

TAX YEAR: 2017

PROCESS DATE: 01/02/2019

CLIENT : 851-00-2015 WALTER WINSTON  
SPOUSE : 852-00-2015 WENDY WINSTON

BIRTH DATE : 01/02/1950 Age:67  
BIRTH DATE : 02/03/1960 Age:57

ADDRESS : 123 ELM  
: PLUCKEMIN NJ 07978

PREPARER : 995

Home : (555) 555-5555  
Work : -  
Cell : -  
STATUS : 2  
FED TYPE: Electronic Mail  
ST TYPE : Regular Tax  
E-MAIL : NONE@TAXSLAYERPRO.COM

PREPARER FEE:  
ELECTRONIC :  
TOTAL FEES :

LISTING OF FORMS FOR THIS RETURN

FORM 1040  
FORM W-2  
FORM W-2G  
FORM 1099-G (UNEMPLOYMENT COMPENSATION)  
FORM SSA-1099 (SOCIAL SECURITY BENEFITS)  
FORM 1099-R (RETIREMENT DISTRIBUTIONS)  
SCHEDULE B (INTEREST/DIVIDEND INCOME)  
CAPITAL GAIN TAX WORKSHEET  
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)  
NJ STATE RESIDENT RETURN

\* QUICK SUMMARY \*

| <u>SUMMARY</u>        | <u>FEDERAL</u> | <u>NJ RESIDENT</u> |
|-----------------------|----------------|--------------------|
| FILING STATUS         | 2              | 2                  |
| TOTAL INCOME          | 62486          | 44207              |
| TOTAL ADJUSTMENTS     | 34             | 0                  |
| ADJUSTED GROSS INCOME | 62452          | 17051              |
| DEDUCTIONS            | 13950          | 10987              |
| EXEMPTIONS            | 8100           | 3000               |
| TAXABLE INCOME        | 40402          | 3064               |
| TAX                   | 5034           | 0                  |
| CREDITS               | 0              | 0                  |
| PAYMENTS              | 6522           | 190                |
| EARNED INCOME CREDIT  | 0              | 0                  |
| REFUND                | 1488           | 190                |
| AMOUNT DUE            | 0              | 0                  |

CLIENT : WALTER WINSTON  
SPOUSE : WENDY WINSTON

851-00-2015  
852-00-2015

PREPARER : 995 DATE : 01/02/2019

\* 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. | S          | ACME SCHOOL     | 13817        | 1382            | 857         | 200            | 190 NJ               |
|    |            | TOTALS.....     | 13817        | 1382            | 857         | 200            | 190                  |

\* W-2G INCOME FORMS SUMMARY \*

|    | <u>[T/S]</u> | <u>PAYER</u> | <u>GROSS WINNING</u> | <u>FED WITH</u> | <u>STATE WITH ST</u> |
|----|--------------|--------------|----------------------|-----------------|----------------------|
| 1. | S            | ACME CASINO  | 3400                 | 340             | 0                    |
|    |              | TOTALS.....  | 3400                 | 340             | 0                    |

\* FORM 1099-G INCOME FORMS SUMMARY \*

|    | <u>[T/S]</u> | <u>PAYER</u>           | <u>UNEMPLOYMENT</u> | <u>FED WITH</u> | <u>STATE WITH ST</u> |
|----|--------------|------------------------|---------------------|-----------------|----------------------|
| 1. | S            | NJ DEPARTMENT OF LABOR | 4800                | 500             | 0                    |
|    |              | TOTALS.....            | 4800                | 500             | 0                    |

\* 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 PENSIONS | 28000             | 27156              | 2800            | 0                    |
|    |              | TOTALS.....   | 28000             | 27156              | 2800            | 0                    |

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 See separate instructions.

