts on lines 10 and 7. Then, enter the **smaller** amount on line 11.

10	3596
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Part 7

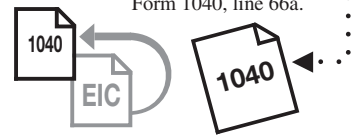
Your Earned Income Credit

11. **This is your earned income credit.**

11	3596
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Reminder—

✓ If you have a qualifying child, complete and attach Schedule EIC.



If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2017.



For Privacy Act Notification, See Instructions

1038

Your Social Security Number (required)
831001111

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
LYNCH LAURA F *

Spouse's/CU Partner's SSN (if filing jointly)

*

County/Municipality Code (See Table page 50)
1801

Home Address (Number and Street, including apartment number)
123 ELM

City, Town, Post Office
PLUCKEMIN

D

State ZIP Code
NJ 07978-

Driver's License Number (Voluntary) (Instructions page 42)

O

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.
- Presidential disaster relief.

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Direct Deposit Information

- dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)
- dd2. Account type (C for checking, S for savings)
- dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States
- dd4. Routing number
- dd5. Account number

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dd1. 4
dd2.
dd3.
dd4.
dd5.

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Name(s) as shown on Form NJ-1040
LYNCH LAURA F

Your Social Security Number
831001111

1038

Part-year residents, provide months/days you were a New Jersey resident during 2018:
From: To:

Fiscal year filers only:
Enter month of your year end

Filing Status
Fill in only one.

- 1. Single
 - 2. Married/CU Couple, filing joint return
 - 3. Married/CU Partner, filing separate return
 - 4. Head of Household
 - 5. Qualifying Widow(er)/Surviving CU Partner
- Indicate the year of your spouse's/CU partner's death: 2016 2017

Enter Spouse's/CU partner's SSN

Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	<u>1000</u>
7. Senior 65+ (Born in 1953 or earlier)		Self	Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner		1	x \$1,000 =	<u>1000</u>
9. Veteran		Self	Spouse/CU Partner			x \$3,000 =	_____
10. Qualified Dependent Children					1	x \$1,500 =	<u>1500</u>
11. Other Dependents						x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)						x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13.	<u>3500</u> .

14. Dependent Information. Provide the following information for each dependent. Fill in oval only if the dependent does not have health insurance. (See instructions)

Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a. <u>LYNCH JOHN F (EIC ONLY)</u>	<u>833000752</u>	<u>2014</u>	
b. <u>LYNCH GEORGE F</u>	<u>832000752</u>	<u>2011</u>	
c. _____			
d. _____			

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Name(s) as shown on Form NJ-1040
LYNCH LAURA F

Your Social Security Number
831001111

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15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	17130 .
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	. .
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on Line 16a.	16b.	. .
17. Dividends	17.	. .
18. Net profits from business (Schedule NJ-BUS-1, Part I, Line 4) (Enclose federal Schedule C)	18.	54 .
19. Net gains or income from disposition of property (Schedule NJ-DOP, Line 4)	19.	. .
20a. Pensions, Annuities, and IRA Withdrawals (See instructions)	20a.	5000 .
20b. Excludable Pensions, Annuities, and IRA Withdrawals	20b.	. .
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	21.	. .
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, Line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	. .
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, Line 4)	23.	. .
24. Net Gambling Winnings (See instructions)	24.	. .
25. Alimony and Separate Maintenance Payments received	25.	900 .
26. Other (Enclose documents) (See instructions)	26.	250 .
27. Total Income (Add Lines 15, 16a, 17 through 20a, and 21 through 26)	27.	23334 .
28a. Retirement/Pension Exclusion (See instructions)	28a.	5000 .
28b. Other Retirement Income Exclusion (Worksheet D and instructions page 22)	28b.	. .
28c. Total Exclusion Amount (Add Lines 28a and 28b)	28c.	5000 .
29. New Jersey Gross Income (Subtract Line 28c from Line 27) (See instructions)	29.	18334 .
30. Exemption Amount (Enter amount from Line 13. Part-year residents see instr.)	30.	3500 .
31. Medical Expenses (Worksheet F and instructions page 24)	31.	833 .
32. Alimony and Separate Maintenance Payments (See instructions)	32.	. .
33. Qualified Conservation Contribution	33.	. .
34. Health Enterprise Zone Deduction	34.	. .
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, Line 11)	35.	. .
36. Total Exemptions and Deductions (Add Lines 30 through 35)	36.	4333 .
37. Taxable Income (Subtract Line 36 from Line 29)	37.	14001 .
38a. Total Property Taxes (18% of Rent) Paid (Instructions page 25)	38a.	1677 .
38b. Block		. .
38b. Lot		. .
38b. Qualifier		. .
38c. County/Municipality Code Fill in if you completed Worksheet G-1		. .
39. Property Tax Deduction (From Worksheet H) (See instructions)	39.	. .
40. New Jersey Taxable Income (Subtract Line 39 from Line 37)	40.	14001 .
41. Tax on Amount on Line 40 (Tax Table page 52)	41.	. .
42. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions) Enter Code	42.	. .
43. Balance of Tax (Subtract Line 42 from Line 41)	43.	. .
44. Child and Dependent Care Credit (See instructions) Fill in if you are a CU couple claiming the Child and Dependent Care Credit	44.	307 .
45. Balance of Tax (Subtract Line 44 from Line 43)	45.	. .
46. Sheltered Workshop Tax Credit	46.	. .
47. Balance of Tax (Subtract Line 46 from Line 45)	47.	. .
48. Gold Star Family Counseling Credit (See instructions)	48.	. .
49. Balance of Tax After Credit (Subtract Line 48 from Line 47) If zero or less, make no entry	49.	. .
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions). If no Use Tax, enter 0.00	50.	. .
51. Interest on Underpayment of Estimated Tax Fill in if Form NJ-2210 is enclosed	51.	. .
52. Total Tax Due (Add Lines 49, 50, and 51)	52.	. .

