

TEXAS PRIDE LENDING

RMLO SERVICES



14114 Dallas Pkwy #160 Dallas, TX 75254 * (800) 515-0445 * TexasPrideLending.com

SELLER FINANCE TRANSACTION SMALL CREDITOR QUALIFIED MORTGAGE

| | |
|-------------------|------------------------|
| PRIMARY BORROWER | [REDACTED] |
| CO-BORROWER | [REDACTED] |
| PROPERTY ADDRESS | [REDACTED] |
| LOAN TYPE/PURPOSE | CONVENTIONAL, PURCHASE |
| PURCHASE PRICE | \$186,850 |
| LOAN AMOUNT | \$176,850 |
| INTEREST RATE | 10.000% |
| LOAN TERM | 180 months |
| LOAN-TO-VALUE | 94.65% |

*Loan Originator has received a signed application from the borrower
Loan Originator has reviewed borrower Income /Assets
Loan Originator has reviewed borrower Debts / Liabilities
Loan Originator has reviewed borrower Credit Report*

STATEMENT OF COMPLIANCE:

Based on the information that the borrower has provided, as described above, the determination that the borrower is eligible and meets the financial requirements of the "Ability to Repay". Income was verified and considered, and the lender wishes to proceed with the extension of credit for this seller finance transaction. (Although the ATR/QM rule sets no specific threshold for DTI or residual income, it must still be considered.)

This is not a Pre-Approval letter for a bank loan or an approval for financing through TEXAS PRIDE LENDING. THE FINAL APPROVAL OF THE BORROWER IS DONE AT THE SOLE DISCRETION OF THE SELLER/LENDER:

HAWTHORNE VENTURES, LP.
Closer@Windsor-Chase.Com
832-915-0103

Sarah N. Montes / RMLO

Residential Mortgage Loan Originator
NMLS #366626 / NMLS #1479522
214.293.1831 | direct
Smontes@TexasPrideLending.com

QM Findings



Issued: [REDACTED]
Result: **Small Creditor QM / Rebuttable**

| REQUESTED BY | BORROWER / COBORROWER | REQUESTED TERMS |
|--|---|--|
| Texas Pride Lending, LLC. 14114 Dallas Parkway, Ste. #160 Dallas, TX 75254 NMLS #1479522 User Name: Michael Pena | [REDACTED] (680) Application Date: [REDACTED] Lender Loan No: TPL-WINDSOR LSC Casefile ID: 1421859697 SUBJECT PROPERTY [REDACTED] Type: Land Status: Vacant | Base Loan Amt: \$176,850.00 Note Loan Amt: \$176,850.00 LTV/CLTV: 94.65% / 94.65% Note Rate: 10.000% Loan Type: Other Amort Type: Fixed Amort Term: 180 months Maturity Term: 180 months Purpose: Purchase Purpose of Refi: Lien Pos: First Mortgage |

QM ASSESSMENT (Version 6.4)

This loan was evaluated against QM Type: **Small Creditor QM**

| QM REQUIREMENTS | ACTUAL LOAN DATA | RESULT |
|--|-------------------------------------|--------|
| 1. Max Points & Fees <= \$5,305.50 (3.00%) | \$1,000.00 (0.57%) | PASS |
| 2. Loan Term <= 30 years | 15 years | PASS |
| 3. No Balloon Payments | Maturity Term = Amort Term | PASS |
| 4. No Negative Amortization | Negative Amortization Months = None | PASS |
| 5. No Interest-Only | Interest-Only Term = None | PASS |

Liability Protection was based on:

Lock Date:
Amort Type: Fixed
Maturity Term: 15 years

APOR: 2.860% [REDACTED]
Institution: Small Creditor

| SAFE HARBOR THRESHOLD | ACTUAL LOAN DATA | RESULT |
|------------------------|------------------|------------------------|
| APOR + 3.500% = 6.360% | APR = 9.952% | Rebuttable Presumption |
| HPML THRESHOLD | ACTUAL LOAN DATA | RESULT |
| APOR + 1.500% = 4.360% | APR = 9.952% | HPML |

POINTS AND FEES ANALYSIS

| TOTAL LOAN AMOUNT | POINTS & FEES CAP |
|--|--|
| TIL Amount Financed: \$176,850.00 | Note Loan Amount: \$176,850.00 |
| Fin QM Points and Fees: \$0.00 | QM Points & Fees Cap: 3.00% |
| Total Loan Amount: \$176,850.00 | Total Loan Amount: \$176,850.00 |
| | Max QM Points & Fees: \$5,305.50 |
| | Total QM Points & Fees: \$1,000.00 |
| | Points & Fees Cushion: \$4,305.50 |

INCLUDED QM POINTS & FEES

| HUD# | Fee Type | Affiliate | Paid To | PFC POC Fin | Paid By | Amount |
|------------------------------------|---------------------|-----------|---------|-------------|---------|-------------------|
| 801.3 | Mortgage Broker Fee | - | Broker | X - - | Seller | \$1,000.00 |
| Total QM Points & Fees: | | | | | | \$1,000.00 |

EXCLUDED POINTS & FEES

| HUD# | Fee Type | Affiliate | Paid To | PFC POC Fin | Paid By | Amount |
|--------|---|-----------|---------|-------------|---------|----------|
| 901 | Daily Interest Charges | - | Lender | X - - | | \$484.50 |
| 1102 | Settlement Or Closing Fee | - | | - - - | Seller | \$900.00 |
| 1103 | Owner's Title Insurance Fee | - | | - - - | Seller | \$300.00 |
| 1104 | Title Insurance Fee | - | | - - - | Seller | \$950.00 |
| 1112 | Other (Title - GARC) | - | | - - - | Seller | \$10.00 |
| 1113 | Other (Title - T-19 Restrictions) | - | | - - - | Seller | \$80.00 |
| 1114 | Other (Title - T-36 Environmental Protection) | - | | - - - | Seller | \$25.00 |
| 1115 | Other (Title - Tax Certification) | - | | - - - | Seller | \$60.00 |
| 1202.3 | Deed Recording Fee | - | | - - - | Seller | \$170.00 |
| 1313 | Other (Loan Servicing Set Up Fee) | - | | - - - | Seller | \$75.00 |

| QM QUAL RATE | MONTHLY PAYMENTS AND RATIOS | FUNDS SUMMARY |
|------------------------------|-------------------------------------|-----------------------------------|
| Note Rate: 10.000% | First Mortgage P&I: \$1,900.44 | Cash from/to Borrower: \$7,984.50 |
| 1st Adj Cap: | Monthly MIP: \$0.00 | Cash Out: \$0.00 |
| 1st Adj Period: | HOA Fees: \$0.00 | Amount of Gift Funds: \$0.00 |
| Adj Cap: | Second Mortgage P&I: \$0.00 | Source of Gift Funds: |
| Adj Period: | Hazard Insurance: \$0.00 | Total Closing Costs: \$3,570.00 |
| Life Adj Cap: | Taxes & Special Assessments: \$0.00 | Required Funds: \$7,984.50 |
| | Other: \$15.00 | Available Funds: \$8,587.00 |
| | Primary Housing Expenses: \$0.00 | Reserves: \$602.50 |
| QM Qual Rate: 10.000% | Housing Ratio: N/A | Months Reserves: 0 |
| Monthly Payment: \$1,900.44 | Total Fixed Payment: \$2,516.44 | |
| | DTI: 42.45% | |
| | Residual Income: \$3,410.98 | |

| LOAN DETAILS | MONTHLY INCOME | | |
|--------------------------------|-------------------|-------------------|---------------------------------|
| Sales Price: \$186,850.00 | | | |
| Appraised Value: \$186,850.00 | | Other 1003's | Grand Total |
| Improvements: \$0.00 | | | |
| Fee Simple: Yes | Base Income: | \$5,927.42 | \$0.00 |
| Leasehold: No | Overtime: | \$0.00 | \$0.00 |
| PMI, MIP, Funding Fee: \$0.00 | Bonus: | \$0.00 | \$0.00 |
| Base Loan Amount: \$176,850.00 | Commissions: | \$0.00 | \$0.00 |
| Note Loan Amount: \$176,850.00 | Dividend: | \$0.00 | \$0.00 |
| Subordinate Financing: \$0.00 | Other: | \$0.00 | \$0.00 |
| | Subtotal: | \$5,927.42 | \$0.00 |
| | Net Rental: | \$0.00 | \$0.00 |
| | Subject Net Cash: | (\$1,915.44) | \$0.00 |
| | | | \$5,927.42 |
| | | | Total Income: \$5,927.42 |
| | | | * Not included in Total Income |

LIABILITIES

Mortgages to be Paid Off

| Borrower | Creditor | Monthly Payment | Balance |
|----------|----------|-----------------|---------|
|----------|----------|-----------------|---------|

Debts to be Paid Off

| Borrower | Creditor | Monthly Payment | Balance |
|------------------------|-----------------|------------------------|----------------|
| Debts to Remain | | | |
| Borrower | Creditor | Monthly Payment | Balance |
| | | \$601.00 | \$20,955.00 |
| Debts Excluded | | | |
| Borrower | Creditor | Monthly Payment | Balance |

CREDIT REPORTS AND SCORES

| Borrower | Credit Scores | Reference | Credit Agency | Issued Date | Type |
|----------|---------------|-----------|---------------|-------------|------------|
| | 680 | | Factual Data | | Individual |

INCOMES

| Borrower | Income Source | Amount |
|----------|--------------------------------|-------------|
| | Base Employment | \$5,927.42 |
| | Subject Property Net Cash Flow | \$-1,915.44 |

ASSETS

| Borrower | Type | Description | Account | Amount |
|----------|------------------|-------------|---------|------------|
| | Checking Account | | | \$8,042.00 |
| | Savings Account | | | \$545.00 |

QM MESSAGING

QM TYPE

1. You are required to retain evidence that you complied with the ATR/QM rule, including the prepayment penalty limitations, for three years after consummation, though you may want to keep records longer for business purposes.
2. You should consult with legal counsel or your compliance officer to understand your obligations under the rule, and to devise the policies and procedures you will need to have in place to comply with the rule's requirements.
3. Small Creditor QM requires underwriting based on a fully-amortizing schedule using the maximum rate permitted during the first five years after the date of the first periodic payment. Based on the loan product provided, a Qual Rate of 10.000% was applied for the Small Creditor QM monthly payment calculation.
4. You must consider and verify the consumer's income or assets, debts, alimony, and child support. Although the ATR/QM rule sets no specific threshold for DTI or residual income, it must still be considered.
5. The loan must not be subject to a forward commitment (an agreement made at or prior to consummation of a loan to sell the loan after consummation, other than to a creditor that itself is eligible to make Small Creditor QMs).
6. Small Creditor QMs generally lose their QM status if you sell or otherwise transfer them less than three years after consummation. However, a Small Creditor QM keeps its QM status if it is sold to another creditor that meets the criteria regarding number of originations and asset size, sold pursuant to a supervisory action or agreement, or transferred as part of a merger or acquisition of or by the creditor, at any time.
7. Small Creditor QMs and Balloon QMs can be originated only by small creditors that had assets below \$2 billion at the end of the last calendar year, and who together with their affiliates originated no more than 500 first-lien, closed-end residential mortgages that are subject to the ATR requirements in the preceding calendar year.
8. The APR provided for this mortgage exceeds the comparable-loan APOR as of 05/05/2020 by 3.5 percentage points or more. If the interest rate on this loan were set on 05/05/2020, This QM has been assessed as having a rebuttable presumption that it complies with the ATR requirements.
9. Under General QM, the resulting liability protection was Rebuttable Presumption. Therefore, this loan has been evaluated

against Small Creditor QM requirements.

10. You must consider and retain documentation that the consumer had enough residual income left to meet living expenses after paying their mortgage and other debts.

POINTS AND FEES

1. Real estate-related fees under §1026.4(c)(7) have been excluded from QM points & fees, except the fees that were indicated as paid to the broker or lender or an affiliate, which have been included. Furthermore, you must include any charge that is unreasonable, or for which the creditor receives direct or indirect compensation in connection with the charge.
2. Third-party settlement agent fees under §1026.4(a)(2) have been excluded from QM points & fees, except the fees that were indicated as paid to the broker or lender or an affiliate, which have been included. This exclusion is based on the assumption that the charges are "bona fide", and neither the creditor nor the loan originator (or their affiliates) retains a portion of the charge.
3. Any Loan Origination Fee or Mortgage Broker Fee indicated in the file has been included in QM points & fees. In addition, any other loan originator compensation, if indicated as a prepaid finance charge item within GFE block 1, has also been included.
4. Compensation paid by a lender or a mortgage broker to its loan originator employees can be excluded. However, any lender-paid compensation to a mortgage broker who is not an employee of the lender must be included, and indicated in the file as a fee paid by the lender, and paid to the broker.
5. Other than broker compensation, charges that are paid by the lender have been excluded from QM points and fees.
6. There is no indication of a prepayment penalty stemming from the refinancing of a loan that the creditor or affiliate currently holds or is currently servicing. Note that the amount of penalties charged or collected from the consumer for prepaying their previous loan must be included in QM points and fees.
7. One or more fees do not have a paid to type indicated; in order to properly calculate the QM points and fees, the correct paid to field must be entered.

| | | | | | | |
|---|--|---|--|-------|------|--------|
| TransUnion Alert: Surname mismatch alert: The input surname does not match the file surname. | | | | | | |
| BU1 | | | | | | |
| Database Residence Information | | | | First | Last | |
| | | | | --- | | BU1 |
| Database Employment Information | | | | First | Last | |
| | | | | --- | --- | BU1 |
| Information Sources | | | | | | |
| This report includes information retrieved from the following repository(ies): | | | | | | |
| TransUnion Consumer Relations PO Box 1000 Chester, PA 19016-1000 (800) 916-8800 www.transunion.com/myoptions | | LexisNexis Risk Solutions Bureau LLC RiskView Consumer Inquiry Department PO Box 105108 Atlanta, GA 30348-5108 (866) 897-8126 | | | | |
| This Residential Merged Credit Report is furnished in response to a consumer or business application. The information contained herein meets the standards set forth by FNMA, FHLMC, FHA/VA and the Rural Housing Service. The information contained herein meets all guidelines set forth by the Fair Credit Reporting Act; it is to be held in strict confidence and may be revealed only to those whose official duties require the information in relation to which this report was ordered, except that which is required by law. The information has been obtained from sources deemed reliable, the accuracy of which Factual Data does not guarantee. | | | | | | |
| * denotes source(s) of adverse information | | | | | | |
| End of Report | | | | | | 3.9..0 |

Your Credit Score and the Price You Pay for Credit

TEXAS PRIDE LENDING, LLC
14114 NORTH DALLAS PKWY 160
DALLAS TX 75254
(800)515-0445

| | |
|---------------|--|
| Request Date: | |
| Report ID: | |

RETURN SERVICE REQUESTED

| Your Credit Score | | | | | | | | | | | | | | | | | | | |
|--|--|---------------------------------|--|---------|----|---------|----|---------|----|---------|----|---------|-----|---------|-----|---------|-----|---------|-----|
| Your Credit Score | 680 Source: TransUnion Consumer Relations Date: | | | | | | | | | | | | | | | | | | |
| Understanding Your Credit Score | | | | | | | | | | | | | | | | | | | |
| What you should know about credit scores | <p>Your credit score is a number that reflects the information in your credit report.</p> <p>Your credit report is a record of your credit history. It includes information about whether you pay your bills on time and how much you owe creditors.</p> <p>Your credit score can change, depending on how your credit history changes.</p> | | | | | | | | | | | | | | | | | | |
| How we use your credit score | <p>Your credit score can affect whether you can get a loan and how much you will have to pay for that loan.</p> | | | | | | | | | | | | | | | | | | |
| The range of scores | <p>Scores range from a low of 309 to a high of 839.</p> <p>Generally, the higher your score, the more likely you are to be offered better credit terms.</p> | | | | | | | | | | | | | | | | | | |
| How your score compares to the scores of other consumers | <p>TransUnion</p> <table><thead><tr><th>Credit Score Range (Classic 04)</th><th>% of Consumers with Scores in a Particular Range</th></tr></thead><tbody><tr><td>309-499</td><td>3%</td></tr><tr><td>500-549</td><td>6%</td></tr><tr><td>550-599</td><td>8%</td></tr><tr><td>600-649</td><td>9%</td></tr><tr><td>650-699</td><td>14%</td></tr><tr><td>700-749</td><td>17%</td></tr><tr><td>750-799</td><td>26%</td></tr><tr><td>800-839</td><td>17%</td></tr></tbody></table> <p>Your credit score ranks higher than [35] percent of U.S. Consumers.</p> | Credit Score Range (Classic 04) | % of Consumers with Scores in a Particular Range | 309-499 | 3% | 500-549 | 6% | 550-599 | 8% | 600-649 | 9% | 650-699 | 14% | 700-749 | 17% | 750-799 | 26% | 800-839 | 17% |
| Credit Score Range (Classic 04) | % of Consumers with Scores in a Particular Range | | | | | | | | | | | | | | | | | | |
| 309-499 | 3% | | | | | | | | | | | | | | | | | | |
| 500-549 | 6% | | | | | | | | | | | | | | | | | | |
| 550-599 | 8% | | | | | | | | | | | | | | | | | | |
| 600-649 | 9% | | | | | | | | | | | | | | | | | | |
| 650-699 | 14% | | | | | | | | | | | | | | | | | | |
| 700-749 | 17% | | | | | | | | | | | | | | | | | | |
| 750-799 | 26% | | | | | | | | | | | | | | | | | | |
| 800-839 | 17% | | | | | | | | | | | | | | | | | | |
| Understanding Your Credit Score | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

| | |
|--|---|
| Key factors that adversely affected your credit score | TransUnion 014 Length of time accounts have been established 016 Lack of recent revolving account information 027 Too few accounts currently paid as agreed 003 Proportion of loan balances to loan amounts is too high Facta: inquiries impacted the credit score. |
| Checking Your Credit Report | |
| What if there are mistakes in your credit report? | <p>You have a right to dispute any inaccurate information in your credit report. If you find mistakes on your credit report, contact the consumer reporting agency.</p> <p>It is a good idea to check your credit report to make sure the information it contains is accurate.</p> |
| How can you obtain a copy of your credit report? | <p>Under Federal law, you have the right to obtain a free copy of your credit report from each of the nationwide consumer reporting agencies once a year.</p> <p>To order your free annual credit report:</p> <p>By telephone: Call toll-free: 1-877-322-8228</p> <p>On the web: Visit www.annualcreditreport.com</p> <p>By mail: Mail your completed Annual Credit Report Request Form (which you can obtain from the Federal Trade Commission's web site at http://www.ftc.gov/bcp/online/include/requestformfinal.pdf) to:</p> <p>Annual Credit Report Request Service P.O. Box 105281 Atlanta, GA 30348-5281</p> |
| How can you get more information? | <p>For more information about credit reports and your rights under Federal law, visit the Consumer Financial Protection Bureau's website at www.consumerfinance.gov/learnmore.</p> |

Notice to Home Loan Applicant

In connection with your application for a home loan, the lender must disclose to you the score that a consumer reporting agency distributed to users and the lender used in connection with your home loan, and the key factors affecting your credit scores.