Your first name and initial **WALTER** Last name **WINSTON** Your social security number **851-00-2015**

If a joint return, spouse's first name and initial **WENDY** Last name **WINSTON** Spouse's social security number **852-00-2015**

Home address (number and street). If you have a P.O. box, see instructions. **123 ELM** Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **PLUCKEMIN, NJ 07978** Presidential Election Campaign

Foreign country name Foreign province/state/county Foreign postal code Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

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

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a . . . . . } Boxes checked on 6a and 6b **2**  
 b  Spouse . . . . . } No. of children on 6c who:  
 • lived with you **0**  
 • did not live with you due to divorce or separation (see instructions) **0**  
 c Dependents:  
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4)  if child under age 17 qualifying for child tax credit (see instructions) Dependents on 6c not entered above **0**  
 If more than four dependents, see instructions and check here   
 d Total number of exemptions claimed **2** Add numbers on lines above **▶ 2**

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . 7 **13817**  
 8a Taxable interest. Attach Schedule B if required . . . . . 8a **1059**  
 b Tax-exempt interest. Do not include on line 8a . . . . . 8b  
 9a Ordinary dividends. Attach Schedule B if required . . . . . 9a **670**  
 b Qualified dividends . . . . . 9b **615**  
 10 Taxable refunds, credits, or offsets of state and local income taxes . . . . . 10  
 11 Alimony received . . . . . 11  
 12 Business income or (loss). Attach Schedule C or C-EZ . . . . . 12  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here  13  
 14 Other gains or (losses). Attach Form 4797 . . . . . 14  
 15a IRA distributions . . . . . 15a b Taxable amount . . . . . 15b  
 16a Pensions and annuities . . . . . 16a **28000** b Taxable amount . . . . . 16b **27156**  
 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 **4800**  
 20a Social security benefits . . . . . 20a **13628** b Taxable amount . . . . . 20b **11584**  
 21 Other income. List type and amount **GAMBLING WINNINGS** . . . . . 21 **3400**  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **▶** 22 **62486**

**Adjusted Gross Income** 23 Educator expenses . . . . . 23  
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24  
 25 Health savings account deduction. Attach Form 8889 . . . . . 25  
 26 Moving expenses. 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 **34**  
 31a Alimony paid b Recipient's SSN **▶** 31a  
 32 IRA deduction . . . . . 32  
 33 Student loan interest deduction . . . . . 33  
 34 Tuition and fees. Attach Form 8917 . . . . . 34  
 35 Domestic production activities deduction. Attach Form 8903 35  
 36 Add lines 23 through 35 . . . . . 36 **34**  
 37 Subtract line 36 from line 22. This is your adjusted gross income **▶** 37 **62452**