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Name(s) as shown on Form NJ-1040
LYNCH LAURA F

Your Social Security Number
831001111

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53.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)		53.	776 .
54.	Property Tax Credit (See instructions page 25)		54.	50 .
55.	New Jersey Estimated Tax Payments/Credit from 2017 tax return		55.	. .
56.	New Jersey Earned Income Tax Credit (See instructions)		56.	1331 .
	Fill in if you had the IRS calculate your federal earned income credit			
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit			
57.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)		57.	. .
58.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)		58.	. .
59.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)		59.	. .
60.	Wounded Warrior Caregivers Credit (See instructions)		60.	. .
61.	Total Withholdings, Credits, and Payments (Add Lines 53 through 60)		61.	2157 .
62.	If Line 61 is less than Line 52, you have tax due. Subtract Line 61 from Line 52 and enter the amount you owe		62.	. .
	If you owe tax, you can still make a donation on Lines 65 through 72.			
63.	If the total on Line 61 is more than Line 52, you have an overpayment. Subtract Line 52 from Line 61 and enter the overpayment		63.	2157 .
64.	Amount from Line 63 you want to credit to your 2019 tax		64.	. .
65.	Contribution to N.J. Endangered Wildlife Fund	\$10 \$20 Other	65.	. .
66.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10 \$20 Other	66.	. .
67.	Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10 \$20 Other	67.	. .
68.	Contribution to N.J. Breast Cancer Research Fund	\$10 \$20 Other	68.	. .
69.	Contribution to U.S.S. New Jersey Educational Museum Fund	\$10 \$20 Other	69.	. .
70.	Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	70.	. .
71.	Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	71.	. .
72.	Other Designated Contribution (See instructions)	\$10 \$20 Other Enter Code	72.	. .
73.	Total Adjustments to Tax Due/Overpayment amount (Add Lines 64 through 72)		73.	. .
74.	Balance due (Amount you must pay) (Add Line 62 and Line 73)		74.	. .
75.	Refund amount (Subtract Line 73 from Line 63)		75.	2157 .

Gubernatorial Elections Fund

Do you want to designate \$1 to the Gubernatorial Elections Fund? You Yes No

If joint return does your spouse want to designate \$1? Spouse/CU Partner Yes No

This does not reduce your refund or increase your balance due.

Health Insurance

Indicate whether or not you (and your spouse/CU partner or domestic partner) have health insurance coverage on the date you file this return.

You Yes No

Spouse/CU Partner Yes No

Domestic Partner Yes No

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date

Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

Firm's Name Federal Employer Identification Number

PRACTICE LAB
15 PRACTICE LAB WAY WASHINGTON DC 20005

Tax Due Address
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center
PO Box 111
Trenton, NJ 08645-0111
Include Social Security number and make check or money order payable to:
State of New Jersey - TGI
You can also make a payment on our website:
www.njtaxation.org

Refund or No Tax Due Address
Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center
PO Box 555
Trenton, NJ 08647-0555

Caregivers of Disabled Veterans. If you are not required to file a New Jersey return, but you met the eligibility requirements for the Wounded Warrior Caregivers Credit on page 40, you may be able to file Form NJ-1040-HW instead of Form NJ-1040 to claim the credit. See instructions on page 47.