The credit score is a computer generated summary calculated at the time of the request and based on information that a consumer reporting agency or lender has on file. The scores are based on data about your credit history and payment patterns. Credit scores are important because they are used to assist the lender in determining whether you will obtain a loan. They may also be used to determine what interest rate you may be offered on the mortgage. Credit scores can change over time, depending on your conduct, how your credit history and payment patterns change, and how credit scoring technologies change.

Because the score is based on information in your credit history, it is very important that you review the credit-related information that is being furnished to make sure it is accurate. Credit records may vary from one company to another.

If you have questions about your credit score or the credit information that is furnished to you, contact the consumer reporting agency at the address and telephone number provided with this notice, or contact the lender, if the lender developed or generated the credit score. The consumer reporting agency plays no part in the decision to take any action on the loan application and is unable to provide you with specific reasons for the decision on a loan application.

If you have questions concerning the terms of the loan, contact the lender.

TransUnion Consumer Relations
PO Box 1000
Chester, PA 19016-1000
(800) 916-8800
www.transunion.com/myoptions

Please acknowledge your receipt of this notice by signing below and returning to your lender.

Date

HAWTHORNE VENTURES LP

448 West 19TH ST. #161 • Houston, TX 77008

Save this Loan Estimate to compare with your Closing Disclosure.

Loan Estimate

DATE ISSUED

APPLICANTS

PROPERTY

SALE PRICE

\$186,850

LOAN TERM

15 years

PURPOSE

Purchase

PRODUCT

Fixed Rate

LOAN TYPE

☐ Conventional ☐ FHA ☐ VA ☒ VACANT LAND

LOAN ID #

TPL-WINDSOR

RATE LOCK

☒ NO ☐ YES, until 05/29/2020 at 05:00 PM CST*Before closing, your interest rate, points, and lender credits can change unless you lock the interest rate. All other estimated closing costs expire on***Loan Terms****Can this amount increase after closing?**

Loan Amount

\$176,850

NO

Interest Rate

10%

NO

Monthly Principal & Interest

See Projected Payments below for your Estimated Total Monthly Payment

\$1,900.44

NO

Prepayment Penalty

Does the loan have these features?

NO

Balloon Payment

NO

Projected Payments**Payment Calculation****Years 1-15**

Principal & Interest

\$1,900.44

Mortgage Insurance

+ 0

Estimated Escrow

+ 15

*Amount can increase over time***Estimated Total
Monthly Payment**

\$1,915

**Estimated Taxes, Insurance
& Assessments***Amount can increase over time*\$15
a month**This estimate includes**

- ☐
- Property Taxes
-
- ☐
- Homeowner's Insurance
-
- ☒
- Other: Loan Servicing Fee

In escrow?

YES

*See Section G on page 2 for escrowed property costs. You must pay for other property costs separately.***Costs at Closing**

Estimated Closing Costs

\$4,055

Includes \$3,025 in Loan Costs + \$1,030 in Other Costs - \$0 in Lender Credits. See page 2 for details.

Estimated Cash to Close

\$7,985

Includes Closing Costs. See Calculating Cash to Close on page 2 for details.

Visit www.consumerfinance.gov/mortgage-estimate for general information and tools.

Closing Cost Details

Loan Costs

| | |
|-------------------------------|----------------|
| A. Origination Charges | \$1,000 |
| % of Loan Amount (Points) | |
| Mortgage Broker Fee | \$1,000 |

B. Services You Cannot Shop For

| | |
|---------------------------------------|----------------|
| C. Services You Can Shop For | \$2,025 |
| Title - Closing/Escrow Fee | \$900 |
| Title - GARC | \$10 |
| Title - Lender's Title Insurance | \$950 |
| Title - T-19 Restrictions | \$80 |
| Title - T-36 Environmental Protection | \$25 |
| Title - Tax Certification | \$60 |

| | |
|--|----------------|
| D. TOTAL LOAN COSTS (A + B + C) | \$3,025 |
|--|----------------|

Other Costs

| | |
|---|--------------|
| E. Taxes and Other Government Fees | \$170 |
| Recording Fees and Other Taxes | \$170 |
| Transfer Taxes | |

| | |
|---|--------------|
| F. Prepays | \$485 |
| Homeowner's Insurance Premium (months) | |
| Mortgage Insurance Premium (months) | |
| Prepaid Interest (\$48.45 per day for 10 days @ 10 %) | \$485 |
| Property Taxes (months) | |

G. Initial Escrow Payment at Closing

| | | |
|-----------------------|---------------|-----|
| Homeowner's Insurance | per month for | mo. |
| Mortgage Insurance | per month for | mo. |
| Property Taxes | per month for | mo. |

| | |
|--|--------------|
| H. Other | \$375 |
| Loan Servicing Set Up Fee | \$75 |
| Title - Owner's Title Insurance (optional) | \$300 |

| | |
|---|----------------|
| I. TOTAL OTHER COSTS (E + F + G + H) | \$1,030 |
|---|----------------|

| | |
|-------------------------------|----------------|
| J. TOTAL CLOSING COSTS | \$4,055 |
| D + I | \$4,055 |
| Lender Credits | |

Calculating Cash to Close



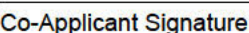

| | |
|---|----------------|
| Total Closing Costs (J) | \$4,055 |
| Closing Costs Financed (Paid from your Loan Amount) | \$0 |
| Down Payment/Funds from Borrower | \$10,000 |
| Deposit | -\$2,500 |
| Funds for Borrower | \$0 |
| Seller Credits | -\$3,570 |
| Adjustments and Other Credits | \$0 |
| Estimated Cash to Close | \$7,985 |

Additional Information About This Loan

| | | | |
|-------------------------------|--------------------------|-------------------------------|-------------------------------|
| LENDER | HAWTHORNE VENTURES LP | MORTGAGE BROKER | Texas Pride Lending, LLC. |
| NMLS / ____ LICENSE ID | | NMLS / ____ LICENSE ID | 1479522 |
| LOAN OFFICER | Mark Inyart | LOAN OFFICER | Sarah N. Montes |
| NMLS / ____ LICENSE ID | | NMLS / ____ LICENSE ID | 366626 |
| EMAIL | Closer@Windsor-Chase.Com | EMAIL | SMontes@TexasPrideLending.com |
| PHONE | 832-915-0103 | PHONE | 972-349-9090 |

| Comparisons | | Use these measures to compare this loan with other loans. |
|---------------------------------|-----------|--|
| In 5 Years | \$117,536 | Total you will have paid in principal, interest, mortgage insurance, and loan costs. |
| | \$33,042 | Principal you will have paid off. |
| Annual Percentage Rate (APR) | 9.952% | Your costs over the loan term expressed as a rate. This is not your interest rate. |
| Total Interest Percentage (TIP) | 93.703% | The total amount of interest that you will pay over the loan term as a percentage of your loan amount. |

| Other Considerations | |
|------------------------------|--|
| Appraisal | We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost. |
| Assumption | <p>If you sell or transfer this property to another person, we</p> <p><input type="checkbox"/> will allow, under certain conditions, this person to assume this loan on the original terms.</p> <p><input checked="" type="checkbox"/> will not allow assumption of this loan on the original terms.</p> |
| Homeowner's Insurance | This loan requires homeowner's insurance on the property, which you may obtain from a company of your choice that we find acceptable. |
| Late Payment | If your payment is more than 10 days late, we will charge a late fee of 5% of the payment. |
| Refinance | Refinancing this loan will depend on your future financial situation, the property value, and market conditions. You may not be able to refinance this loan. |
| Servicing | <p>We intend</p> <p><input type="checkbox"/> to service your loan. If so, you will make your payments to us.</p> <p><input checked="" type="checkbox"/> to transfer servicing of your loan.</p> |

| | | | |
|--|--|---|--|
| Confirm Receipt | | | |
| By signing, you are only confirming that you have received this form. You do not have to accept this loan because you have signed or received this form. | | | |
|  Applicant Signature | |  Date | |
|  Co-Applicant Signature | |  Date | |

Loan ID: TPL-WINDSOR

INTENT TO PROCEED WITH APPLICATION (LE)

Originator: Texas Pride Lending, LLC.
14114 Dallas Parkway, Ste. #160
Dallas, TX 75254
800-515-0445

Applicant(s): [REDACTED]

Property Address: [REDACTED]

You have applied for a mortgage loan covered by the TILA-RESPA Integrated Disclosure (TRID)(12 CFR Parts 1024 and 1026.). In accordance with TRID, if you do not express intent to continue with your application on or before [REDACTED], the loan originator is no longer bound by the Loan Estimate that was provided.

By signing below, I/we express intent to continue with the application for which a Loan Estimate was issued on [REDACTED].

[REDACTED]
[REDACTED]
[REDACTED] _____
Date

Date

Borrower Summary

File No. [REDACTED]-hawthorne ventures Ip

I. Borrower Information

Borrower
 Name [REDACTED] SSN [REDACTED] H Phone # [REDACTED]
 E-Mail [REDACTED] Cell / Alt # [REDACTED] B Phone # [REDACTED]
 Birthday [REDACTED] Fax # [REDACTED]
 Co-Borrower
 Name [REDACTED] SSN [REDACTED] H Phone # [REDACTED]
 E-Mail [REDACTED] Cell / Alt # [REDACTED] B Phone # [REDACTED]
 Birthday [REDACTED] Fax # [REDACTED]
 Present Address [REDACTED]
 [REDACTED]

II. Property Information

Property Address [REDACTED]
 [REDACTED]

Occupancy Status ☐ Primary Residence Sales Price **186,850**
☐ Second Home Down Payment/Equity **5.352 % / 10,000.00**
☒ Investment Property Appraised Value [REDACTED]

III. Mortgage Information

Note Information

Loan Amount **176,850**
 Note Rate **10.000 %**
 Term (in months) **180**
 Due (in months) **180**
 Monthly Payment **1,900.44**

Lien Position

☒ First
☐ Second

Loan Program: **15 YR FIXED**
 Originator: **Sarah N. Montes**

IV. Underwriting Information

Qualifying Ratios

Primary Housing Expense/Income [REDACTED] %
 Total Obligations/Income **42.454 %**

Loan-to-Value Ratios

LTV [REDACTED] **94.648 %**
 Total LTV [REDACTED] **94.648 %**

Total Income **5,927.42**
 Total House Exp **1,915.44**
 Other Payments **2,516.44**

V. Contact Information

| Contact Date | Time | Memo |
|--------------|------|------|
| | | |
| | | |
| | | |
| | | |

Source: [REDACTED]

Comments:

Uniform Residential Loan Application

This application is designed to be completed by the applicant(s) with the Lender's assistance. Applicants should complete this form as "Borrower" or "Co-Borrower", as applicable. Co-Borrower information must also be provided (and the appropriate box checked) when ☐ the income or assets of a person other than the "Borrower" (including the Borrower's spouse) will be used as a basis for loan qualification or ☐ the income or assets of the Borrower's spouse or other person who has community property rights pursuant to state law will not be used as a basis for loan qualification, but his or her liabilities must be considered because the spouse or other person has community property rights pursuant to applicable law and Borrower resides in a community property state, the security property is located in a community property state, or the Borrower is relying on other property located in a community property state as a basis for repayment of the loan.

If this is an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit (sign below):

Borrower: [Redacted] Co-Borrower: [Redacted]

I. TYPE OF MORTGAGE AND TERMS OF LOAN

| | | | | | |
|-----------------------|---|--|--|---|--------------------|
| Mortgage Applied for: | <input type="checkbox"/> VA <input type="checkbox"/> FHA | <input type="checkbox"/> Conventional <input type="checkbox"/> USDA/Rural Housing Service | <input checked="" type="checkbox"/> Other (explain): VACANT LAND | Agency Case Number | Lender Case Number |
| | | | | TPL-WINDSOR | |
| Amount \$ | 176,850 | Interest Rate | 10.000 % | No. of Months | 180/180 |
| Amortization Type: | | | <input checked="" type="checkbox"/> Fixed Rate <input type="checkbox"/> GPM | <input type="checkbox"/> Other (explain): <input type="checkbox"/> ARM (type): | |

II. PROPERTY INFORMATION AND PURPOSE OF LOAN

| | | | | | |
|--|---------------|-----------------------|--|--------------------------|---|
| Subject Property Address (street, city, state, & ZIP) | | | | | No. of Units |
| [Redacted] | | | | | 1 |
| Legal Description of Subject Property (attach description if necessary) | | | | | Year Built |
| [Redacted] | | | | | |
| Purpose of Loan | | | Property will be: | | |
| <input checked="" type="checkbox"/> Purchase <input type="checkbox"/> Construction <input type="checkbox"/> Other (explain): | | | <input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input checked="" type="checkbox"/> Investment | | |
| <input type="checkbox"/> Refinance <input type="checkbox"/> Construction-Permanent | | | | | |
| Complete this line if construction or construction-permanent loan. | | | | | |
| Year Lot Acquired | Original Cost | Amount Existing Liens | (a) Present Value of Lot | (b) Cost of Improvements | Total (a+b) |
| | \$ | \$ | \$ | \$ | \$ |
| Complete this line if this is a refinance loan. | | | | | |
| Year Acquired | Original Cost | Amount Existing Liens | Purpose of Refinance | Describe Improvements | <input type="checkbox"/> made <input type="checkbox"/> to be made |
| | \$ | \$ | | Cost: \$ | |
| Title will be held in what Name(s) | | | Manner in which Title will be held | | Estate will be held in: |
| [Redacted] | | | Community property | | <input checked="" type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold (show expiration date) |
| Source of Down Payment, Settlement Charges and/or Subordinate Financing (explain) | | | | | |

Borrower

III. BORROWER INFORMATION

Co-Borrower

| | | | | | | | |
|---|------------------------------|--|-------------|--|------------------------------|-------------------------------------|-------------|
| Borrower's Name (include Jr. or Sr. if applicable) | | | | Co-Borrower's Name (include Jr. or Sr. if applicable) | | | |
| [Redacted] | | | | [Redacted] | | | |
| Social Security Number | Home Phone (incl. area code) | DOB (mm/dd/yyyy) | Yrs. School | Social Security Number | Home Phone (incl. area code) | DOB (mm/dd/yyyy) | Yrs. School |
| [Redacted] | [Redacted] | [Redacted] | 12 | [Redacted] | [Redacted] | [Redacted] | |
| <input checked="" type="checkbox"/> Married (includes registered domestic partners) | | Dependents (not listed by Co-Borrower) | | <input type="checkbox"/> Married (includes registered domestic partners) | | Dependents (not listed by Borrower) | |
| <input type="checkbox"/> Unmarried (includes single, divorced, widowed) | | No. _____ | | <input type="checkbox"/> Unmarried (includes single, divorced, widowed) | | No. _____ | |
| <input type="checkbox"/> Separated | | Ages _____ | | <input type="checkbox"/> Separated | | Ages _____ | |
| Present Address (street, city, state, ZIP/ country) <input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent 3 No. Yrs. | | | | Present Address (street, city, state, ZIP/ country) <input type="checkbox"/> Own <input type="checkbox"/> Rent ____ No. Yrs. | | | |
| [Redacted] | | | | / United States | | | |
| Mailing Address, if different from Present Address | | | | Mailing Address, if different from Present Address | | | |
| | | | | | | | |
| If residing at present address for less than two years, complete the following: | | | | | | | |
| Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ____ No. Yrs. | | | | Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ____ No. Yrs. | | | |
| [Redacted] | | | | [Redacted] | | | |
| Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ____ No. Yrs. | | | | Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ____ No. Yrs. | | | |
| [Redacted] | | | | [Redacted] | | | |

| Borrower | | IV. EMPLOYMENT INFORMATION | | Co-Borrower | |
|--|--|---|----------------------------------|--|---|
| Name & Address of Employer [REDACTED] | <input type="checkbox"/> Self Employed | Yrs. on this job 7 yr(s) Yrs. employed in this line of work/profession 7 | Name & Address of Employer | <input type="checkbox"/> Self Employed | Yrs. on this job Yrs. employed in this line of work/profession |
| Position/Title/Type of Business Machine Operator | Business Phone (incl. area code) [REDACTED] | Position/Title/Type of Business | Business Phone (incl. area code) | | |

If employed in current position for less than two years or if currently employed in more than one position, complete the following:

| | | | | | |
|--|--|---------------------------------|----------------------------------|--|-------------------|
| Name & Address of Employer [REDACTED] | <input type="checkbox"/> Self Employed | Dates (from-to) | Name & Address of Employer | <input type="checkbox"/> Self Employed | Dates (from-to) |
| | | Monthly Income \$ | | | Monthly Income \$ |
| Position/Title/Type of Business | Business Phone (incl. area code) | Position/Title/Type of Business | Business Phone (incl. area code) | | |
| Name & Address of Employer [REDACTED] | <input type="checkbox"/> Self Employed | Dates (from-to) | Name & Address of Employer | <input type="checkbox"/> Self Employed | Dates (from-to) |
| | | Monthly Income \$ | | | Monthly Income \$ |
| Position/Title/Type of Business | Business Phone (incl. area code) | Position/Title/Type of Business | Business Phone (incl. area code) | | |
| Name & Address of Employer [REDACTED] | <input type="checkbox"/> Self Employed | Dates (from-to) | Name & Address of Employer | <input type="checkbox"/> Self Employed | Dates (from-to) |
| | | Monthly Income \$ | | | Monthly Income \$ |
| Position/Title/Type of Business | Business Phone (incl. area code) | Position/Title/Type of Business | Business Phone (incl. area code) | | |
| Name & Address of Employer [REDACTED] | <input type="checkbox"/> Self Employed | Dates (from-to) | Name & Address of Employer | <input type="checkbox"/> Self Employed | Dates (from-to) |
| | | Monthly Income \$ | | | Monthly Income \$ |
| Position/Title/Type of Business | Business Phone (incl. area code) | Position/Title/Type of Business | Business Phone (incl. area code) | | |
| Name & Address of Employer [REDACTED] | <input type="checkbox"/> Self Employed | Dates (from-to) | Name & Address of Employer | <input type="checkbox"/> Self Employed | Dates (from-to) |
| | | Monthly Income \$ | | | Monthly Income \$ |
| Position/Title/Type of Business | Business Phone (incl. area code) | Position/Title/Type of Business | Business Phone (incl. area code) | | |

V. MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION

| Gross Monthly Income | Borrower | Co-Borrower | Total | Combined Monthly Housing Expense | Present | Proposed |
|---|--------------------|-------------|--------------------|----------------------------------|-----------|--------------------|
| Base Empl. Income* | \$ 5,927.42 | \$ | \$ 5,927.42 | Rent | \$ | |
| Overtime | | | | First Mortgage (P&I) | | \$ 1,900.44 |
| Bonuses | | | | Other Financing (P&I) | | |
| Commissions | | | | Hazard Insurance | | |
| Dividends/Interest | | | | Real Estate Taxes | | |
| Net Rental Income | | | | Mortgage Insurance | | |
| Other (before completing, see the notice in "describe other income," below) | | | | Homeowner Assn. Dues | | |
| | | | | Other: | | 15.00 |
| Total | \$ 5,927.42 | \$ | \$ 5,927.42 | Total | \$ | \$ 1,915.44 |

* Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.