|                                   |  |                  |  |
|-----------------------------------|--|------------------|--|
| <b>38</b>                         | Amount from line 37 (adjusted gross income)  | <b>38</b>        | 62452  |
| <b>Tax and Credits</b>            | <b>39a</b> Check { <input checked="" type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>Total boxes</b><br>if: { <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> } <b>checked ▶ 39a</b> <b>1</b><br><b>b</b> If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ <b>39b</b> <input type="checkbox"/>   |                  |  |
| <b>40</b>                         | <b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)   | <b>40</b>        | 13950  |
| <b>41</b>                         | Subtract line 40 from line 38  | <b>41</b>        | 48502  |
| <b>42</b>                         | <b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions   | <b>42</b>        | 8100   |
| <b>43</b>                         | <b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-   | <b>43</b>        | 40402  |
| <b>44</b>                         | <b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>   | <b>44</b>        | 5034   |
| <b>45</b>                         | <b>Alternative minimum tax</b> (see instructions). Attach Form 6251  | <b>45</b>        |  |
| <b>46</b>                         | Excess advance premium tax credit repayment. Attach Form 8962  | <b>46</b>        |  |
| <b>47</b>                         | Add lines 44, 45, and 46 ▶   | <b>47</b>        | 5034   |
| <b>48</b>                         | Foreign tax credit. Attach Form 1116 if required   | <b>48</b>        |  |
| <b>49</b>                         | Credit for child and dependent care expenses. Attach Form 2441   | <b>49</b>        |  |
| <b>50</b>                         | Education credits from Form 8863, line 19  | <b>50</b>        |  |
| <b>51</b>                         | Retirement savings contributions credit. Attach Form 8880  | <b>51</b>        |  |
| <b>52</b>                         | Child tax credit. Attach Schedule 8812, if required  | <b>52</b>        |  |
| <b>53</b>                         | Residential energy credits. Attach Form 5695   | <b>53</b>        |  |
| <b>54</b>                         | Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>   | <b>54</b>        |  |
| <b>55</b>                         | Add lines 48 through 54. These are your <b>total credits</b>   | <b>55</b>        |  |
| <b>56</b>                         | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶  | <b>56</b>        | 5034   |
| <b>57</b>                         | Self-employment tax. Attach Schedule SE  | <b>57</b>        |  |
| <b>58</b>                         | Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919   | <b>58</b>        |  |
| <b>59</b>                         | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required  | <b>59</b>        |  |
| <b>60a</b>                        | Household employment taxes from Schedule H   | <b>60a</b>       |  |
| <b>b</b>                          | First-time homebuyer credit repayment. Attach Form 5405 if required  | <b>60b</b>       |  |
| <b>61</b>                         | Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>   | <b>61</b>        |  |
| <b>62</b>                         | Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)  | <b>62</b>        |  |
| <b>63</b>                         | Add lines 56 through 62. This is your <b>total tax</b> ▶   | <b>63</b>        | 5034   |
| <b>Payments</b>                   | <b>64</b> Federal income tax withheld from Forms W-2 and 1099 <b>64</b> 6522<br><b>65</b> 2017 estimated tax payments and amount applied from 2016 return <b>65</b><br><b>66a</b> <b>Earned income credit (EIC)</b> <b>66a</b><br><b>b</b> Nontaxable combat pay election <b>66b</b><br><b>67</b> Additional child tax credit. Attach Schedule 8812 <b>67</b><br><b>68</b> American opportunity credit from Form 8863, line 8 <b>68</b><br><b>69</b> Net premium tax credit. Attach Form 8962 <b>69</b><br><b>70</b> Amount paid with request for extension to file <b>70</b><br><b>71</b> Excess social security and tier 1 RRTA tax withheld <b>71</b><br><b>72</b> Credit for federal tax on fuels. Attach Form 4136 <b>72</b><br><b>73</b> Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/> <b>73</b><br><b>74</b> Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b> ▶ <b>74</b> 6522  | <b>FORM 1099</b> |  |
| <b>Refund</b>                     | <b>75</b> If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b> <b>75</b> 1488<br><b>76a</b> Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> ▶ <b>76a</b> 1488<br><b>b</b> Routing number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ▶ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings<br><b>d</b> Account number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                  |  |
| Direct deposit? See instructions. |  | <b>77</b>        | Amount of line 75 you want <b>applied to your 2018 estimated tax</b> ▶ <b>77</b> |
| <b>Amount You Owe</b>             | <b>78</b> <b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions ▶ <b>78</b><br><b>79</b> Estimated tax penalty (see instructions) <b>79</b>  |                  |  |

**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) ▶ |
|-------------------|-------------|--|

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

|   |          |                     |   |
|---|----------|---------------------|---|
| Your signature  | Date     | Your occupation     | Daytime phone number  |
| Spouse's signature. If a joint return, <b>both</b> must sign. | Date     | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
|   | 01/02/19 | RETIRED             | 555-555-5555  |
|   | 01/02/19 | TEACHER             |   |

**Paid Preparer Use Only**

|  |                        |            |   |           |
|--|------------------------|------------|---|-----------|
| Print/Type preparer's name                               | Preparer's signature   | Date       | Check <input type="checkbox"/> if self-employed | PTIN      |
|  |                        | 01/02/2019 |   | S23051413 |
| Firm's name ▶ PRACTICE LAB                               | Firm's EIN ▶ -         |            |   |           |
| Firm's address ▶ 15 PRACTICE LAB WAY WASHINGTON DC 20005 | Phone no. 202-202-2022 |            |   |           |



WINSTON WALTER & WENDY

851002015

1038

Residency Status IF YOU WERE A NEW JERSEY RESIDENT FOR ONLY PART OF THE TAXABLE YEAR GIVE THE PERIOD OF NEW JERSEY RESIDENCY FROM TO