Part-Year Residents. If your income for the entire year was equal to or less than the filing threshold amount and you are filing to get a refund, you must enclose a copy of your federal return. If you did not file a federal return, include a statement to that effect.

Line 30 – Exemption Amount

Enter the total exemption amount from Line 13.

Part-Year Residents. Prorate the total on Line 13 for the time you were a New Jersey resident and enter the amount on Line 30. For this calculation, 15 days or more is considered a month.

Line 31 – Medical Expenses

You can deduct certain unreimbursed medical expenses you paid during the year for yourself, your spouse or domestic partner, and any dependents you claim. You can only deduct expenses that are more than 2% of your gross income. In general, medical expenses allowed for federal tax purposes are allowed for New Jersey tax purposes. These can include:

- Physicians, dental, and other medical fees
- Prescription eyeglasses and contact lenses
- Hospital care
- Nursing care
- Medicines and drugs
- Prosthetic devices
- X-rays and other diagnostic services conducted by or directed by a physician or dentist
- Amounts paid for transportation primarily for and essential to medical care
- Insurance (including amounts paid as premiums under Part B of Title XVIII of the Social Security Act, relating to supplementary medical insurance for the aged) covering medical care

You can also deduct qualified Archer MSA contributions and self-employed health insurance costs. Information is available on our website at www.njtaxation.org.

Use Worksheet F below to calculate your medical expenses deduction.

Note: For federal purposes you may be able to deduct amounts paid for health insurance for any child of yours who was under age 27 at the end of 2018. However, for New Jersey purposes you can deduct these amounts only if the child was your dependent. For more information, see Technical Advisory Memorandum TAM 2011-14.

Part-Year Residents. Include only those expenses you incurred and paid while you were a resident of New Jersey.

Worksheet F	
Deduction for Medical Expenses	
1. Total unreimbursed medical expenses	1. <u>1200</u>
2. Enter Line 29, Form NJ-1040 <u>18334</u> × .02 =	2. <u>367</u>
3. Medical Expenses Deduction. Subtract line 2 from line 1 and enter result here. If zero or less, enter zero	
	3. <u>833</u>
4. Enter the amount of your qualified Archer MSA contributions from federal Form 8853	4. _____
5. Enter the amount of your self-employed health insurance deduction	5. _____
6. Total Deduction for Medical Expenses. Add lines 3, 4, and 5. Enter the result here and on Line 31, Form NJ-1040. If zero, enter zero here and make no entry on Line 31, Form NJ-1040	
	6. <u>833</u>
(Keep for your records)	

LYNCH , LAURA

831-00-1111

NJ FORM 1040 - OTHER INCOME DETAILS

OTHER INCOME

250

NJ e-file Signature Authorization

▶ Do not send to New Jersey. Keep for your records.
 ▶ See instructions.

2018

Taxpayer's name LAURA F LYNCH	Social security number 831-00-1111
Spouse's name or Civil Union Prtnr's	Spouse's social security number or Civil Union Prtnr's

Part I Tax Return Information-Tax Year Ending December 31, 2018 (Whole Dollars Only)		
1 New Jersey Taxable income	1	14001
2 Total tax	2	
3 New Jersey income tax withheld	3	776
4 Refund	4	2157
5 Amount you owe	5	

Part II Declaration and Signature Authorization of Taxpayer

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, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I acknowledge that I have read the Consent to Disclosure and, if applicable, Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return and I agree to the provisions contained therein. I have selected a personal identification number (PIN) as 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 my PIN 11111 as my signature
ERO firm name do not enter all zeros
 on my tax year 2018 electronically filed income tax return.

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 ▶ 01/05/2019

Spouse's PIN: check one box only
(or Civil Union Prtnr's PIN)

I authorize _____ to enter my PIN _____ as my signature
ERO firm name do not enter all zeros
 on my tax year 2018 electronically filed income tax return.

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 or Civil Union Prtnr's ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 369258 98765
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on 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.