Describe Other Income Notice: Alimony, child support, or separate maintenance income need not be revealed if the Borrower (B) or Co-Borrower (C) does not choose to have it considered for repaying this loan.

| B/C | Monthly Amount |
|-----|----------------|
| | \$ |
| | |
| | |

VI. ASSETS AND LIABILITIES

This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried Co-borrowers if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise, separate Statements and Schedules are required. If the Co-Borrower section was completed about a non-applicant spouse or other person, this Statement and supporting schedules must be completed by that spouse or other person also.

Completed ☒ Jointly ☐ Not Jointly

| ASSETS | | Cash or Market Value | LIABILITIES | | Monthly Payment & Months Left to Pay | Unpaid Balance | |
|---|--|----------------------|--|--|--------------------------------------|-----------------------------|--------------|
| Description | | | Name and address of Company | | \$ Payment/Months | \$ | |
| Cash deposit toward purchase held by: | | \$ | Acct. no. | | 601.00 /53 | 20,955 | |
| List checking and savings accounts below | | | Name and address of Company | | \$ Payment/Months | \$ | |
| Name and address of Bank, S&L, or Credit Union | | | Acct. no. | | | | |
| Acct. no. | | \$ 7,599.00 | Name and address of Company | | \$ Payment/Months | \$ | |
| Name and address of Bank, S&L, or Credit Union | | | Acct. no. | | | | |
| Acct. no. | | \$ | Name and address of Company | | \$ Payment/Months | \$ | |
| Name and address of Bank, S&L, or Credit Union | | | Acct. no. | | | | |
| Acct. no. | | \$ | Name and address of Company | | \$ Payment/Months | \$ | |
| Stocks & Bonds (Company name/number description) | | | Acct. no. | | | | |
| Life insurance net cash value | | \$ | Name and address of Company | | \$ Payment/Months | \$ | |
| Face amount: \$ | | | Acct. no. | | | | |
| Subtotal Liquid Assets | | \$ 7,599.00 | Name and address of Company | | \$ Payment/Months | \$ | |
| Real estate owned (enter market value from schedule of real estate owned) | | \$ | Acct. no. | | | | |
| Vested interest in retirement fund | | \$ | Name and address of Company | | \$ Payment/Months | \$ | |
| Net worth of business(es) owned (attach financial statement) | | \$ | Acct. no. | | | | |
| Automobiles owned (make and year) | | \$ | Alimony/Child Support/Separate Maintenance Payments Owed to: | | \$ | | |
| Other Assets (itemize) | | \$ | Job-Related Expense (child care, union dues, etc.) | | \$ | | |
| | | | Total Monthly Payments | | \$ 601.00 | | |
| Total Assets a. | | \$ 7,599.00 | Net Worth (a minus b) => | | \$ -13,356.00 | Total Liabilities b. | \$ 20,955.00 |

Schedule of Real Estate Owned (if additional properties are owned, use continuation sheet)

| Property Address (enter S if sold, PS if pending sale or R if rental being held for income) | Type of Property | Present Market Value | Amount of Mortgages & Liens | Gross Rental Income | Mortgage Payments | Insurance, Maintenance, Taxes & Misc. | Net Rental Income |
|---|------------------|----------------------|-----------------------------|---------------------|-------------------|---------------------------------------|-------------------|
| | | \$ | \$ | \$ | \$ | \$ | \$ |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Totals | \$ | \$ | \$ | \$ | \$ | \$ |

List any additional names under which credit has previously been received and indicate appropriate creditor name(s) and account number(s):

Alternate Name

Creditor Name

Account Number

Borrower

Co-Borrower

| VII. DETAILS OF TRANSACTION | | VIII. DECLARATIONS | | | |
|---|---------------|--|---|--|---|
| a. Purchase price | \$ 186,850.00 | If you answer "Yes" to any questions a through i, please use continuation sheet for explanation. a. Are there any outstanding judgments against you? b. Have you been declared bankrupt within the past 7 years? c. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years? d. Are you a party to a lawsuit? e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? <small>(This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee. If "Yes," provide details, including date, name, and address of Lender, FHA or VA case number, if any, and reasons for the action.)</small> f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? <small>If "Yes," give details as described in the preceding question.</small> g. Are you obligated to pay alimony, child support, or separate maintenance? h. Is any part of the down payment borrowed? i. Are you a co-maker or endorser on a note? j. Are you a U. S. citizen? k. Are you a permanent resident alien? l. Do you intend to occupy the property as your primary residence? <small>If "Yes," complete question m below.</small> m. Have you had an ownership interest in a property in the last three years? (1) What type of property did you own-principal residence (PR), second home (SH), or investment property (IP)? (2) How did you hold title to the home-solely by yourself (S), jointly with your spouse (SP), or jointly with another person (O)? | | Borrower Yes No Yes No | |
| b. Alterations, improvements, repairs | | | | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| c. Land (if acquired separately) | | | | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| d. Refinance (incl. debts to be paid off) | | | | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| e. Estimated prepaid items | 484.50 | | | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| f. Estimated closing costs | 3,570.00 | | | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| g. PMI, MIP, Funding Fee | | | | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| h. Discount (if Borrower will pay) | | | | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| i. Total costs (add items a through h) | 190,904.50 | | | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| j. Subordinate financing | | | | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| k. Borrower's closing costs paid by Seller | 3,570.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | |
| l. Other Credits (explain) Cash Deposit on sales contract | 2,500.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | |
| m. Loan amount (exclude PMI, MIP, Funding Fee financed) | 176,850.00 | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | | |
| n. PMI, MIP, Funding Fee financed | | | | | |
| o. Loan amount (add m & n) | 176,850.00 | | | | |
| p. Cash from/to Borrower (subtract j, k, l & o from i) | 7,984.50 | | | | |

IX. ACKNOWLEDGEMENT AND AGREEMENT

Each of the undersigned specifically represents to Lender and to Lender's actual or potential agents, brokers, processors, attorneys, insurers, servicers, successors and assigns and agrees and acknowledges that: (1) the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.; (2) the loan requested pursuant to this application (the "Loan") will be secured by a mortgage or deed of trust on the property described in this application; (3) the property will not be used for any illegal or prohibited purpose or use; (4) all statements made in this application are made for the purpose of obtaining a residential mortgage loan; (5) the property will be occupied as indicated in this application; (6) the Lender, its servicers, successors or assigns may retain the original and/or an electronic record of this application, whether or not the loan is approved; (7) the Lender and its agents, brokers, insurers, servicers, successors or assigns may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to closing of the Loan; (8) in the event that my payments on the Loan become delinquent, the Lender, its servicers, successors, or assigns may, in addition to any other rights and remedies that it may have relating to such delinquency, report my name and account information to one or more consumer credit reporting agencies; (9) ownership of the Loan and/or administration of the Loan account may be transferred with such notice as may be required by law; (10) neither Lender nor its agents, brokers, insurers, servicers, successors or assigns has made any representation or warranty, express or implied, to me regarding the property or the condition or value of the property; and (11) my transmission of this application as an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of this application containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this application were delivered containing my original written signature.

Acknowledgement. Each of the undersigned hereby acknowledges that any owner of the Loan, its servicers, successors and assigns, may verify or reverify any information contained in this application or obtain any information or data relating to the Loan, for any legitimate purpose through any source, including a source named in this application or a consumer reporting agency.

Right to Receive Copy of Appraisal. I/We have the right to a copy of the appraisal report used in connection with this application for credit. To obtain a copy, I/we must send Creditor a written request at the mailing address Creditor has provided. Creditor must hear from us no later than 90 days after Creditor notifies me/us about the action taken on this application, or I/we withdraw this application.

If you would like a copy of the appraisal report, contact: **Texas Pride Lending, LLC. 14114 Dallas Parkway, Ste. #160 Dallas, TX 75254**

| | | | |
|----------------------------------|-------------------|-------------------------------------|------|
| Borrower's Signature X | Date 4/29/2020 | Co-Borrower's Signature X | Date |
|----------------------------------|-------------------|-------------------------------------|------|

X. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

| | |
|--|--|
| BORROWER <input type="checkbox"/> I do not wish to furnish this information Ethnicity: <input checked="" type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander Sex: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male | CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male |
|--|--|

To be Completed by Loan Originator:

This information was provided:
☐ In a face-to-face interview ☐ By the applicant and submitted by fax or mail
☐ In a telephone interview ☒ By the applicant and submitted via e-mail or the internet

| | | |
|---|---|---|
| Loan Originator's Signature X <i>Sarah N. Montes</i> | Date | |
| Loan Originator's Name (print or type) Sarah N. Montes | Loan Originator Identifier 366626 | Loan Originator's Phone Number (including area code) 800-515-0445/SMontes@TexasPrideLending.com |
| Loan Origination Company's Name Texas Pride Lending, LLC. | Loan Origination Company Identifier 1479522 | Loan Origination Company's Address 14114 Dallas Parkway, Ste. #160 Dallas, TX 75254 |

Borrowers' Certification and Authorization

CERTIFICATION

The Undersigned certify the following:

1. I/We have applied for a mortgage loan through Texas Pride Lending, LLC. In applying for the loan, I/We completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and the assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/We omit any pertinent information.
2. I/We understand and agree that Texas Pride Lending, LLC. reserves the right to change the mortgage loan review processes to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

1. I/We have applied for a mortgage loan through Texas Pride Lending, LLC. As part of the application process, Texas Pride Lending, LLC. and the mortgage guaranty insurer (if any), may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We authorize you to provide to Texas Pride Lending, LLC. and to any investor to whom Texas Pride Lending, LLC. may sell my mortgage, any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market and similar account balances; credit history; and copies of income tax returns.
3. Texas Pride Lending, LLC. or any investor that purchases the mortgage may address this authorization to any party named in the loan application.
4. A copy of this authorization may be accepted as an original.

DocuSigned by
[Redacted Signature]
[Redacted Name]

[Redacted Date]
Date

Co-Borrower

Date

APPLICANT NAME AND ADDRESS



LENDER (ORIGINATOR) NAME AND ADDRESS

Texas Pride Lending, LLC.
14114 Dallas Parkway, Ste. #160
Dallas, TX 75254
(P) 800-515-0445, (F) 800-515-0445

Texas Pride Lending, LLC.

Your Credit Score and the Price You Pay for Credit

| Your Credit Score | |
|--------------------|------------|
| Your credit score | 680 |
| Source: TransUnion | Date: |

| Understanding Your Credit Score | |
|--|--|
| What you should know about credit scores | <p>Your credit score is a number that reflects the information in your credit report.</p> <p>Your credit report is a record of your credit history. It includes information about whether you pay your bills on time and how much you owe to creditors.</p> <p>Your credit score can change, depending on how your credit history changes.</p> |
| How we use your credit score | Your credit score can affect whether you can get a loan and how much you will have to pay for that loan. |
| The range of scores | <p>Scores range from a low of 309 to a high of 839.</p> <p>Generally, the higher your score, the more likely you are to be offered better credit terms.</p> |
| How your score compares to the scores of other consumers | Your credit score ranks higher than 35 percent of U.S. consumers. |
| Key factors that adversely affected your credit score | <p>014 Length of time accounts have been established</p> <p>016 Lack of recent revolving account information</p> <p>027 Too few accounts currently paid as agreed</p> <p>003 Proportion of loan balances to loan amounts is too high</p> |

| Checking Your Credit Report | |
|---|---|
| What if there are mistakes in your credit report? | <p>You have a right to dispute any inaccurate information in your credit report. If you find mistakes on your credit report, contact the consumer reporting agency.</p> <p>It is a good idea to check your credit report to make sure the information it contains is accurate.</p> |
| How can you obtain a copy of your credit report? | <p>Under federal law, you have the right to obtain a free copy of your credit report from each of the nationwide consumer reporting agencies once a year.</p> <p>To order your free annual credit report -</p> <p><i>By telephone:</i> Call toll-free: 1-877-322-8228</p> <p><i>On the web:</i> Visit www.annualcreditreport.com</p> <p><i>By mail:</i> Mail your completed Annual Credit Report Request Form (which you can obtain from the Federal Trade Commission's web site at http://www.ftc.gov/bcp/online/include/requestformfinal.pdf) to:</p> <p>Annual Credit Report Request Service P.O. Box 105281 Atlanta, GA 30348-5281</p> |
| How can you get more information? | For more information about credit reports and your rights under federal law, visit the Consumer Financial Protection Bureau's web site at www.consumerfinance.gov/learnmore . |

Notice to the Home Loan Applicant

In connection with your application for a home loan, the lender must disclose to you the score that a consumer reporting agency distributed to users and the lender used in connection with your home loan, and the key factors affecting your credit scores.

The credit score is a computer generated summary calculated at the time of the request and based on information that a consumer reporting agency or lender has on file. The scores are based on data about your credit history and payment patterns. Credit scores are important because they are used to assist the lender in determining whether you will obtain a loan. They may also be used to determine what interest rate you may be offered on the mortgage. Credit scores can change over time, depending on your conduct, how your credit history and payment patterns change, and how credit scoring technologies change.

Because the score is based on information in your credit history, it is very important that you review the credit-related information that is being furnished to make sure it is accurate. Credit records may vary from one company to another.

If you have questions about your credit score or the credit information that is furnished to you, contact the consumer reporting agency at the address and telephone number provided with this notice, or contact the lender, if the lender developed or generated the credit score. The consumer reporting agency plays no part in the decision to take any action on the loan application and is unable to provide you with specific reasons for the decision on a loan application.

If you have questions concerning the terms of the loan, contact the lender.

The consumer reporting agencies listed below provided a credit score that was used in connection with your home loan application.

One or more of the following consumer reporting agencies will provide the credit score:

Experian
701 Experian Parkway
PO Box 2002
Allen, TX 75013
(888) 397-3742
www.experian.com/reportaccess

Equifax
PO Box 740241
Atlanta, GA 30374
(800) 685-1111
www.equifax.com

TransUnion
PO Box 1000
Chester, PA 19022-1000
(800) 888-4213
www.transunion.com

I have received a copy of this disclosure.

Date _____

Anti-Steering Loan Options Disclosure

Loan ID: TPL-WINDSOR

Borrower: [REDACTED]

Dear Borrower,

You have applied for a mortgage loan through **Texas Pride Lending, LLC.** To ensure you, the borrower(s), have sufficient information to determine the appropriate loan, we are providing you with the following loan options. These loan options provide you with detailed rate and loan cost information to assist you with choosing the correct loan for your particular financial situation. Carefully review the loan options presented below to ensure you have chosen the appropriate option.

Your Loan Options. For each type of transaction in which you expressed an interest, your mortgage broker has obtained loan options from a significant number of the creditors with which your mortgage broker regularly does business. Your mortgage broker has a good faith belief that you likely qualify for the following loans:

| Type of Transaction (check one) | | Interest Rate | Total origination points or fees and discount points |
|---|--|---------------|--|
| <input checked="" type="checkbox"/> Fixed Rate | | | |
| <input type="checkbox"/> Adjustable Rate | | | |
| Option 1 | Loan with the lowest Interest Rate | 10.000 % | \$ 1,000.00 |
| Option 2 | Loan with the lowest Interest Rate without risky features including, negative amortization, a prepayment penalty, interest-only payments, a balloon payment in the first 7 years of the life of the loan, a demand feature, shared equity, or share appreciation | 10.000 % | \$ 1,000.00 |
| Option 3 | Loan with the lowest total dollar amount for origination points or fees and discount points | % | \$ |
| <input checked="" type="checkbox"/> If Loan Option 1 and Loan Option 2 are the same, I certify that there is not a difference between these options because I do not broker loans with "risky features" described in Option 2 | | | |
| You are applying for a loan with the following terms | | 10.000 % | \$ 1,000.00 |

If you expressed an interest in an adjustable rate loan and if the loan's initial rate is fixed for at least 5 years, the "Interest Rate" disclosed in this document is the initial rate that would be in effect at consummation. If the loan's initial rate is not fixed for at least 5 years, the Interest Rate is the fully-indexed rate that would be in effect at consummation without regard to any initial discount or premium.

This is not a lock-in agreement or a loan commitment. The interest rate and fees described throughout this disclosure are available on the date the document was prepared and is subject to change if you have not locked in your interest rate. If your lender offers rate locks you might be required to lock the rate to obtain the rate and origination cost disclosed above. Additionally, even if your loan is locked, the Interest Rate and fees are subject to change as the loan is underwritten.

If your lender does offer rate locks and you have not locked your loan, please be aware that interest rates change constantly. The way to ensure a certain Interest Rate and set fees is for your mortgage broker to lock your loan. After you lock your loan, you are agreeing to close your loan within a certain period of time and at a certain interest rate. If you instruct your mortgage broker to lock your loan, your mortgage broker can explain to you the Interest Rate and fees you will pay.

Be sure that you understand and are satisfied with the product and terms that have been offered to you.

Sarah N. Montes

Loan Originator Name

DocuSigned by:



Loan Originator Signature

Date

Texas Pride Lending, LLC.

Company Name

14114 Dallas Parkway, Ste. #160 Dallas, TX 75254 / 1479522

Company Address & License Number

Borrower Name

Date

Borrower Name

Borrower Signature

Date

Application # : tract 1 martinez-hawthorne ventures lp

TEXAS MORTGAGE COMPANY DISCLOSUREResidential Mortgage Loan Originator: Sarah N. MontesNMLS ID: 366626

We will submit your loan application to a participating lender or we will make your loan ourselves. In connection with this mortgage loan, we are acting as an independent contractor and not as your agent.



We will be compensated in compliance with Section 1026.36(d) of Regulation Z (12.C.F.R. § 1026.36(d)) (if applicable).