FILING STATUS

- 1. SINGLE
2. MARRIED/CU COUPLE FILING JOINT RETURN X
3. MARRIED/CU COUPLE FILING SEPARATE RETURN
4. HEAD OF HOUSEHOLD
5. QUALIFYING WIDOW(ER)/SURVIVING CU PARTNER

EXEMPTIONS

- 6. REGULAR 2
7. AGE 65 OR OVER 1
8. BLIND OR DISABLED
9. NUMBER OF QUALIFIED DEPENDENT CHILDREN
10. NUMBER OF OTHER DEPENDENTS
11. DEPENDENTS ATTENDING COLLEGE
12A. TOTAL (LINE 12A - ADD LINES 6, 7, 8, AND 11) 3
12B. TOTAL (LINE 12B - ADD LINES 9 AND 10)
12C. VETERAN EXEMPTION

CHECKBOXES FOR EXEMPTIONS

- REGULAR SPOUSE/CU PARTNER X DOMESTIC PARTNER
AGE 65 OR OLDER YOURSELF X SPOUSE/CU PARTNER
BLIND OR DISABLED YOURSELF SPOUSE/CU PARTNER
VETERAN EXEMPTION YOURSELF SPOUSE/CU PARTNER

DEPENDENT'S INFORMATION FROM LINES 9 AND 10 (ATTACH RIDER IF MORE THAN FOUR)

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE INITIAL, SOCIAL SECURITY NUMBER, BIRTH YEAR, HEALTH INS IND. Rows A, B, C, D.

GOVERNATORIAL ELECTIONS FUND

DO YOU WISH TO DESIGNATE \$1 OF YOUR TAXES FOR THIS FUND? YES NO X
IF JOINT RETURN. DOES YOUR SPOUSE/CU PARTNER WISH TO DESIGNATE \$1? YES NO X

Main tax schedule table with 36 rows. Columns include line number, description, and amount. Total taxable income is 13064.