ERO's signature ▶ _____ Date ▶ 01/05/2019

**ERO Must Retain This Form - See Instructions
 Do Not Submit This Form to New Jersey Unless Requested To Do So**

Name(s) as shown on Form NJ-1040 LYNCH LAURA F	*	Social Security Number 831 00 1111
---	---	---------------------------------------

Schedule NJ-BUS-1
(Form NJ-1040)

New Jersey Gross Income Tax
Business Income Summary Schedule

2018

Part I Net Profits From Business		* List the net profit (loss) from business(es). See Instructions.	
	Business Name	Social Security Number/ Federal EIN	Profit or (Loss)
1.	LAURA LYNCH	831-00-1111	54
2.			
3.			
4.	Net Profit or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 18, NJ-1040. If loss, make no entry on Line 18.)		54

Part II Distributive Share of Partnership Income		O List the distributive share of income (loss) from partnership(s). See instructions.	
	Partnership Name	Federal EIN	Share of Partnership Income or (Loss)
1.		N	
2.			
3.		O	
4.	Distributive Share of Partnership Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 21, NJ-1040. If loss, make no entry on Line 21.)		T 4.

Part III Net Pro Rata Share of S Corporation Income		M List the pro rata share of income (usable loss) from S corporation(s). See instructions.	
	S Corporation Name	Federal EIN	Pro Rata Share of S Corporation Income or (Usable Loss)
1.		A	
2.			
3.		I	
4.	Net Pro Rata Share of S Corporation Income or (Usable Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 22, NJ-1040. If loss, make no entry on Line 22.)		L 4.

Part IV Net Gains or Income From Rents, Royalties, Patents, and Copyrights		* List the net gains or net income, less net loss, derived from or in the form of rents, royalties, patents, and copyrights. See instructions. Type of Property: 1 – Rental real estate 2 – Royalties 3 – Patents 4 – Copyrights		
	Source of Income or Loss. If rental real estate, enter physical address of property.	Social Security Number/ Federal EIN	Type – Enter number from list above	Income or (Loss)
1.		*		
2.		*		
3.		*		
4.	Net Income or (Loss). (Add Lines 1, 2, and 3.) (Enter here and on Line 23, NJ-1040. If loss, make no entry on Line 23.)			4.

Keep a copy of this schedule for your records

Schedule NJ-BUS-2 New Jersey Gross Income Tax **2018**
 (Form NJ-1040) Alternative Business Calculation Adjustment

PART I Income (Loss)		Column A		Column B	
		Reportable Regular Business Income		Alternative Business Income (Loss)	
1.	Net Profits From Business	1a.	54	1b.	54
2.	Distributive Share of Partnership Income	2a.		2b.	
3.	Net Pro Rata Share of S Corporation Income	3a.	D	3b.	
4.	Net Gain or Income From Rents, Royalties, Patents, and Copyrights	4a.	O	4b.	
5.	Loss Carryforward From Tax Year 2017			5b.	()
6.	Totals	6a.	54	6b.	54
PART II Adjustment Calculation					
7.	Total Regular Business Income	7.	54	N O T M A I L	
8.	Total Alternative Business Income/(Loss). (If loss, enter zero)	8.	54		
9.	Business Increment (Line 7 minus Line 8)	9.			
10.	Adjustment Percentage	10.	0.50		
11.	Alternative Business Calculation Adjustment (Line 9 x 0.50)	11.			
PART III Loss Carryforward to Tax Year 2019					
12.	Loss Carryforward to Tax Year 2019	12.		()	

Instructions

- Line 1a. Enter the amount from Line 18 of Form NJ-1040.
- Line 1b. Enter the amount from Part I, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 2a. Enter the amount from Line 21 of Form NJ-1040.
- Line 2b. Enter the amount from Part II, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 3a. Enter the amount from Line 22 of Form NJ-1040.
- Line 3b. Enter the amount from Part III, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 4a. Enter the amount from Line 23 of Form NJ-1040.
- Line 4b. Enter the amount from Part IV, Line 4 of Schedule NJ-BUS-1 (Form NJ-1040).
- Line 5b. Enter the amount from Line 12 of your 2017 Schedule NJ-BUS-2 (Form NJ-1040).
- Line 6a. Enter the total of Lines 1a through 4a.
- Line 6b. Enter the total of Lines 1b through 5b, netting gains with losses.
- Line 7. Enter the amount from Line 6a of this schedule.
- Line 8. Enter the amount from Line 6b of this schedule. If loss, enter zero here.
- Line 9. Subtract Line 8 from Line 7. If the result is zero, enter zero on Line 11 and continue with Line 12.
- Line 10. The adjustment percentage for Tax Year 2018 is 50% (0.50).
- Line 11. Multiply the amount on Line 9 by 50% (0.50). Enter here and on Line 35 of Form NJ-1040.
- Line 12. If the amount on Line 6b is a loss, enter the amount of the loss on this line. Otherwise, enter zero.

Keep a copy of this schedule for your records