Pursuant to Section 156.004(b) and 156.102 of the Residential Mortgage Loan Company Licensing and Registration Act, Chapter 156, Texas Finance Code, you are hereby notified of the following:

CONSUMERS WISHING TO FILE A COMPLAINT AGAINST A MORTGAGE COMPANY OR A LICENSED RESIDENTIAL MORTGAGE LOAN ORIGINATOR SHOULD COMPLETE AND SEND A COMPLAINT FORM TO THE TEXAS DEPARTMENT OF SAVINGS AND MORTGAGE LENDING 2601 NORTH LAMAR, SUITE 201, AUSTIN, TEXAS 78705. COMPLAINT FORMS AND INSTRUCTIONS MAY BE OBTAINED FROM THE DEPARTMENT'S WEBSITE AT WWW.SML.TEXAS.GOV. A TOLL-FREE CONSUMER HOTLINE IS AVAILABLE AT 1-877-276-5550.

THE DEPARTMENT MAINTAINS A RECOVERY FUND TO MAKE PAYMENTS OF CERTAIN ACTUAL OUT OF POCKET DAMAGES SUSTAINED BY BORROWERS CAUSED BY ACTS OF LICENSED MORTGAGE COMPANY RESIDENTIAL MORTGAGE LOAN ORIGINATORS. A WRITTEN APPLICATION FOR REIMBURSEMENT FROM THE RECOVERY FUND MUST BE FILED WITH AND INVESTIGATED BY THE DEPARTMENT PRIOR TO THE PAYMENT OF A CLAIM. FOR MORE INFORMATION ABOUT THE RECOVERY FUND, PLEASE CONSULT THE DEPARTMENT'S WEB SITE AT WWW.SML.TEXAS.GOV.

Applicant(s)

Signed: Name: Date: 

Residential Mortgage Loan Originator

Signed: Name: Sarah N. MontesDate: 

Signed: _____

Name: _____

Date: _____

EQUAL CREDIT OPPORTUNITY ACT

APPLICATION NO: [Redacted] hawthorne ventures lp

Date: [Redacted]

PROPERTY ADDRESS: [Redacted]

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this law concerning this company is the Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Avenue, Suite 3450, Houston, TX 77010

We are required to disclose to you that you need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so.

Having made this disclosure to you, we are permitted to inquire if any of the income shown on your application is derived from such a source and to consider the likelihood of consistent payment as we do with any income on which you are relying to qualify for the loan for which you are applying.

[Redacted Signature]

4/29/2020

(Applicant) (Date)

(Applicant) (Date)

DISCLOSURE NOTICES

Date: _____

Applicant(s):
_____Property Address:
_____**AFFIDAVIT OF OCCUPANCY**

Applicant(s) hereby certify and acknowledge that, upon taking title to the real property described above, their occupancy status will be as follows:

- ☐ Primary Residence - Applicant(s) shall occupy, establish, and use the Property as Applicant(s) principal residence within 60 days after closing and shall continue to occupy the Property as Applicant(s) principal residence for at least one year after the date of occupancy, unless Lender otherwise agrees in writing, which consent shall not be unreasonably withheld, or unless extenuating circumstances exist which are beyond Borrower's control.
- ☐ Secondary Residence - To be occupied by Applicant(s) at least 15 days yearly, as second home (vacation, etc.), while maintaining principal residence elsewhere. [Please check this box if you plan to establish it as your primary residence at a future date (e.g., retirement)].
- ☒ Investment Property - Not owner occupied. Purchased as an investment to be held or rented.

The Applicant(s) acknowledge it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statement concerning this loan application as applicable under the provisions of Title 18, United States Code, Section 1014.

APPLICANT SIGNATURE_____
CO-APPLICANT SIGNATURE**ANTI-COERCION STATEMENT**

The insurance laws of this state provide that the lender may not require the applicant to take insurance through any particular insurance agent or company to protect the mortgaged property. The applicant, subjected to the rules adopted by the Insurance Commissioner, has the right to have the insurance placed with an insurance agent or company of his choice, provided the company meets the requirement of the lender. The lender has the right to designate reasonable financial requirements as to the company and the adequacy of the coverage.

I have read the foregoing statement, or the rules of the Insurance Commissioner relative hereto, and understand my rights and privileges and those of the lender relative to the placing of such insurance.

I have selected the following agencies to write the insurance covering the property described above:

Insurance Company Name _____

Agent _____

Agent's Address _____

Agent's Telephone Number _____

APPLICANT SIGNATURE_____
CO-APPLICANT SIGNATURE**FAIR CREDIT REPORTING ACT**

An investigation will be made as to the credit standing of all individuals seeking credit in this application. The nature and scope of any investigation will be furnished to you upon written request made within a reasonable period of time. In the event of credit denial due to an unfavorable consumer report, you will be advised of the identity of the Consumer Reporting Agency making such report and of your right to request within sixty (60) days the reason for the adverse action, pursuant to provisions of section 615(b) of the Fair Credit Reporting Act.

APPLICANT SIGNATURE_____
CO-APPLICANT SIGNATURE**FHA LOANS ONLY**

IF YOU PREPAY YOUR LOAN ON OTHER THAN THE REGULAR INSTALLMENT DATE, YOU MAY BE ASSESSED INTEREST CHARGES UNTIL THE END OF THAT MONTH. For all FHA mortgages closed on or after January 21, 2015, mortgagees may only charge interest through the date the mortgage is paid in full.

GOVERNMENT LOANS ONLY

RIGHT TO FINANCIAL PRIVACY ACT OF 1978 - This is a notice to you as required by the Right to Financial Privacy Act of 1978 that the Department of Housing and Urban Development or Department of Veterans Affairs has a right of access to financial records held by a financial institution in connection with the consideration of administration of assistance to you. Financial records involving your transaction will be available to the Department of Housing and Urban Development or Department of Veterans Affairs without further notice or authorization but will not be disclosed or released to another Government agency or Department without your consent except as required or permitted by law.

APPLICANT SIGNATURE_____
CO-APPLICANT SIGNATURE

**FLOOD DISASTER
PROTECTION ACT OF 1973**

DATE: _____

APPLICATION NO: [REDACTED]-hawthorne ventures lp

PROPERTY ADDRESS:

I/We hereby acknowledge that we have been advised of the Flood Disaster Protection Act of 1973 and the requirements that I/We provide such insurance coverage on any property located within an area designated as a Flood Hazard Area. Should the subject property fall within a flood hazard area as defined in the Act, then I/We authorize HAWTHORNE VENTURES LP, its successors and/or assigns to purchase such insurance and I/We further agree to pay promptly the cost thereof.

DeputySigned for

(Applicant) (Date)

(Applicant) (Date)

(Applicant) (Date)

(Applicant) (Date)

SERVICING DISCLOSURE STATEMENT

Originator: Texas Pride Lending, LLC.
14114 Dallas Parkway, Ste. #160
Dallas, TX 75254

Date: [REDACTED]

NOTICE TO FIRST LIEN MORTGAGE LOAN APPLICANTS: THE RIGHT TO COLLECT YOUR MORTGAGE LOAN PAYMENTS MAY BE TRANSFERRED.



You are applying for a mortgage loan covered by the Real Estate Settlement Procedures Act (RESPA) (12 U.S.C. 2601 et seq.). RESPA gives you certain rights under Federal law. This statement describes whether the servicing for this loan may be transferred to a different loan servicer.

"Servicing" refers to collecting your principal, interest, and escrow payments, if any, as well as sending any monthly or annual statements, tracking account balances, and handling other aspects of your loan. You will be given advance notice before a transfer occurs.

- ☒ We may assign, sell or transfer the servicing of your loan while the loan is outstanding.
- ☐ We do not service mortgage loans of the type for which you applied. We intend to assign, sell, or transfer the servicing of your mortgage loan before the first payment is due.
- ☐ The loan for which you have applied will be serviced at this financial institution and we do not intend to sell, transfer, or assign the servicing of the loan.

Acknowledgment of Mortgage Loan Applicant(s)

I/We have read and understood the disclosure, and understand that the disclosure is a required part of the mortgage application as evidenced by my/our signature(s) below;

 
Applicant _____ Date _____ Applicant _____ Date _____

Initial Escrow Account Disclosure Statement

Date Prepared:

THIS IS AN ESTIMATE OF ACTIVITY IN YOUR ESCROW ACCOUNT DURING THE COMING YEAR BASED ON PAYMENTS ANTICIPATED TO BE MADE FROM YOUR ACCOUNT.

| Month | Payments to Escrow Account | Payments from Escrow Account | Description | Escrow Account Balance |
|-------|----------------------------|------------------------------|-----------------|------------------------|
| | | | Initial Deposit | |
| Jul | 15.00 | 0.00 | | 15.00 |
| Aug | 15.00 | 0.00 | | 30.00 |
| Sep | 15.00 | 0.00 | | 45.00 |
| Oct | 15.00 | 0.00 | | 60.00 |
| Nov | 15.00 | 0.00 | | 75.00 |
| Dec | 15.00 | 0.00 | | 90.00 |
| Jan | 15.00 | 0.00 | | 105.00 |
| Feb | 15.00 | 0.00 | | 120.00 |
| Mar | 15.00 | 0.00 | | 135.00 |
| Apr | 15.00 | 0.00 | | 150.00 |
| May | 15.00 | 0.00 | | 165.00 |
| Jun | 15.00 | 0.00 | | 180.00 |

(PLEASE KEEP THIS STATEMENT FOR COMPARISON WITH THE ACTUAL ACTIVITY IN YOUR ACCOUNT AT THE END OF THE ESCROW ACCOUNTING COMPUTATION YEAR)

Cushion selected by servicer: \$ 0.00

YOUR MONTHLY MORTGAGE PAYMENT FOR THE COMING YEAR WILL BE \$ 1,915.44 OF WHICH \$ 1,900.44 WILL BE FOR PRINCIPAL AND INTEREST AND \$ 15.00 WILL GO INTO YOUR ESCROW ACCOUNT.

Date _____

* Tax: Taxes, Haz: Hazard Insurance, MI: Mortgage Insurance, Schl: School Taxes, Fld: Flood Insurance, UD1: User Defined 1, UD2: User Defined 2

PATRIOT ACT INFORMATION DISCLOSURE

Applicant Name [REDACTED]
Co-Applicant Name [REDACTED]
Present Address [REDACTED]
Mailing Address [REDACTED]

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I/we acknowledge that I/we received a copy of this disclosure.

Applicant _____ Date _____

Applicant _____ Date _____

Customer Identification Documentation Patriot Act

The USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies every customer. Completion of this documentation is required in order to comply with the USA Patriot Act. A completed copy of this information must be retained with the loan file.

Application Number -hawthorne ventures lp Date

Name of Applicant [REDACTED]

Social Security # [REDACTED] Date of Birth [REDACTED]

Present Address [REDACTED]

Mailing Address [REDACTED]

Primary Identification Documentation

| Document Type | Passport | Other Document Type |
|---------------|----------|---------------------|
|---------------|----------|---------------------|

Document Number [REDACTED]

Issue Date _____ Expiration Date _____

Issued by **Republica De Nicaragua**

Secondary Identification Documentation

| Document Type | Other Document Type |
|--------------------------|---------------------------------|
| 1. Document Type | 2. Other Document Type |
| 3. Document Type | 4. Other Document Type |
| 5. Document Type | 6. Other Document Type |
| 7. Document Type | 8. Other Document Type |
| 9. Document Type | 10. Other Document Type |
| 11. Document Type | 12. Other Document Type |
| 13. Document Type | 14. Other Document Type |
| 15. Document Type | 16. Other Document Type |
| 17. Document Type | 18. Other Document Type |
| 19. Document Type | 20. Other Document Type |
| 21. Document Type | 22. Other Document Type |
| 23. Document Type | 24. Other Document Type |
| 25. Document Type | 26. Other Document Type |
| 27. Document Type | 28. Other Document Type |
| 29. Document Type | 30. Other Document Type |
| 31. Document Type | 32. Other Document Type |
| 33. Document Type | 34. Other Document Type |
| 35. Document Type | 36. Other Document Type |
| 37. Document Type | 38. Other Document Type |
| 39. Document Type | 40. Other Document Type |
| 41. Document Type | 42. Other Document Type |
| 43. Document Type | 44. Other Document Type |
| 45. Document Type | 46. Other Document Type |
| 47. Document Type | 48. Other Document Type |
| 49. Document Type | 50. Other Document Type |
| 51. Document Type | 52. Other Document Type |
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| 63. Document Type | 64. Other Document Type |
| 65. Document Type | 66. Other Document Type |
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| 69. Document Type | 70. Other Document Type |
| 71. Document Type | 72. Other Document Type |
| 73. Document Type | 74. Other Document Type |
| 75. Document Type | 76. Other Document Type |
| 77. Document Type | 78. Other Document Type |
| 79. Document Type | 80. Other Document Type |
| 81. Document Type | 82. Other Document Type |
| 83. Document Type | 84. Other Document Type |
| 85. Document Type | 86. Other Document Type |
| 87. Document Type | 88. Other Document Type |
| 89. Document Type | 90. Other Document Type |
| 91. Document Type | 92. Other Document Type |
| 93. Document Type | 94. Other Document Type |
| 95. Document Type | 96. Other Document Type |
| 97. Document Type | 98. Other Document Type |
| 99. Document Type | 100. Other Document Type |

Document Number _____

Issue Date _____ Expiration Date _____

Issued by _____

Discrepancies and Resolution

Completed by [REDACTED]

Form **4506**
(March 2019)**Request for Copy of Tax Return**

OMB No. 1545-0429

Department of the Treasury
Internal Revenue Service

- ▶ Do not sign this form unless applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506, visit www.irs.gov/form4506.

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript" or call 1-800-908-9946.

| | |
|--|---|
| 1a Name shown on tax return. If a joint return, enter the name shown first. <div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> | 1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) <div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> |
| 2a If a joint return, enter spouse name shown on tax return. <div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> | 2b Second social security number or individual taxpayer identification number if joint tax return <div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> |
| 3 _____, city, state, and ZIP code (See instructions) <div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> | |
| 4 Previous address shown on the last return filed if different from line 3 (See instructions) <div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> | |
| 5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party name, address, and telephone number. <div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> | |

Caution: If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

6 Tax return requested. Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ _____ ☐

Note: If the copies must be certified for court or administrative proceedings, check here. _____ ☐

7 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

| | |
|---|----------|
| 8 Fee. There is a \$50 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order. | |
| a Cost for each return _____ | \$ _____ |
| b Number of returns requested on line 7 _____ | \$ _____ |
| c Total cost. Multiply line 8a by line 8b _____ | \$ _____ |
| 9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here. <input type="checkbox"/> | |

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note.** This form must be received by IRS within 120 days of the signature date.

☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506.** See instructions.

| | |
|--|-----------------------------------|
| Sign Here <div style="background-color: black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> _____ (Signature) _____ Title (if line 1a above is a corporation, partnership, estate, or trust) _____ Spouse signature _____ | Date _____ _____ Date _____ |
|--|-----------------------------------|

Phone number of taxpayer on line 1a or 2a

ESIGN DISCLOSURES AND CONSENT

Federal law requires you receive certain disclosures and information about the products, services or accounts you may receive or access in connection with your relationship with us ("Required Information"). With your consent we can deliver Required Information to you by a) displaying or delivering the Required Information electronically; and b) requesting that you print or download the Required Information and retain it for your records.

This notice contains important information before you consent to electronic delivery of Required Information. Your consent also permits the general use of electronic records and electronic signatures in connection with the Required Information.

After you have read this INK-it Disclosures and Consent, if you agree to receive Required Information from us electronically, and if you agree to the general use of electronic records and electronic signatures in connection with our relationship, please "SIGN" below.

Statement of electronic disclosures: Texas Pride Lending, LLC.
14114 Dallas Parkway, Ste. #160
Dallas, TX 75254

If you consent to electronic disclosures, that consent applies to all Required Information we give you or receive from you in connection with our relationship and the associated notices, disclosures, and other documents.

You agree to print out or download Required Information when we advise you to do so and keep it for your records. If you are unable to print or download any Required Information, you may call us and request paper copies. If you need to update your e-mail address or other contact information with us, you may do so by calling us and requesting necessary updates.

Your consent does not mean that we must provide the Required Information electronically. We may at our option deliver Required Information on paper. We may also require that certain communications from you be delivered to us on paper at a specified address.

Required Software/Hardware

Hardware and software minimum requirements to access and store the electronic information:

- Hardware/Devices: iOS; Android; Windows
- Operating System: Windows 7, 8, 8.1, 10; Mac OS X
- Browsers: Internet Explorer 8, 9, 10, 11; Chrome; Firefox; Safari (MacOS); Opera
(Note: Cookies must be enabled)
- Software: Adobe Acrobat or similar software to view PDF files

If you do not have the required software and/or hardware, or if you do not wish to use electronic records and signatures for any other reason, you can request paper copies of the Required Information to be sent to you by calling us.

Withdrawing Consent

If you would like to withdraw your consent to receive future documents electronically and would prefer paper copies, please call us. If you withdraw your consent to receive documents electronically, the electronic service you are using will become unavailable to you, and your consent will not affect the validity or enforceability of prior electronic documents you received.

I have read the information about the use of electronic records, disclosures, notices, and e-mail, and consent to the use of electronic records for the delivery of Required Information in connection with our relationship. I will be able to view this information using my computer and software. I have an account with an internet service provider, and I am able to send e-mail and receive e-mail with hyperlinks to websites and attached files. I also consent to the use of electronic records and electronic signatures in place of written documents and handwritten signatures.

Digitally signed by

Borrower: 


Date: _____

Co-Borrower: _____

_____ Date: _____

Homeownership Counseling List

Applicant(s): [REDACTED]

Property [REDACTED]

Address: [REDACTED] [REDACTED]

Date: [REDACTED]

File No: [REDACTED] [REDACTED]-hawthorne ventures lp

The counseling agencies on this list are approved by the U.S. Department of Housing and Urban Development (HUD), and they can offer independent advice about whether a particular set of mortgage loan terms is a good fit based on your objectives and circumstances, often at little or no cost to you. This list shows you several approved agencies in your area. You can find other approved counseling agencies at the Consumer Financial Protection Bureau's (CFPB) Web site: consumerfinance.gov/mortgagehelp or by calling 1-855-411-CFPB (2372). You can also access a list of nationwide HUD-approved counseling intermediaries at http://portal.hud.gov/hudportal/HUD?src=/ohc_nint.

ACKNOWLEDGMENT OF RECEIPT OF HOMEOWNERSHIP COUNSELING NOTICE

By signing below, Borrower confirms receipt of the list of United States Department of Housing and Urban Development ("HUD") -approved homeownership counseling organizations and further confirms that the list of HUD-approved homeownership counseling organizations was provided to Borrower within three business days after Lender's receipt of Borrower's completed loan application.

Date:  _____


Borrower 

Appraisal/Valuation Acknowledgment

Loan#: [Redacted]-hawthorne ventures lp

Date: [Redacted]

Lender: HAWTHORNE VENTURES LP

Borrower: [Redacted]

Property Address: [Redacted]

You are entitled to receive a copy of any appraisal report or valuation ("Valuation Report") developed in connection with your application for credit at least three (3) business days prior to your closing date. A copy of each Valuation Report developed in connection with your credit application should have been delivered to you at least three (3) or more business days prior to the close date.