WINSTON WALTER & WENDY

851002015

1038

|  |      |         |
|--|------|---------|
| 37A. TOTAL PROPERTY TAXES PAID (SEE INSTRUCTION PAGE 30)   | 37A. | 11500 . |
| 37B. BLOCK, LOT, AND QUALIFIER (TO BE ENTERED ON PAGE 1)   | 37B. |         |
| 37C. COUNTY/MUNICIPALITY CODE (TO BE ENTERED ON PAGE 1)  | 37C. |         |
| 38. PROPERTY TAX DEDUCTION (SEE INSTRUCTION PAGE 33)   | 38.  | 10000 . |
| 39. NEW JERSEY TAXABLE INCOME (SUBTRACT LINE 38 FROM LINE 36) IF ZERO OR LESS, MAKE NO ENTRY   | 39.  | 3064 .  |
| 40. TAX (FROM TAX TABLES, PAGE 52)   | 40.  | .       |
| 41. CREDIT FOR INCOME TAXES PAID TO OTHER JURISDICTIONS  | 41.  | .       |
| 41A. JURISDICTION CODE (SEE INSTRUCTIONS)  | 41A. |         |
| 42. BALANCE OF TAX (SUBTRACT LINE 41 FROM LINE 40)   | 42.  | .       |
| 43. SHELTERED WORKSHOP TAX CREDIT  | 43.  | .       |
| 44. BALANCE OF TAX AFTER CREDIT (SUBTRACT LINE 43 FROM LINE 42)  | 44.  | .       |
| 45. USE TAX DUE ON INTERNET, MAIL-ORDER, OR OTHER OUT-OF-STATE PURCHASES (SEE WKST AND INSTR. PAGE 36) IF NO USE TAX, ENTER ZERO   | 45.  | 0 .     |
| 46. PENALTY FOR UNDERPAYMENT OF ESTIMATED TAX  | 46.  | .       |
| 46A. FILL IN IF FORM 2210 IS ENCLOSED  | 46A. |         |
| 47. TOTAL TAX AND PENALTY (ADD LINES 44, 45, AND 46)   | 47.  | .       |
| 48. TOTAL NEW JERSEY INCOME TAX WITHHELD (ENCLOSE FORMS W-2 AND 1099)  | 48.  | 190 .   |
| 49. PROPERTY TAX CREDIT (SEE INSTRUCTION PAGE 30)  | 49.  | .       |
| 50. NEW JERSEY ESTIMATED TAX PAYMENTS/CREDIT FROM 2016 TAX RETURN  | 50.  | .       |
| 51. NEW JERSEY EARNED INCOME TAX CREDIT (SEE INSTRUCTION PAGE 38)  | 51.  | .       |
| 51B. FILL IN THE BOX IF YOU HAD THE IRS FIGURE YOUR FEDERAL EARNED INCOME CREDIT   | 51B. |         |
| 51C. FILL IN THE BOX IF YOU ARE A CU COUPLE CLAIMING THE NJ EARNED INCOME TAX CREDIT   | 51C. |         |
| 52. EXCESS NEW JERSEY UI/SF/SWF WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)  | 52.  | .       |
| 53. EXCESS DISABILITY INSURANCE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)  | 53.  | .       |
| 54. EXCESS NEW JERSEY FAMILY LEAVE WITHHELD (SEE INSTRUCTION PAGE 38) (ENCLOSE FORM NJ-2450)   | 54.  | .       |
| 55. TOTAL PAYMENTS/CREDITS (ADD LINES 48 THROUGH 54)   | 55.  | 190 .   |
| 56. IF LINE 55 IS LESS THAN LINE 47, ENTER AMOUNT YOU OWE<br>IF YOU OWE TAX, YOU MAY MAKE A DONATION BY ENTERING AN AMOUNT ON LINES 59, 60, 61, 62, 63, AND/OR 64 AND ADDING THIS TO YOUR PAYMENT AMOUNT | 56.  | .       |
| 57. IF LINE 55 IS MORE THAN LINE 47, ENTER OVERPAYMENT<br>DEDUCTIONS FROM OVERPAYMENT ON LINE 57 WHICH YOU ELECT TO CREDIT TO:   | 57.  | 190 .   |
| 58. YOUR 2018 TAX  | 58.  | .       |
| 59. NEW JERSEY ENDANGERED WILDLIFE FUND  | 59.  | .       |
| 60. NEW JERSEY CHILDREN'S TRUST FUND   | 60.  | .       |
| 61. NEW JERSEY VIETNAM VETERANS' MEMORIAL FUND   | 61.  | .       |
| 62. NEW JERSEY BREAST CANCER RESEARCH FUND   | 62.  | .       |
| 63. U.S.S. NEW JERSEY EDUCATIONAL MUSEUM FUND  | 63.  | .       |
| 64. OTHER DESIGNATED CONTRIBUTION (SEE INSTRUCTION PAGE 39)  | 64.  | .       |
| 64C. DESIGNATION CODE  | 64C. |         |
| 65. TOTAL DEDUCTIONS FROM OVERPAYMENT (ADD LINES 58 THROUGH 64)  | 65.  | .       |
| 66. REFUND (AMOUNT TO BE SENT TO YOU. SUBTRACT LINE 65 FROM LINE 57)   | 66.  | 190 .   |

**DIRECT DEPOSIT INFORMATION**

|  |      |   |
|--|------|---|
| dd1. REFUND CHECK BOX ('1' FOR REFUND, '4' FOR NO REFUND)                            | dd1. | 4 |
| dd2. ACCOUNT TYPE ('C' FOR CHECKING, 'S' FOR SAVINGS)                                | dd2. |   |
| dd3. FILL IN THE CHECKBOX IF REFUND IS GOING TO AN ACCOUNT OUTSIDE THE UNITED STATES | dd3. |   |
| dd4. ROUTING NUMBER  | dd4. |   |
| dd5. ACCOUNT NUMBER  | dd5. |   |
| dnm. DO NOT MAIL INDICATOR   | dnm. | X |
| pa. POWER OF ATTORNEY INDICATOR  | pa.  |   |
| pdr. PRESIDENTIAL DISASTER RELIEF INDICATOR  | pdr. |   |