If you wish to proceed with your closing, your signature will acknowledge either:

- (1) Your receipt of each Valuation Report three (3) or more business days prior to your loan closing, or, alternatively,
- (2) That you previously waived your right to receive a copy of any Valuation Report developed in connection with your credit application three (3) or more business days prior to the closing date.

DocuSigned by:
[Redacted Signature]

[Redacted Signature]
Date: _____

The Right to Receive Appraisal

Loan #: [REDACTED]-hawthorne ventures lp

Date: [REDACTED]

Lender: HAWTHORNE VENTURES LP

Borrower: [REDACTED]

Property Address: [REDACTED]

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

DocuSigned by:
[REDACTED]
[REDACTED]

[REDACTED]
Date:

Borrower

Date:

AFFILIATED BUSINESS ARRANGEMENT DISCLOSURE STATEMENT NOTICE

To: [REDACTED]
From: **Texas Pride Lending, LLC.**
14114 Dallas Parkway, Ste. #160
Dallas, TX 75254

Property: [REDACTED]
Date: [REDACTED]

This is to give you notice that Texas Pride Lending, LLC. has a business relationship with Texas Pride Ins Agency dba GOOSEHEAD INSURANCE.

The nature of the relationship (and percentage of ownership interest) is: _____

RMLO, As Co-Owner-Member has a financial interest of (48%)

Because of this relationship, this referral may provide Texas Pride Lending, LLC. a financial or other benefit.

- [☒] A. Set forth below is the estimated charge or range of charges for the settlement services listed. You are NOT required to use the listed provider(s) as a condition for [☒] settlement of your loan on [or] [☒] purchase, sale, or refinance of the subject property. THERE ARE FREQUENTLY OTHER SETTLEMENT SERVICE PROVIDERS AVAILABLE WITH SIMILAR SERVICES. YOU ARE FREE TO SHOP AROUND TO DETERMINE THAT YOU ARE RECEIVING THE BEST SERVICES AND THE BEST RATE FOR THESE SERVICES.

| Provider and settlement service | Charge or range of charges |
|--|----------------------------|
| Goosehead Insurance - Home Owners Insurance | \$ \$700-\$2500 |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

- [] B. Set forth below is the estimated charge or range of charges for the settlement services of an attorney, credit reporting agency, or real estate appraiser that we, as your lender, will require you to use, as a condition of your loan on this property, to represent our interests in the transaction.

| Provider and settlement service | Charge or range of charges |
|---------------------------------|----------------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

ACKNOWLEDGMENT

I/We have read this disclosure form, and understand that Texas Pride Lending, LLC. is referring me/us to purchase the above-described settlement service(s) and may receive a financial or other benefit as the result of this referral.

[REDACTED]
[REDACTED]
Date

Borrower Date

ERRORS AND OMISSIONS/COMPLIANCE AGREEMENT

LENDER: HAWTHORNE VENTURES LP

BORROWERS: [REDACTED]

PROPERTY ADDRESS: [REDACTED]

In consideration of the Lender's funding and closing of this loan, the borrower(s) agree(s), if requested by Lender or Closing Agent for Lender, to fully cooperate and adjust for clerical errors, any or all loan closing documentation if deemed necessary or desirable in the reasonable discretion of Lender to enable Lender to sell, convey, seek guaranty or market the loan to any entity, including but not limited to an investor, Federal National Mortgage Association, Federal Home Loan Mortgage Corporation, Government National Mortgage Association, Federal Housing Authority or the Department of Veterans Affairs, or any Municipal Bonding Authority.

The borrower(s) agree(s) to comply with all above noted requests by the Lender within 30 days from date of mailing of the requests. Borrower(s) agree(s) to assume all costs including, by way of illustration and not limitation, actual expenses, legal fees and marketing losses for failing to comply with correction requests in the above noted time period.

The borrower(s) do hereby so agree in order to assure that this loan documentation executed will conform and be acceptable in the marketplace in the instance of transfer, sale or conveyance by Lender of its interest in and to the loan documentation, and to assure marketable title in the borrower(s).

DATED effective this _____ day of _____

[REDACTED]

(Borrower)

(Borrower)

NOTICE OF PENALTIES FOR MAKING FALSE OR MISLEADING STATEMENT

WARNING:

Intentionally or knowingly making a materially false or misleading written statement to obtain property or credit, including a mortgage loan, is a violation of Section 32.32, Texas Penal Code, and, depending on the amount of the loan or value of the property, is punishable by imprisonment for a term of 2 years to 99 years and a fine not to exceed \$10,000.

I/we, the undersigned home loan applicant(s), represent that I/we have received, read, and understand this notice of penalties for making a materially false or misleading written statement to obtain a home loan.

I/we represent that all statements and representations contained in my/our written home loan application, including statements or representations regarding my/our **identity, employment, annual income, and intent to occupy the residential real property** secured by the home loan, are true and correct as of the date of loan closing.



Applicant




Date


Co-Applicant

Date

ACKNOWLEDGEMENT OF RECEIPT OF YOUR HOME LOAN TOOLKIT

By signing below, Borrower confirms receipt of the Consumer Financial Protection Bureau - Step by Step Guide - "Your home loan toolkit", for information purposes and further confirms that the Consumer Financial Protection Bureau - Step by Step Guide - "Your home loan toolkit", was provided within three business days after Lender's receipt of Borrower's completed loan application.


Applicant


Date

Co-Applicant

Date

Your home loan toolkit

A step-by-step guide







How can this toolkit help you?

Buying a home is exciting and, let's face it, complicated. This booklet is a toolkit that can help you make better choices along your path to owning a home.

After you finish this toolkit:

- You'll know the most important steps you need to take to **get the best mortgage** for your situation Section 1: Page 3
- You'll better understand your closing costs and what it takes to buy a home Section 2: Page 16
- You'll see a few ways to **be a successful homeowner** Section 3: Page 24

How to use the toolkit:

-  The location symbol orients you to where you are in the home buying process.
-  The pencil tells you it is time to get out your pencil or pen to circle, check, or fill in numbers.
-  The magnifying glass highlights tips to help you research further to find important information.
-  The speech bubble shows you conversation starters for talking to others and gathering more facts.


About the CFPB

The Consumer Financial Protection Bureau is a federal agency that helps consumer finance markets work by making rules more effective, by consistently and fairly enforcing those rules, and by empowering consumers to take more control over their economic lives.

Have a question about a common consumer financial product or problem? You can find answers by visiting consumerfinance.gov/askcfpb. Have an issue with a mortgage, student loan, or other financial product or service? You can submit a complaint to the CFPB. We'll forward your complaint to the company and work to get you a response. Turn to the back cover for details on how to submit a complaint or call us at (855) 411-2372.

This booklet was created to comply with federal law pursuant to 12 U.S.C. 2604, 12 CFR 1024.6, and 12 CFR 1026.19(g).

Choosing the best mortgage for you

 You're starting to look for a mortgage or want to confirm you made a good decision.

To make the most of your mortgage, you need to decide what works for you and then shop around to find it. In this section, you'll find eight steps to get the job done right.

1. Define what affordable means to you

Only you can decide how much you are comfortable paying for your housing each month. In most cases, your lender can consider only if you are able to repay your mortgage, not whether you will be comfortable repaying your loan. Based on your whole financial picture, think about whether you want to take on the mortgage payment plus the other costs of homeownership such as appliances, repairs, and maintenance.

THE TALK

Ask your spouse, a loved one, or friend about what affordable means to you:

"What's more important—a bigger home with a larger mortgage or more financial flexibility?"

"How much do we want to budget for all the monthly housing costs, including repairs, furniture, and new appliances?"

"What will a mortgage payment mean for other financial goals?"

IN THIS SECTION

1. Define what affordable means to you
2. Understand your credit
3. Pick the mortgage type that works for you
4. Choose the right down payment for you
5. Understand the trade-off between points and interest rate
6. Shop with several lenders
7. Choose your mortgage
8. Avoid pitfalls and handle problems

Step 2. Estimate the percentage of your income spent on your monthly home payment

Calculate the percentage of your total monthly income that goes toward your total monthly home payment each month. A mortgage lending rule of thumb is that your total monthly home payment should be at or below 28% of your total monthly income before taxes. Lenders may approve you for more or for less depending on your overall financial picture.

\$

My estimated total monthly home payment (from step 1)

÷

\$

My total monthly income before taxes

× 100 =

%

Percentage of my income going toward my monthly home payment

Step 3. Estimate what is left after subtracting your monthly debts

To determine whether you are comfortable with your total monthly home payment, figure out how much of your income is left after you pay for your housing plus your other monthly debts.

| | |
|--|------|
| Total monthly income <i>after taxes</i> | \$ |
| My estimated total monthly home payment (from step 1) | |
| Monthly car payment(s) | – \$ |
| Monthly student loan payment(s) | – \$ |
| Monthly credit card payment(s) | – \$ |
| Other monthly payments, such as child support or alimony | – \$ |
| Total monthly income minus all debt payments | = \$ |
| This money must cover your utilities, groceries, child care, health insurance, repairs, and everything else. If this isn't enough, consider options such as buying a less expensive home or paying down debts. | |

Step 4. Your choice

I am comfortable with a total monthly home payment of: \$

KNOW YOUR NUMBERS

Calculate the home payment you can take on by filling in the worksheets below:

Think about what an affordable home loan looks like for you. These worksheets can help. First, estimate your total monthly home payment. Second, look at the percentage of your income that will go toward your monthly home payment. Third, look at how much money you will have available to spend on the rest of your monthly expenses.

Step 1. Estimate your total monthly home payment by adding up the items below

Your **total monthly home payment** is more than just your mortgage. There are more expenses that go along with owning your home. Start with estimates and adjust as you go.

| MONTHLY ESTIMATE | |
|---|------|
| Principal and interest (P&I) Your principal and interest payment depends on your home loan amount, the interest rate, and the number of years it takes to repay the loan. Principal is the amount you pay each month to reduce the loan balance. Interest is the amount you pay each month to borrow money. Many principal and interest calculators are available online. | \$ |
| Mortgage insurance Mortgage insurance is often required for loans with less than a 20% down payment. | + \$ |
| Property taxes The local assessor or auditor's office can help you estimate property taxes for your area. If you know the yearly amount, divide by 12 and write in the monthly amount. | + \$ |
| Homeowner's insurance You can call one or more insurance agents to get an estimate for homes in your area. Ask if flood insurance is required. | + \$ |
| Homeowner's association or condominium fees, if they apply Condominiums and other planned communities often require homeowner's association (HOA) fees. | + \$ |
| My estimated total monthly home payment | = \$ |

2. Understand your credit

Your credit, your credit scores, and how wisely you shop for a loan that best fits your needs have a significant impact on your mortgage interest rate and the fees you pay. To improve your credit and your chances of getting a better mortgage, get current on your payments and stay current. About 35% of your credit scores are based on whether or not you pay your bills on time. About 30% of your credit scores are based on how much debt you owe. That's why you may want to consider paying down some of your debts.

RESEARCH STARTER

Check out interest rates and make sure you're getting the credit you've earned.

- ☐ Get your credit report at annualcreditreport.com and check it for errors. If you find mistakes, submit a request to each of the credit bureaus asking them to fix the mistake. For more information about correcting errors on your credit report, visit consumerfinance.gov/askcfpb.
- ☐ For more on home loans and credit, visit consumerfinance.gov/owning-a-home.

TIP

Be careful making any big purchases on credit before you close on your home. Even financing a new refrigerator could make it harder for you to get a mortgage.

TIP

Correcting errors on your credit report may raise your score in 30 days or less. It's a good idea to correct errors before you apply for a mortgage.

NOW

- If your credit score is below 700, you will likely pay more for your mortgage.
- Most credit scoring models are built so you can shop for a mortgage within a certain period—generally between 14 days and 45 days—with little or no impact on your score. If you shop outside of this period, any change triggered by shopping should be minor—a small price to pay for saving money on a mortgage loan.

IN THE FUTURE

- If you work on improving your credit and wait to buy a home, you will likely save money. Some people who improve their credit save \$50 or \$100 on a typical monthly mortgage payment.
- An average consumer who adopts healthy credit habits, such as paying bills on time and paying down credit cards, could see a credit score improvement in three months or more.

YOUR CHOICE

Check one:

- ☐ I will go with the credit I have. ☐ OR ☐ I will wait a few months or more and work to improve my credit.

3. Pick the mortgage type—fixed or adjustable—that works for you

With a **fixed-rate mortgage**, your principal and interest payment stays the same for as long as you have your loan.

- Consider a fixed-rate mortgage if you want a predictable payment.
- You may be able to refinance later if interest rates fall or your credit or financial situation improves.

With an **adjustable-rate mortgage (ARM)**, your payment often starts out lower than with a fixed-rate loan, but your rate and payment could increase quickly. It is important to understand the trade-offs if you decide on an ARM.

- Your payment could increase a lot, often by hundreds of dollars a month.
- Make sure you are confident you know what your maximum payment could be and that you can afford it.

Planning to sell your home within a short period of time? That's one reason some people consider an ARM. But, you probably shouldn't count on being able to sell or refinance. Your financial situation could change. Home values may go down or interest rates may go up.

You can learn more about ARMs in the Consumer Handbook on Adjustable Rate Mortgages (files.consumerfinance.gov/f/201401_cfpb_booklet_charm.pdf) or by visiting consumerfinance.gov/owning-a-home.

YOUR CHOICE
Check one:

- ☐ I prefer a fixed-rate mortgage. OR ☐ I prefer an adjustable-rate mortgage.

Check for risky loan features

Some loans are safer and more predictable than others. It is a good idea to make sure you are comfortable with the risks you are taking on when you buy your home. You can find out if you have certain types of risky loan features from the Loan Terms section on the first page of your Loan Estimate.

A **balloon payment** is a large payment you must make, usually at the end of your loan repayment period. Depending on the terms of your loan, the balloon payment could be as large as the entire balance on your mortgage.

A **prepayment penalty** is an amount you have to pay if you refinance or pay off your loan early. A prepayment penalty may apply even if you sell your home.

TIP
Many borrowers with ARMs underestimate how much their interest rates can rise.

4. Choose the right down payment for you

A down payment is the amount you pay toward the home yourself. You put a percentage of the home's value down and borrow the rest through your mortgage loan.

YOUR CHOICE
Check one:

| YOUR DOWN PAYMENT | WHAT THAT MEANS FOR YOU |
|--|---|
| <input type="checkbox"/> I will put down 20% or more. | A 20% or higher down payment likely provides the best rates and most options. However, think twice if the down payment drains all your savings. |
| <input type="checkbox"/> I will put down between 5% and 19%. | You probably have to pay higher interest rates or fees. Lenders most likely require private mortgage insurance (PMI) . PMI is an insurance policy that lets you make a lower down payment by insuring the lender against loss if you fail to pay your mortgage. Keep in mind when you hear about "no PMI" offers that doesn't mean zero cost. No PMI offers often have higher interest rates and may also require you to take out a second mortgage. Be sure you understand the details. |
| <input type="checkbox"/> I will make no down payment or a small one of less than 5%. | Low down payment programs are typically more expensive because they may require mortgage insurance or a higher interest rate. Look closely at your total fees, interest rate, and monthly payment when comparing options. Ask about loan programs such as: <ul style="list-style-type: none">Conventional loans that may offer low down payment options.FHA, which offers a 3.5% down payment program.VA, which offers a zero down payment option for qualifying veterans.USDA, which offers a similar zero down payment program for eligible borrowers in rural areas. |

The advantages of prepayment

Prepayment is when you make additional mortgage payments so you pay down your mortgage early. This reduces your overall cost of borrowing, and you may be able to cancel your private mortgage insurance early and stop paying the premium. Especially if your down payment is less than 20%, it may make sense to make additional payments to pay down your loan early.

TIP
Prepayment is your choice. You don't have to sign up for a program or pay a fee to set it up.

5. Understand the trade-off between points and interest rate

Points are a percentage of a loan amount. For example, when a loan officer talks about one point on a \$100,000 loan, the loan officer is talking about one percent of the loan, which equals \$1,000. Lenders offer different interest rates on loans with different points. There are three main choices you can make about points. You can decide you don't want to pay or receive points at all. This is called a **zero point loan**. You can pay points at closing to receive a lower interest rate. Or you can choose to have points paid to you (also called **lender credits**) and use them to cover some of your closing costs.

The example below shows the trade-off between points as part of your closing costs and interest rates. In the example, you borrow \$180,000 and qualify for a 30-year fixed-rate loan at an interest rate of 5.0% with zero points. Rates currently available may be different than what is shown in this example.

COMPARE THREE SCENARIOS OF HOW POINTS AFFECT INTEREST RATE

| RATE | 4.875% | 5.0% | 5.125% |
|-----------------|--|---|---|
| POINTS | +0.375 | 0 | -0.375 |
| YOUR SITUATION | You plan to keep your mortgage for a long time. You can afford to pay more cash at closing. | You are satisfied with the market rate without points in either direction. | You don't want to pay a lot of cash upfront and you can afford a larger mortgage payment. |
| YOU MAY CHOOSE | Pay points now and get a lower interest rate. This will save you money over the long run. | Zero points. | Pay a higher interest rate and get a lender credit toward some or all of your closing costs. |
| WHAT THAT MEANS | You might agree to pay \$675 more in closing costs, in exchange for a lower rate of 4.875%. Now: You pay \$675 Over the life of the loan: Pay \$14 less each month | With no adjustments in either direction, it is easier to understand what you're paying and to compare prices. | You might agree to a higher rate of 5.125%, in exchange for \$675 toward your closing costs. Now: You get \$675 Over the life of the loan: Pay \$14 more each month |

6. Shop with several lenders

You've figured out what affordable means for you. You've reviewed your credit and the kind of mortgage and down payment that best fits your situation. Now is the time to start shopping seriously for a loan. The work you do here could save you thousands of dollars over the life of your mortgage.

GATHER FACTS AND COMPARE COSTS

- ☐ **Make a list of several lenders you will start with**
Mortgages are typically offered by community banks, credit unions, mortgage brokers, online lenders, and large banks. These lenders have loan officers you can talk to about your situation.
- ☐ **Get the facts from the lenders on your list**
Find out from the lenders what loan options they recommend for you, and the costs and benefits for each. For example, you might find a discount is offered for borrowers who have completed a home buyer education program.
- ☐ **Get at least three offers—in writing—so that you can compare them**
Review the decisions you made on [pages 4 to 8](#) to determine the loan type, down payment, total monthly home payment and other features to shop for. Now ask at least three different lenders to give you a **Loan Estimate**, which is a standard form showing important facts about the loan. It should be sent to you within three days, and it shouldn't be expensive. Lenders can charge you only a small fee for getting your credit report—and some lenders provide the Loan Estimate without that fee.
- ☐ **Compare Total Loan Costs**
Review your Loan Estimates and compare Total Loan Costs, which you can see under **Section D** at the bottom left of the second page of the Loan Estimate. **Total Loan Costs** include what your lender charges to make the loan, as well as costs for services such as appraisal and title. The third page of the Loan Estimate shows the **Annual Percentage Rate (APR)**, which is a measure of your costs over the loan term expressed as a rate. Also shown on the third page is the **Total Interest Percentage (TIP)**, which is the total amount of interest that you pay over the loan term as a percentage of your loan amount. You can use APR and TIP to compare loan offers.

RESEARCH STARTER

Loan costs can vary widely from lender to lender, so this is one place where a little research may help you save a lot of money. Here's how:

- ☐ Ask real estate and title professionals about average costs in your area.
- ☐ Learn more about loan costs, and get help comparing options, at consumerfinance.gov/owning-a-home.

TIP
A loan officer is not necessarily shopping on your behalf or providing you with the best fit or lowest cost loan.

TIP
It is illegal for a lender to pay a loan officer more to steer you into a higher cost loan.

THE TALK

Talking to different lenders helps you to know what options are available and to feel more in control. Here is one way to start the conversation:

"This mortgage is a big decision and I want to get it right. Another lender is offering me a different loan that may cost less. Let's talk about what the differences are and whether you may be able to offer me the best deal."

TRACK YOUR LOAN OFFERS
Fill in the blanks for these important factors:

| | LOAN OFFER 1 | LOAN OFFER 2 | LOAN OFFER 3 |
|---|---|---|---|
| Lender name | | | |
| Loan amount | \$ | \$ | \$ |
| Interest rate | % | % | % |
| | <input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable | <input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable | <input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable |
| Monthly principal and interest | \$ | \$ | \$ |
| Monthly mortgage insurance | \$ | \$ | \$ |
| Total Loan Costs (See section D on the second page of your Loan Estimate.) | \$ | \$ | \$ |

My best loan offer is: _____

The interest rate on your Loan Estimate is not a guarantee. If your rate is floating and it is later locked, your interest rate will be set at that later time. Also, if there are changes in your application—including your loan amount, credit score, or verified income—your rate and terms will probably change too. In those situations, the lender gives you a revised Loan Estimate.

There can be a downside to a rate lock. It may be expensive to extend if your transaction needs more time. And, a rate lock may lock you out of better market pricing if rates fall.

THE TALK

Rate lock policies vary by lender. Choosing to lock or float your rate can make an important difference in your monthly payment. To avoid surprises, ask:

- "What does it mean if I lock my rate today?"
- "What rate lock time frame does this Loan Estimate provide?"
- "Is a shorter or longer rate lock available, and at what cost?"
- "What if my closing is delayed and the rate lock expires?"
- "If I lock my rate, are there any conditions under which my rate could still change?"

7. Choose your mortgage

You've done a lot of hard work to get this far! Now it is time to make your call.

CONFIRM YOUR DECISION
Check the box if you agree with the statement:

- ☐ I can repay this loan.
- ☐ I am comfortable with my monthly payment.
- ☐ I shopped enough to know this is a good deal for me.
- ☐ There are no risky features such as a balloon payment or prepayment penalty I can't handle down the road.
- ☐ I know whether my principal and interest payment will increase in the future.

Still need advice? The U.S. Department of Housing and Urban Development (HUD) sponsors housing counseling agencies throughout the country to provide free or low-cost advice. To find a HUD-approved housing counselor visit consumerfinance.gov/find-a-housing-counselor or call HUD's interactive voice system at (800) 569-4287.

Intent to proceed

When you receive a Loan Estimate, the lender has not yet approved or denied your loan. Up to this point, they are showing you what they expect to offer if you decide to move forward with your application. You have not committed to this lender. In fact, you are not committed to any lender before you have signed final closing documents.

Once you have found your best mortgage, the next step is to tell the loan officer you want to proceed with that mortgage application. This is called expressing your intent to proceed. Lenders have to wait until you express your intent to proceed before they require you to pay an application fee, appraisal fee, or most other fees.

Rate lock

Your Loan Estimate may show a rate that has been "locked" or a rate that is "floating," which means it can go up or down. Mortgage interest rates change daily, sometimes hourly. A rate lock sets your interest rate for a period of time. Rate locks are typically available for 30, 45, or 60 days, and sometimes longer.

8. Avoid pitfalls

| WHAT NOT TO DO | WHY? |
|---|---|
| Don't sign documents where important details are left blank or documents you don't understand. | You are agreeing to repay a substantial amount of money over an extended period of time. Make sure you know what you are getting into and protect yourself from fraud. |
| Don't assume you are on your own. | HUD-approved housing counselors can help you navigate the process and find programs available to help first-time homebuyers. You can find a HUD-approved housing counselor in your area at consumerfinance.gov/find-a-housing-counselor or call HUD's interactive voice system at (800) 569-4287. |
| Don't take on more mortgage than you want or can afford. | Make certain that you want the loan that you are requesting and that you are in a position to live up to your end of the bargain. |
| Don't count on refinancing, and don't take out a loan if you already know you will have to change it later. | If you are not comfortable with the loan offered to you, ask your lender if there is another option that works for you. Keep looking until you find the right loan for your situation. |
| Don't fudge numbers or documents. | You are responsible for an accurate and truthful application. Be upfront about your situation. Mortgage fraud is a serious offense. |
| Don't hide important financial information. | Hiding negative information may delay or derail your loan application. |

Handle problems

| WHAT HAPPENED | WHAT TO DO ABOUT IT |
|---|--|
| I have experienced a problem with my loan application or how my loan officer is treating me. | Ask to talk to a supervisor. It may be a good idea to talk to the loan officer first, and if you are not satisfied, ask to speak with a supervisor. |
| I think I was unlawfully discriminated against when I applied for a loan or when I tried to buy a home. | <p>The Fair Housing Act and Equal Credit Opportunity Act prohibit housing and credit discrimination. If you think you have been discriminated against during any part of the mortgage process, you can submit a complaint and describe what happened. To do so, you can call the Consumer Financial Protection Bureau at (855) 411-2372 or visit consumerfinance.gov/complaint. Submit a complaint to the U.S. Department of Housing and Urban Development (HUD) by calling (800) 669-9777, TTY (800) 927-9275. Or, file a complaint online at HUD.gov.</p> <p>You can find more information about your rights and how to submit a complaint with the CFPB at consumerfinance.gov/fair-lending.</p> |
| I have a complaint. | Submit a complaint to the Consumer Financial Protection Bureau if you have problems at any stage of the mortgage application or closing process, or later if you have problems making payments or become unable to pay. You can call (855) 411-2372 or visit consumerfinance.gov/complaint . |
| I think I may have been the victim of a predatory lender or a loan fraud. | <p>Don't believe anyone who tells you they are your "only chance to get a loan," or that you must "act fast." Learn the warning signs of predatory lending and protect yourself. Find more information at portal.hud.gov/hudportal/HUD?src=/program_offices/housing/sfh/hcc/OHC_PREDLEND/OHC_LOANFRAUD.</p> <p>You could learn more about your loan officer at nmlsconsumeraccess.org.</p> |

- Review the list of companies your lender gave you. Select a few companies on the list and ask for references from people who recently bought a home. Ask those people how the company handled problems that came up during the transaction.

Title insurance

When you purchase your home, you receive a document most often called a deed, which shows the seller transferred their legal ownership, or "title," to the home to you. **Title insurance** can provide protection if someone later sues and says they have a claim against the home. Common claims come from a previous owner's failure to pay taxes or from contractors who say they were not paid for work done on the home before you purchased it.

Most lenders require a **Lender's Title Insurance** policy, which protects the amount they lent. You may want to buy an **Owner's Title Insurance** policy, which protects your financial investment in the home. The Loan Estimate you receive lists the Owner's Title Insurance policy as optional if your lender does not require the policy as a condition of the loan.

Depending on the state where you are buying your home, your title insurance company may give you an itemized list of fees at closing. This itemized list may be required under state law and may be different from what you see on your Loan Estimate or Closing Disclosure. That does not mean you are being charged more. If you add up all the title-related costs your title insurance company gives you, it should match the totals of all the title-related costs you see on your Loan Estimate or Closing Disclosure. When comparing costs for title insurance, make sure to compare the bottom line total.

Home inspector and home appraiser

When you are considering buying a home, it is smart to check it out carefully to see if it is in good condition. The person who does this for you is called a **home inspector**. The inspector works for you and should tell you whether the home you want to buy is in good condition and whether you are buying a "money pit" of expensive repairs. Get your inspection before you are finally committed to buy the home.

A home inspector is different from a **home appraiser**. The appraiser is an independent professional whose job is to give the lender an estimate of the home's market value. You are entitled to a copy of the appraisal prior to your closing. This allows you to see how the price you agreed to pay compares to similar and recent property sales in your area.

Your closing

★ You've chosen a mortgage. Now it's time to select and work with your closing agent.

- IN THIS SECTION
1. Shop for mortgage closing services
 2. Review your revised Loan Estimate
 3. Understand and use your Closing Disclosure

Once you've applied for a mortgage, you may feel like you're done. But mortgages are complicated and you still have choices to make.

1. Shop for mortgage closing services

Once you've decided to move forward with a lender based on the Loan Estimate, you are ready to shop for the **closing agent** who gathers all the legal documents, closes the loan, and handles the money involved in your purchase. After you apply for a loan, your lender gives you a list of companies that provide closing services. You may want to use one of the companies on the list. Or, you may be able to choose companies that are not on the list if your lender agrees to work with your choice. The seller cannot require you to buy a title insurance policy from a particular title company.

TIP

Settlement services may feel like a drop in the bucket compared to the cost of the home. But in some states borrowers who shop around may save hundreds of dollars.

Closing agent

In most of the country, a settlement agent does your closing. In other states, particularly several states in the West, the person is known as an escrow agent. And in some states, particularly in the Northeast and South, an attorney may be required.

🔍 RESEARCH STARTER

When you compare closing agents, look at both cost and customer service.

- Ask your real estate professional and your friends. These people may know companies they would recommend. Be sure to ask how that company handled problems and if they have a good reputation.

2. Review your revised Loan Estimate

When important information changes, your lender is required to give you a new Loan Estimate that shows your new loan offer.

It is illegal for a lender to quote you low fees and costs for its services on your Loan Estimate and then surprise you with much higher costs in a revised Loan Estimate or Closing Disclosure. However, a lender may change the fees it quotes you for its services if the facts on your application were wrong or changed, you asked for a change, your lender found you did not qualify for the original loan offer, or your Loan Estimate expired.

Here are common reasons why your Loan Estimate might change:

- You decided to change loan programs or the amount of your down payment.
- The appraisal on the home you want to buy came in higher or lower than expected.
- You took out a new loan or missed a payment and that has changed your credit.
- Your lender could not document your overtime, bonus, or other income.

💬 THE TALK

If your Loan Estimate is revised you should look it over to see what changed. Ask your lender:

"Can you explain why I received a new Loan Estimate?"

"How is my loan transaction different from what I was originally expecting?"

"How does this change my loan amount, interest rate, monthly payment, cash to close, and other loan features?"

If anything on the Closing Disclosure is not clear to you, ask your lender or settlement agent, "What does this mean?"

1. Act fast if you get behind on your payments
2. Keep up with ongoing costs
3. Determine if you need flood insurance
4. Understand Home Equity Lines of Credit (HELOCs) and refinancing

24 YOUR HOME LOAN TOOLKIT

- If you are not comfortable with your mortgage and your responsibility to make payments, you might not be able to keep your home.
- If you've made a careful decision about what you can afford and the mortgage you wanted, you will be able to balance owning your home and meeting your other financial goals.

Rev. 10/16

FACTS

What Does Texas Pride Lending, LLC. Do With Your Personal Information?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also required us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security Number and Income
- employment information and assets
- credit history and account balances

When you are *no longer* our customer, we continue to share your information as described in this notice.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Texas Pride Lending, LLC. chooses to share; and whether you can limit this sharing.

| Reasons we can share your personal information | Does Texas Pride Lending, LLC. share? | Can you limit this sharing? |
|--|---------------------------------------|-----------------------------|
| For our everyday business purposes -- such as to process your transactions, maintain your account(s), responds to court orders and legal investigations, or report to credit bureaus | No | We Don't Share |
| For our marketing purposes -- to offer our products and services to you | No | We Don't Share |
| For joint marketing with other financial companies | No | We Don't Share |
| For our affiliates' everyday business purposes -- information about your transactions and experiences | No | We Don't Share |
| For our affiliates' everyday business purposes -- information about your creditworthiness | No | We Don't Share |
| For our affiliates to market to you | No | We Don't Share |
| For nonaffiliates to market to you | No | We Don't Share |

Questions?

- Call 800-515-0445 or go to www.TexasPrideLending.com

Who we are**Who is providing this notice?**

Texas Pride Lending, LLC.

What we do**How does Texas Pride Lending, LLC. protect my personal information?**

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

How does Texas Pride Lending, LLC. collect my personal information?

We collect your personal information, for example, when you

- apply for financing or apply for a loan
- show your driver's license or provide account information
- show your government-issued ID

Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes - information about your creditworthiness
- affiliates from using your information to market to you
- sharing for non-affiliates to market to you

State Laws and individual companies may give you additional rights to limit sharing.

Definitions**Affiliates**

Companies related by common ownership or control. They can be financial and nonfinancial companies.

Texas Pride Lending, LLC. does not share with our affiliates.

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *Texas Pride Lending, LLC. does not share with nonaffiliates so they can market to you.*

Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Texas Pride Lending, LLC. doesn't jointly market.*

Written List of Service Providers

Applicant(s): [REDACTED]
Property Address: [REDACTED]

Date: [REDACTED]
File No.: [REDACTED] -hawthorne ventures lp

The Good Faith Estimate you received from the Originator identifies specific settlement services that are required in order for you to close your loan. Below is a list compiled by the Originator that identifies providers who offer those required settlement service. You do not need to pick any of the providers on the list and may shop for any of these required services.

4. Title Service and Lender's Title Insurance

Texas American Title
2500 West Loop South # 500 (P)713-621-5808
Houston, TX 77027

Independence Title
5300 Memorial Drive #460 (P)281-822-4111
Houston, TX 77007

Declaration Title
12649 Memorial Drive Suite F (P)713-827-7800
Houston, TX 77024

Patten Law Firm
2500 West Loop South # 500 (P)713-621-5808
Houston, TX 77027

Capital Title
14131 Mueschke Road, Suite 203 (P)281-256-9700
Cypress, TX 77429

Horne & Associates, P.C.
1795 Northwest Hwy (P)972-271-1700
Garland, TX 75041

Amortization Schedule

Amortization Schedule For:

Property Address:

Prepared For:

Provided By: Sarah N. Montes, Texas Pride Lending, LLC.
14114 Dallas Parkway, Ste. #160 Dallas, TX 75254
(P) 800-515-0445/ (F) 800-515-0445

Loan Program: 15 YR FIXED

| | | | | |
|---------------|----------------|----------|------|------|
| Loan Amount | \$ 176,850 | Buydown: | Rate | Term |
| Interest Rate | 10.000 % | | | |
| Term/Due In | 180/180 months | | | |
| 1st PMT Date | 07/01/2020 | | | |
| Qual Rate | 10.000 % | | | |
| APR | 9.952 % | | | |

| | |
|-----------------|-----------------------------------|
| Rate Adjustment | Payment Adjustment |
| First Adj. Cap | Initial Payment Rate % for months |
| First Change | First Adj. Cap |
| Adjust Cap | First Change |
| Adjust Period | Recast Period |
| Life Cap | Recast Stop |
| Margin | Max Balance |
| Index | Interest Only |
| Rounding | GPM |

| Summary | | | | | | | |
|---------|----------|----------|-----------------|----------------|---------------|---------------|----------|
| No | Pmt Date | Int Rate | Monthly Payment | Principal Paid | Interest Paid | Mtg Insurance | Balance |
| 179 | | 10.000 | 1,900.44 | 174,965.48 | 165,213.28 | 0.00 | 1,884.52 |
| 1 | | 10.000 | 1,900.22 | 1,884.52 | 15.70 | 0.00 | 0.00 |
| TOTAL | | | 342,078.98 | 176,850.00 | 165,228.98 | | |

Yearly Schedule

| No | Pmt Date | Int Rate | Monthly Payment | Principal Paid | Interest Paid | Mtg Insurance | Balance |
|-------|----------|----------|-----------------|----------------|---------------|---------------|------------|
| 12 | | 10.000 | 1,900.44 | 5,361.60 | 17,443.68 | | 171,488.40 |
| 12 | | 10.000 | 1,900.44 | 5,923.02 | 16,882.26 | | 165,565.38 |
| 12 | | 10.000 | 1,900.44 | 6,543.24 | 16,262.04 | | 159,022.14 |
| 12 | | 10.000 | 1,900.44 | 7,228.41 | 15,576.87 | | 151,793.73 |
| 12 | | 10.000 | 1,900.44 | 7,985.31 | 14,819.97 | | 143,808.42 |
| 12 | | 10.000 | 1,900.44 | 8,821.50 | 13,983.78 | | 134,986.92 |
| 12 | | 10.000 | 1,900.44 | 9,745.23 | 13,060.05 | | 125,241.69 |
| 12 | | 10.000 | 1,900.44 | 10,765.67 | 12,039.61 | | 114,476.02 |
| 12 | | 10.000 | 1,900.44 | 11,892.95 | 10,912.33 | | 102,583.07 |
| 12 | | 10.000 | 1,900.44 | 13,138.30 | 9,666.98 | | 89,444.77 |
| 12 | | 10.000 | 1,900.44 | 14,514.06 | 8,291.22 | | 74,930.71 |
| 12 | | 10.000 | 1,900.44 | 16,033.88 | 6,771.40 | | 58,896.83 |
| 12 | | 10.000 | 1,900.44 | 17,712.84 | 5,092.44 | | 41,183.99 |
| 12 | | 10.000 | 1,900.44 | 19,567.62 | 3,237.66 | | 21,616.37 |
| 11 | | 10.000 | 1,900.44 | 19,731.85 | 1,172.99 | | 1,884.52 |
| 1 | | 10.000 | 1,900.22 | 1,884.52 | 15.70 | | 0.00 |
| TOTAL | | | 342,078.98 | 176,850.00 | 165,228.98 | | |

Monthly Payment

| No | Pmt Date | Int Rate | Monthly Schedule | Principal Paid | Interest Paid | Mtg Insurance | Balance |
|------------------|----------|----------|------------------|-----------------|------------------|---------------|------------|
| 1 | | 10.000 | 1,900.44 | 426.69 | 1,473.75 | | 176,423.31 |
| 2 | | 10.000 | 1,900.44 | 430.25 | 1,470.19 | | 175,993.06 |
| 3 | | 10.000 | 1,900.44 | 433.83 | 1,466.61 | | 175,559.23 |
| 4 | | 10.000 | 1,900.44 | 437.45 | 1,462.99 | | 175,121.78 |
| 5 | | 10.000 | 1,900.44 | 441.09 | 1,459.35 | | 174,680.69 |
| 6 | | 10.000 | 1,900.44 | 444.77 | 1,455.67 | | 174,235.92 |
| Sub Total | | | 11,402.64 | 2,614.08 | 8,788.56 | | |
| 7 | | 10.000 | 1,900.44 | 448.47 | 1,451.97 | | 173,787.45 |
| 8 | | 10.000 | 1,900.44 | 452.21 | 1,448.23 | | 173,335.24 |
| 9 | | 10.000 | 1,900.44 | 455.98 | 1,444.46 | | 172,879.26 |
| 10 | | 10.000 | 1,900.44 | 459.78 | 1,440.66 | | 172,419.48 |
| 11 | | 10.000 | 1,900.44 | 463.61 | 1,436.83 | | 171,955.87 |
| 12 | | 10.000 | 1,900.44 | 467.47 | 1,432.97 | | 171,488.40 |
| 13 | | 10.000 | 1,900.44 | 471.37 | 1,429.07 | | 171,017.03 |
| 14 | | 10.000 | 1,900.44 | 475.30 | 1,425.14 | | 170,541.73 |
| 15 | | 10.000 | 1,900.44 | 479.26 | 1,421.18 | | 170,062.47 |
| 16 | | 10.000 | 1,900.44 | 483.25 | 1,417.19 | | 169,579.22 |
| 17 | | 10.000 | 1,900.44 | 487.28 | 1,413.16 | | 169,091.94 |
| 18 | | 10.000 | 1,900.44 | 491.34 | 1,409.10 | | 168,600.60 |
| Sub Total | | | 22,805.28 | 5,635.32 | 17,169.96 | | |
| 19 | | 10.000 | 1,900.44 | 495.43 | 1,405.01 | | 168,105.17 |
| 20 | | 10.000 | 1,900.44 | 499.56 | 1,400.88 | | 167,605.61 |
| 21 | | 10.000 | 1,900.44 | 503.73 | 1,396.71 | | 167,101.88 |
| 22 | | 10.000 | 1,900.44 | 507.92 | 1,392.52 | | 166,593.96 |
| 23 | | 10.000 | 1,900.44 | 512.16 | 1,388.28 | | 166,081.80 |
| 24 | | 10.000 | 1,900.44 | 516.42 | 1,384.02 | | 165,565.38 |
| 25 | | 10.000 | 1,900.44 | 520.73 | 1,379.71 | | 165,044.65 |
| 26 | | 10.000 | 1,900.44 | 525.07 | 1,375.37 | | 164,519.58 |
| 27 | | 10.000 | 1,900.44 | 529.44 | 1,371.00 | | 163,990.14 |
| 28 | | 10.000 | 1,900.44 | 533.86 | 1,366.58 | | 163,456.28 |
| 29 | | 10.000 | 1,900.44 | 538.30 | 1,362.14 | | 162,917.98 |
| 30 | | 10.000 | 1,900.44 | 542.79 | 1,357.65 | | 162,375.19 |
| Sub Total | | | 22,805.28 | 6,225.41 | 16,579.87 | | |
| 31 | | 10.000 | 1,900.44 | 547.31 | 1,353.13 | | 161,827.88 |
| 32 | | 10.000 | 1,900.44 | 551.87 | 1,348.57 | | 161,276.01 |
| 33 | | 10.000 | 1,900.44 | 556.47 | 1,343.97 | | 160,719.54 |
| 34 | | 10.000 | 1,900.44 | 561.11 | 1,339.33 | | 160,158.43 |
| 35 | | 10.000 | 1,900.44 | 565.79 | 1,334.65 | | 159,592.64 |
| 36 | | 10.000 | 1,900.44 | 570.50 | 1,329.94 | | 159,022.14 |
| 37 | | 10.000 | 1,900.44 | 575.26 | 1,325.18 | | 158,446.88 |
| 38 | | 10.000 | 1,900.44 | 580.05 | 1,320.39 | | 157,866.83 |
| 39 | | 10.000 | 1,900.44 | 584.88 | 1,315.56 | | 157,281.95 |
| 40 | | 10.000 | 1,900.44 | 589.76 | 1,310.68 | | 156,692.19 |
| 41 | | 10.000 | 1,900.44 | 594.67 | 1,305.77 | | 156,097.52 |
| 42 | | 10.000 | 1,900.44 | 599.63 | 1,300.81 | | 155,497.89 |
| Sub Total | | | 22,805.28 | 6,877.30 | 15,927.98 | | |

| No | Pmt Date | Int Rate | Monthly Schedule | Principal Paid | Interest Paid | Mtg Insurance | Balance |
|------------------|----------|----------|------------------|------------------|------------------|---------------|------------|
| 43 | | 10.000 | 1,900.44 | 604.62 | 1,295.82 | | 154,893.27 |
| 44 | | 10.000 | 1,900.44 | 609.66 | 1,290.78 | | 154,283.61 |
| 45 | | 10.000 | 1,900.44 | 614.74 | 1,285.70 | | 153,668.87 |
| 46 | | 10.000 | 1,900.44 | 619.87 | 1,280.57 | | 153,049.00 |
| 47 | | 10.000 | 1,900.44 | 625.03 | 1,275.41 | | 152,423.97 |
| 48 | | 10.000 | 1,900.44 | 630.24 | 1,270.20 | | 151,793.73 |
| 49 | | 10.000 | 1,900.44 | 635.49 | 1,264.95 | | 151,158.24 |
| 50 | | 10.000 | 1,900.44 | 640.79 | 1,259.65 | | 150,517.45 |
| 51 | | 10.000 | 1,900.44 | 646.13 | 1,254.31 | | 149,871.32 |
| 52 | | 10.000 | 1,900.44 | 651.51 | 1,248.93 | | 149,219.81 |
| 53 | | 10.000 | 1,900.44 | 656.94 | 1,243.50 | | 148,562.87 |
| 54 | | 10.000 | 1,900.44 | 662.42 | 1,238.02 | | 147,900.45 |
| Sub Total | | | 22,805.28 | 7,597.44 | 15,207.84 | | |
| 55 | | 10.000 | 1,900.44 | 667.94 | 1,232.50 | | 147,232.51 |
| 56 | | 10.000 | 1,900.44 | 673.50 | 1,226.94 | | 146,559.01 |
| 57 | | 10.000 | 1,900.44 | 679.11 | 1,221.33 | | 145,879.90 |
| 58 | | 10.000 | 1,900.44 | 684.77 | 1,215.67 | | 145,195.13 |
| 59 | | 10.000 | 1,900.44 | 690.48 | 1,209.96 | | 144,504.65 |
| 60 | | 10.000 | 1,900.44 | 696.23 | 1,204.21 | | 143,808.42 |
| 61 | | 10.000 | 1,900.44 | 702.04 | 1,198.40 | | 143,106.38 |
| 62 | | 10.000 | 1,900.44 | 707.89 | 1,192.55 | | 142,398.49 |
| 63 | | 10.000 | 1,900.44 | 713.79 | 1,186.65 | | 141,684.70 |
| 64 | | 10.000 | 1,900.44 | 719.73 | 1,180.71 | | 140,964.97 |
| 65 | | 10.000 | 1,900.44 | 725.73 | 1,174.71 | | 140,239.24 |
| 66 | | 10.000 | 1,900.44 | 731.78 | 1,168.66 | | 139,507.46 |
| Sub Total | | | 22,805.28 | 8,392.99 | 14,412.29 | | |
| 67 | | 10.000 | 1,900.44 | 737.88 | 1,162.56 | | 138,769.58 |
| 68 | | 10.000 | 1,900.44 | 744.03 | 1,156.41 | | 138,025.55 |
| 69 | | 10.000 | 1,900.44 | 750.23 | 1,150.21 | | 137,275.32 |
| 70 | | 10.000 | 1,900.44 | 756.48 | 1,143.96 | | 136,518.84 |
| 71 | | 10.000 | 1,900.44 | 762.78 | 1,137.66 | | 135,756.06 |
| 72 | | 10.000 | 1,900.44 | 769.14 | 1,131.30 | | 134,986.92 |
| 73 | | 10.000 | 1,900.44 | 775.55 | 1,124.89 | | 134,211.37 |
| 74 | | 10.000 | 1,900.44 | 782.01 | 1,118.43 | | 133,429.36 |
| 75 | | 10.000 | 1,900.44 | 788.53 | 1,111.91 | | 132,640.83 |
| 76 | | 10.000 | 1,900.44 | 795.10 | 1,105.34 | | 131,845.73 |
| 77 | | 10.000 | 1,900.44 | 801.73 | 1,098.71 | | 131,044.00 |
| 78 | | 10.000 | 1,900.44 | 808.41 | 1,092.03 | | 130,235.59 |
| Sub Total | | | 22,805.28 | 9,271.87 | 13,533.41 | | |
| 79 | | 10.000 | 1,900.44 | 815.14 | 1,085.30 | | 129,420.45 |
| 80 | | 10.000 | 1,900.44 | 821.94 | 1,078.50 | | 128,598.51 |
| 81 | | 10.000 | 1,900.44 | 828.79 | 1,071.65 | | 127,769.72 |
| 82 | | 10.000 | 1,900.44 | 835.69 | 1,064.75 | | 126,934.03 |
| 83 | | 10.000 | 1,900.44 | 842.66 | 1,057.78 | | 126,091.37 |
| 84 | | 10.000 | 1,900.44 | 849.68 | 1,050.76 | | 125,241.69 |
| 85 | | 10.000 | 1,900.44 | 856.76 | 1,043.68 | | 124,384.93 |
| 86 | | 10.000 | 1,900.44 | 863.90 | 1,036.54 | | 123,521.03 |
| 87 | | 10.000 | 1,900.44 | 871.10 | 1,029.34 | | 122,649.93 |
| 88 | | 10.000 | 1,900.44 | 878.36 | 1,022.08 | | 121,771.57 |
| 89 | | 10.000 | 1,900.44 | 885.68 | 1,014.76 | | 120,885.89 |
| 90 | | 10.000 | 1,900.44 | 893.06 | 1,007.38 | | 119,992.83 |
| Sub Total | | | 22,805.28 | 10,242.76 | 12,562.52 | | |

| No | Pmt Date | Int Rate | Monthly Schedule | Principal Paid | Interest Paid | Mtg Insurance | Balance |
|------------------|----------|----------|------------------|------------------|------------------|---------------|------------|
| 91 | | 10.000 | 1,900.44 | 900.50 | 999.94 | | 119,092.33 |
| 92 | | 10.000 | 1,900.44 | 908.00 | 992.44 | | 118,184.33 |
| 93 | | 10.000 | 1,900.44 | 915.57 | 984.87 | | 117,268.76 |
| 94 | | 10.000 | 1,900.44 | 923.20 | 977.24 | | 116,345.56 |
| 95 | | 10.000 | 1,900.44 | 930.89 | 969.55 | | 115,414.67 |
| 96 | | 10.000 | 1,900.44 | 938.65 | 961.79 | | 114,476.02 |
| 97 | | 10.000 | 1,900.44 | 946.47 | 953.97 | | 113,529.55 |
| 98 | | 10.000 | 1,900.44 | 954.36 | 946.08 | | 112,575.19 |
| 99 | | 10.000 | 1,900.44 | 962.31 | 938.13 | | 111,612.88 |
| 100 | | 10.000 | 1,900.44 | 970.33 | 930.11 | | 110,642.55 |
| 101 | | 10.000 | 1,900.44 | 978.42 | 922.02 | | 109,664.13 |
| 102 | | 10.000 | 1,900.44 | 986.57 | 913.87 | | 108,677.56 |
| Sub Total | | | 22,805.28 | 11,315.27 | 11,490.01 | | |
| 103 | | 10.000 | 1,900.44 | 994.79 | 905.65 | | 107,682.77 |
| 104 | | 10.000 | 1,900.44 | 1,003.08 | 897.36 | | 106,679.69 |
| 105 | | 10.000 | 1,900.44 | 1,011.44 | 889.00 | | 105,668.25 |
| 106 | | 10.000 | 1,900.44 | 1,019.87 | 880.57 | | 104,648.38 |
| 107 | | 10.000 | 1,900.44 | 1,028.37 | 872.07 | | 103,620.01 |
| 108 | | 10.000 | 1,900.44 | 1,036.94 | 863.50 | | 102,583.07 |
| 109 | | 10.000 | 1,900.44 | 1,045.58 | 854.86 | | 101,537.49 |
| 110 | | 10.000 | 1,900.44 | 1,054.29 | 846.15 | | 100,483.20 |
| 111 | | 10.000 | 1,900.44 | 1,063.08 | 837.36 | | 99,420.12 |
| 112 | | 10.000 | 1,900.44 | 1,071.94 | 828.50 | | 98,348.18 |
| 113 | | 10.000 | 1,900.44 | 1,080.87 | 819.57 | | 97,267.31 |
| 114 | | 10.000 | 1,900.44 | 1,089.88 | 810.56 | | 96,177.43 |
| Sub Total | | | 22,805.28 | 12,500.13 | 10,305.15 | | |
| 115 | | 10.000 | 1,900.44 | 1,098.96 | 801.48 | | 95,078.47 |
| 116 | | 10.000 | 1,900.44 | 1,108.12 | 792.32 | | 93,970.35 |
| 117 | | 10.000 | 1,900.44 | 1,117.35 | 783.09 | | 92,853.00 |
| 118 | | 10.000 | 1,900.44 | 1,126.66 | 773.78 | | 91,726.34 |
| 119 | | 10.000 | 1,900.44 | 1,136.05 | 764.39 | | 90,590.29 |
| 120 | | 10.000 | 1,900.44 | 1,145.52 | 754.92 | | 89,444.77 |
| 121 | | 10.000 | 1,900.44 | 1,155.07 | 745.37 | | 88,289.70 |
| 122 | | 10.000 | 1,900.44 | 1,164.69 | 735.75 | | 87,125.01 |
| 123 | | 10.000 | 1,900.44 | 1,174.40 | 726.04 | | 85,950.61 |
| 124 | | 10.000 | 1,900.44 | 1,184.18 | 716.26 | | 84,766.43 |
| 125 | | 10.000 | 1,900.44 | 1,194.05 | 706.39 | | 83,572.38 |
| 126 | | 10.000 | 1,900.44 | 1,204.00 | 696.44 | | 82,368.38 |
| Sub Total | | | 22,805.28 | 13,809.05 | 8,996.23 | | |
| 127 | | 10.000 | 1,900.44 | 1,214.04 | 686.40 | | 81,154.34 |
| 128 | | 10.000 | 1,900.44 | 1,224.15 | 676.29 | | 79,930.19 |
| 129 | | 10.000 | 1,900.44 | 1,234.36 | 666.08 | | 78,695.83 |
| 130 | | 10.000 | 1,900.44 | 1,244.64 | 655.80 | | 77,451.19 |
| 131 | | 10.000 | 1,900.44 | 1,255.01 | 645.43 | | 76,196.18 |
| 132 | | 10.000 | 1,900.44 | 1,265.47 | 634.97 | | 74,930.71 |
| 133 | | 10.000 | 1,900.44 | 1,276.02 | 624.42 | | 73,654.69 |
| 134 | | 10.000 | 1,900.44 | 1,286.65 | 613.79 | | 72,368.04 |
| 135 | | 10.000 | 1,900.44 | 1,297.37 | 603.07 | | 71,070.67 |
| 136 | | 10.000 | 1,900.44 | 1,308.18 | 592.26 | | 69,762.49 |
| 137 | | 10.000 | 1,900.44 | 1,319.09 | 581.35 | | 68,443.40 |
| 138 | | 10.000 | 1,900.44 | 1,330.08 | 570.36 | | 67,113.32 |
| Sub Total | | | 22,805.28 | 15,255.06 | 7,550.22 | | |

| No | Pmt Date | Int Rate | Monthly Schedule | Principal Paid | Interest Paid | Mtg Insurance | Balance |
|------------------|----------|----------|-------------------|-------------------|-------------------|---------------|-----------|
| 139 | | 10.000 | 1,900.44 | 1,341.16 | 559.28 | | 65,772.16 |
| 140 | | 10.000 | 1,900.44 | 1,352.34 | 548.10 | | 64,419.82 |
| 141 | | 10.000 | 1,900.44 | 1,363.61 | 536.83 | | 63,056.21 |
| 142 | | 10.000 | 1,900.44 | 1,374.97 | 525.47 | | 61,681.24 |
| 143 | | 10.000 | 1,900.44 | 1,386.43 | 514.01 | | 60,294.81 |
| 144 | | 10.000 | 1,900.44 | 1,397.98 | 502.46 | | 58,896.83 |
| 145 | | 10.000 | 1,900.44 | 1,409.63 | 490.81 | | 57,487.20 |
| 146 | | 10.000 | 1,900.44 | 1,421.38 | 479.06 | | 56,065.82 |
| 147 | | 10.000 | 1,900.44 | 1,433.22 | 467.22 | | 54,632.60 |
| 148 | | 10.000 | 1,900.44 | 1,445.17 | 455.27 | | 53,187.43 |
| 149 | | 10.000 | 1,900.44 | 1,457.21 | 443.23 | | 51,730.22 |
| 150 | | 10.000 | 1,900.44 | 1,469.35 | 431.09 | | 50,260.87 |
| Sub Total | | | 22,805.28 | 16,852.45 | 5,952.83 | | |
| 151 | | 10.000 | 1,900.44 | 1,481.60 | 418.84 | | 48,779.27 |
| 152 | | 10.000 | 1,900.44 | 1,493.95 | 406.49 | | 47,285.32 |
| 153 | | 10.000 | 1,900.44 | 1,506.40 | 394.04 | | 45,778.92 |
| 154 | | 10.000 | 1,900.44 | 1,518.95 | 381.49 | | 44,259.97 |
| 155 | | 10.000 | 1,900.44 | 1,531.61 | 368.83 | | 42,728.36 |
| 156 | | 10.000 | 1,900.44 | 1,544.37 | 356.07 | | 41,183.99 |
| 157 | | 10.000 | 1,900.44 | 1,557.24 | 343.20 | | 39,626.75 |
| 158 | | 10.000 | 1,900.44 | 1,570.22 | 330.22 | | 38,056.53 |
| 159 | | 10.000 | 1,900.44 | 1,583.30 | 317.14 | | 36,473.23 |
| 160 | | 10.000 | 1,900.44 | 1,596.50 | 303.94 | | 34,876.73 |
| 161 | | 10.000 | 1,900.44 | 1,609.80 | 290.64 | | 33,266.93 |
| 162 | | 10.000 | 1,900.44 | 1,623.22 | 277.22 | | 31,643.71 |
| Sub Total | | | 22,805.28 | 18,617.16 | 4,188.12 | | |
| 163 | | 10.000 | 1,900.44 | 1,636.74 | 263.70 | | 30,006.97 |
| 164 | | 10.000 | 1,900.44 | 1,650.38 | 250.06 | | 28,356.59 |
| 165 | | 10.000 | 1,900.44 | 1,664.14 | 236.30 | | 26,692.45 |
| 166 | | 10.000 | 1,900.44 | 1,678.00 | 222.44 | | 25,014.45 |
| 167 | | 10.000 | 1,900.44 | 1,691.99 | 208.45 | | 23,322.46 |
| 168 | | 10.000 | 1,900.44 | 1,706.09 | 194.35 | | 21,616.37 |
| 169 | | 10.000 | 1,900.44 | 1,720.30 | 180.14 | | 19,896.07 |
| 170 | | 10.000 | 1,900.44 | 1,734.64 | 165.80 | | 18,161.43 |
| 171 | | 10.000 | 1,900.44 | 1,749.09 | 151.35 | | 16,412.34 |
| 172 | | 10.000 | 1,900.44 | 1,763.67 | 136.77 | | 14,648.67 |
| 173 | | 10.000 | 1,900.44 | 1,778.37 | 122.07 | | 12,870.30 |
| 174 | | 10.000 | 1,900.44 | 1,793.19 | 107.25 | | 11,077.11 |
| Sub Total | | | 22,805.28 | 20,566.60 | 2,238.68 | | |
| 175 | | 10.000 | 1,900.44 | 1,808.13 | 92.31 | | 9,268.98 |
| 176 | | 10.000 | 1,900.44 | 1,823.20 | 77.24 | | 7,445.78 |
| 177 | | 10.000 | 1,900.44 | 1,838.39 | 62.05 | | 5,607.39 |
| 178 | | 10.000 | 1,900.44 | 1,853.71 | 46.73 | | 3,753.68 |
| 179 | | 10.000 | 1,900.44 | 1,869.16 | 31.28 | | 1,884.52 |
| 180 | | 10.000 | 1,900.22 | 1,884.52 | 15.70 | | 0.00 |
| Sub Total | | | 11,402.42 | 11,077.11 | 325.31 | | |
| TOTAL | | | 342,078.98 | 176,850.00 | 165,228.98 | | |



FIRMA DEL TITULAR - READER'S SIGNATURE

[Redacted Signature]

REPUBLICA DE NICARAGUA

[Redacted Content]

Direct Deposit

Employee Pay Stub

Check number: 12375

Employee

| Earnings and Hours | Qty | Rate | Current | YTD Amount |
|---------------------------|-------|-------|----------|------------|
| Hourly Wages | 37.14 | 21.00 | 781.90 | 42,268.68 |
| Vacation Hourly | 40.00 | 21.00 | 840.00 | 840.00 |
| Bonus | | 50.00 | 50.00 | 2,700.00 |
| Overtime | | | | 5,309.23 |
| | 77.14 | | 1,671.90 | 55,118.41 |
| | | | Current | YTD Amount |
| Taxes | | | 0.00 | 0.00 |
| Medicare Employee Add Tax | | | -127.00 | -2,693.00 |
| Federal Withholding | | | -103.66 | -3,417.34 |
| Social Security Employee | | | -24.23 | -799.23 |
| Medicare Employee | | | -354.91 | -6,909.56 |
| | | | 1,416.99 | 48,208.85 |
| Net Pay | | | | |

Direct Deposit

Checking

Memo

Direct Deposit

Direct Deposit

Employee Pay Stub

Check number: 12401

Employee

| Earnings and Hours | Qty | Rate | Current | YTD Amount |
|---------------------------|-------|-------|---------|------------|
| Hourly Wages | 34.35 | 21.00 | 721.35 | 726.25 |
| Taxes | | | 0.00 | 0.00 |
| Medicare Employee Add Tax | | | -17.00 | -17.00 |
| Federal Withholding | | | -45.00 | -45.00 |
| Social Security Employee | | | -10.50 | -10.50 |
| Medicare Employee | | | -72.50 | -72.50 |
| | | | 653.85 | 653.85 |

Direct Deposit

Amount

Memo

Direct Deposit

Net Pay

Direct Deposit

Employee Pay Stub

Check number: 12427

Employee

| Earnings and Hours | Qty | Rate | Current | YTD Amount |
|-----------------------------|-------|-------|---------|------------|
| Hourly Wages | 40.00 | 21.00 | 840.00 | 1,566.25 |
| Overtime | 4.35 | 31.50 | 144.37 | 144.37 |
| | 44.35 | | 984.37 | 1,710.62 |
| | | | Current | YTD Amount |
| Taxes | | | 0.00 | 0.00 |
| Medicare Employee Add'l Tax | | | -43.00 | -60.00 |
| Federal Withholding | | | -61.03 | -106.06 |
| Social Security Employee | | | -14.27 | -24.82 |
| Medicare Employee | | | -118.30 | -190.68 |
| | | | 866.67 | 1,319.76 |
| Net Pay | | | | |

Direct Deposit

Amount

866.67

Memo

Direct Deposit

Direct Deposit

Employee Pay Stub

Check number: 12450

Employee

| Earnings and Hours | Qty | Rate | Current | YTD Amount |
|---------------------------|-------|-------|----------|------------|
| Hourly Wages | 40.00 | 21.00 | 840.00 | 2,406.25 |
| Overtime | 4.45 | 31.50 | 140.83 | 294.00 |
| Bonus | | 50.00 | 50.00 | 50.00 |
| | 44.45 | | 1,030.83 | 2,750.25 |
| | | | Current | YTD Amount |
| Taxes | | | 0.00 | 0.00 |
| Medicare Employee Add Tax | | | 50.00 | -110.00 |
| Federal Withholding | | | 64.48 | -170.52 |
| Social Security Employee | | | -15.08 | -39.88 |
| Medicare Employee | | | -129.54 | -320.40 |
| | | | 910.09 | 2,429.85 |
| Net Pay | | | | |

Direct Deposit

Amount

910.09

Memo

Direct Deposit

Direct Deposit

Employee Pay Stub

Check number:

| | Qty | Rate | Current | YTD Amount |
|---------------------------|-------|-------|----------|------------|
| Earnings and Hours | | | | |
| Hourly Wages | 40.00 | 21.00 | 840.00 | 3,246.25 |
| Overtime | 7.42 | 31.50 | 242.55 | 538.55 |
| Bonus | | 50.00 | 50.00 | 100.00 |
| | 47.42 | | 1,132.55 | 3,882.80 |
| | | | Current | YTD Amount |
| Taxes | | | 0.00 | 0.00 |
| Medicare Employee Add Tax | | | -61.00 | -171.00 |
| Federal Withholding | | | -70.31 | -240.73 |
| Social Security Employee | | | -18.42 | -55.30 |
| Medicare Employee | | | -147.83 | -468.03 |
| | | | 984.92 | 3,414.77 |
| Net Pay | | | | |

Amount
984.92

Direct Deposit

Memo

Direct Deposit

Direct Deposit

Stub

Check Number

| | Qty | Rate | Current | YTD Amount |
|--------------------|-------|-------|----------|------------|
| Earnings and Hours | | | | |
| Hourly Wages | 40.00 | 21.00 | 840.00 | 4,095.25 |
| Overtime | 8.00 | 31.50 | 252.00 | 793.25 |
| Bonus | | 50.00 | 50.00 | 150.00 |
| | 48.00 | | 1,142.00 | 5,038.50 |

| | Current | YTD Amount |
|---------------------------|---------|------------|
| Taxes | | |
| Medicare Employee Add Tax | 0.00 | 0.00 |
| Federal Withholding | -65.00 | -234.00 |
| Social Security Employee | -71.50 | -311.85 |
| Medicare Employee | -18.50 | -77.85 |
| | -155.00 | -623.70 |
| | 987.00 | 4,414.80 |

Net Pay

Amount
996.00

Memo

Direct Deposit

Direct Deposit

by Stub

Check number

| | Qty | Rate | Current | YTD Amount |
|---------------------------|-------|-------|----------|------------|
| Regular and Hours | | | | |
| Security Wages | 40.00 | 21.00 | 840.00 | 4,925.25 |
| Overtime | 8.54 | 31.50 | 269.85 | 1,985.13 |
| Bonus | | 50.00 | 50.00 | 205.20 |
| | 48.54 | | 1,159.85 | 6,169.58 |
| | | | Current | YTD Amount |
| Taxes | | | | |
| Medicare Employee Add Tax | | | 5.00 | 5.00 |
| Federal Withholding | | | -54.20 | -298.74 |
| Social Security Employee | | | -71.81 | -456.73 |
| Medicare Employee | | | -18.87 | -771.49 |
| | | | -152.78 | |
| | | | 1,907.12 | 8,417.89 |
| Net Pay | | | | |

Check Stub

Amount

Memo

Direct Deposit

Direct Deposit

Pay Date

Check number

Status (Prev/Current)
Married/Single

Advances/Extra
Paid 4/13/20

Amount
\$71.88

Direct Deposit

Memor
Direct Deposit

| Deductions and Hours | Qty | Rate | Current | | YTD Amount | |
|-----------------------------|-------|-------|----------|--|------------|--|
| | | | | | | |
| Health Plans | 40.00 | 21.00 | 840.00 | | 5,798.25 | |
| Dental | 4.25 | 31.50 | 133.88 | | 1,202.79 | |
| Basic | | 50.00 | 50.00 | | 250.00 | |
| | | | 1,023.88 | | 7,251.04 | |
| | 44.25 | | | | | |
| | | | Current | | YTD Amount | |
| Taxes | | | 0.00 | | 0.00 | |
| Medicare Employee Add'l Tax | | | 48.00 | | 347.00 | |
| Federal Withholding | | | 68.84 | | 447.56 | |
| Social Security Employee | | | 18.82 | | 154.58 | |
| Medicare Employee | | | 127.77 | | 899.28 | |
| | | | 961.88 | | 6,218.77 | |

Net Pay

Direct Deposit

Pay Stub

Check number:

Status (Fed/State)
Married (none)

Allowances/Extra
Fed-4/5/TK-00

| Length and hours | Qty | Rate | Current | | YTD Amount |
|---------------------------|-------|-------|----------|--|------------|
| | | | | | |
| Hourly wages | 40.00 | 21.00 | 840.00 | | 5,766.25 |
| Overtime | 4.25 | 31.50 | 133.88 | | 1,202.75 |
| Bonus | | 50.00 | 50.00 | | 250.00 |
| | 44.25 | | 1,023.88 | | 7,219.00 |
| | | | Current | | YTD Amount |
| Taxes | | | 0.00 | | 0.00 |
| Medicare Employee Add Tax | | | -49.00 | | -347.00 |
| Federal withholding | | | -83.64 | | -594.58 |
| Social Security Employee | | | -14.22 | | -104.58 |
| Medicare Employee | | | -127.77 | | -909.25 |
| | | | 901.85 | | 6,319.77 |

Direct Deposit

Amount
901.85

Memo

Direct Deposit

Net Pay



Direct Deposit

Employee Pay Stub

Check number:



Employee



Status (Fed/State)

Allowances/Extra

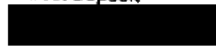
Married/(none)

Fed-4/0/TX-0/0

| Earnings and Hours | Qty | Rate | Current | YTD Amount |
|--------------------|-------|-------|----------|------------|
| Hourly Wages | 40.00 | 21.00 | 840.00 | 10,877.65 |
| Overtime | 4.43 | 31.50 | 148.58 | 1,952.49 |
| Bonus | | 50.00 | 50.00 | 550.00 |
| Vacation Hourly | | | | 840.00 |
| | 44.43 | | 1,038.58 | 14,220.14 |

| Taxes | Current | YTD Amount |
|----------------------------|---------|------------|
| Medicare Employee Addl Tax | 0.00 | 0.00 |
| Federal Withholding | -50.00 | -687.00 |
| Social Security Employee | -64.39 | -881.65 |
| Medicare Employee | -15.06 | -206.19 |
| | -129.45 | -1,774.84 |
| Net Pay | 909.13 | 12,445.30 |

Direct Deposit



Amount

909.13

Memo

Direct Deposit



Direct Deposit

Employee Pay Stub

Check number:



Employee



Status (Fed/State)

Allowances/Extra

Married/(none)

Fed-4/0/TX-0/0

| Earnings and Hours | Qty | Rate | Current | YTD Amount |
|----------------------------|-------|-------|---------|------------|
| Hourly Wages | 40:00 | 21.00 | 840.00 | 10,037.65 |
| Overtime | 2:01 | 31.50 | 63.53 | 1,803.91 |
| Bonus | | 50.00 | 50.00 | 500.00 |
| Vacation Hourly | | | | 840.00 |
| | 42:01 | | 953.53 | 13,181.56 |
| Taxes | | | Current | YTD Amount |
| Medicare Employee Addl Tax | | | 0.00 | 0.00 |
| Federal Withholding | | | -40.00 | -837.00 |
| Social Security Employee | | | -59.12 | -917.26 |
| Medicare Employee | | | -13.82 | -191.13 |
| | | | -112.94 | -1,645.39 |
| Net Pay | | | 840.59 | 11,536.17 |

Direct Deposit



Amount

840.59

Memo

Direct Deposit

Direct Deposit

Employee Pay Stub

Check number:

Employee

Status (Fed/State)

Allowances/Extra

Married/(none)

Fed-4/0/TX-0/0

| Earnings and Hours | Qty | Rate | Current | YTD Amount |
|----------------------------|-------|-------|---------|------------|
| Hourly Wages | 26.53 | 21.00 | 564.55 | 9,197.65 |
| Bonus | | 50.00 | 50.00 | 450.00 |
| Overtime | | | | 1,740.38 |
| Vacation Hourly | | | | 840.00 |
| | 26.53 | | 614.55 | 12,228.03 |
| Taxes | | | Current | YTD Amount |
| Medicare Employee Addl Tax | | | 0.00 | 0.00 |
| Federal Withholding | | | -5.00 | -597.00 |
| Social Security Employee | | | -38.10 | -758.14 |
| Medicare Employee | | | -8.91 | -177.31 |
| | | | -52.01 | -1,532.45 |
| Net Pay | | | 562.54 | 10,695.58 |

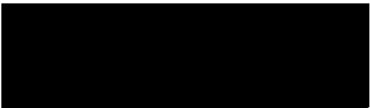
Direct Deposit

Amount

Memo

Direct Deposit

562.54



Direct Deposit

Employee Pay Stub

Check number:



Employee



Status (Fed/State)

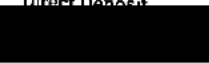
Allowances/Extra

Married/(none)

Fed-4/0/TX-0/0

| Earnings and Hours | Qty | Rate | Current | YTD Amount |
|----------------------------|-------|-------|---------|------------|
| Hourly Wages | 20:50 | 21.00 | 437.50 | 8,633.10 |
| Bonus | | 50.00 | 50.00 | 400.00 |
| Overtime | | | | 1,740.38 |
| Vacation Hourly | | | | 840.00 |
| | 20:50 | | 487.50 | 11,613.48 |
| Taxes | | | Current | YTD Amount |
| Medicare Employee Addl Tax | | | 0.00 | 0.00 |
| Federal Withholding | | | 0.00 | -592.00 |
| Social Security Employee | | | -30.23 | -720.04 |
| Medicare Employee | | | -7.07 | -168.40 |
| | | | -37.30 | -1,480.44 |
| Net Pay | | | 450.20 | 10,133.04 |

Direct Deposit



Amount

450.20

Memo

Direct Deposit

Direct Deposit

Employee Pay Stub

Check number:

Employee

Status (Fed/State)

Allowances/Extra

Married/(none)

Fed-4/0/TX-0/0

| Earnings and Hours | Qty | Rate | Current | YTD Amount |
|--------------------|-------|-------|----------|------------|
| Hourly Wages | 35:41 | 21.00 | 749.35 | 8,195.60 |
| Vacation Hourly | 40:00 | 21.00 | 840.00 | 840.00 |
| Bonus | | 50.00 | 50.00 | 350.00 |
| Overtime | | | | 1,740.38 |
| | 75:41 | | 1,639.35 | 11,125.98 |

| Taxes | Current | YTD Amount |
|----------------------------|----------|------------|
| Medicare Employee Addl Tax | 0.00 | 0.00 |
| Federal Withholding | -122.00 | -592.00 |
| Social Security Employee | -101.64 | -689.81 |
| Medicare Employee | -23.77 | -161.33 |
| | -247.41 | -1,443.14 |
| Net Pay | 1,391.94 | 9,682.84 |

Direct Deposit

Amount

1,391.94

Memo

Direct Deposit



Direct Deposit

Employee Pay Stub

Check number:



Employee



Status (Fed/State)

Allowances/Extra

Married/(none)

Fed-4/0/TX-0/0

| Earnings and Hours | Qty | Rate | Current | YTD Amount |
|----------------------------|-------|-------|----------|------------|
| Hourly Wages | 40:00 | 21.00 | 840.00 | 7,446.25 |
| Overtime | 8:24 | 31.50 | 264.60 | 1,740.38 |
| Bonus | | | | 300.00 |
| | 48:24 | | 1,104.60 | 9,486.63 |
| Taxes | | | Current | YTD Amount |
| Medicare Employee Addl Tax | | | 0.00 | 0.00 |
| Federal Withholding | | | -58.00 | -470.00 |
| Social Security Employee | | | -68.48 | -588.17 |
| Medicare Employee | | | -16.02 | -137.56 |
| | | | -142.50 | -1,195.73 |
| Net Pay | | | 962.10 | 8,290.90 |

Direct Deposit

Amount

Memo

Direct Deposit

962.10



Direct Deposit

| | | | | | | |
|----------------------------|-------|---------------|----------|--------------------|------------------|--------|
| Employee Pay Stub | | Check number: | | | | |
| Employee | | | | Status (Fed/State) | Allowances/Extra | |
| | | | | Married/(none) | Fed-4/0/TX-0/0 | |
| Earnings and Hours | Qty | Rate | Current | YTD Amount | Direct Deposit | Amount |
| Hourly Wages | 40.00 | 21.00 | 840.00 | 5,766.25 | | |
| Overtime | 4.26 | 31.50 | 139.65 | 1,202.78 | | 901.88 |
| Bonus | | 50.00 | 50.00 | 250.00 | | |
| | 44.26 | | 1,029.65 | 7,219.03 | | |
| Taxes | | | Current | YTD Amount | Memo | |
| Medicare Employee Addl Tax | | | 0.00 | 0.00 | Direct Deposit | |
| Federal Withholding | | | -49.00 | -347.00 | | |
| Social Security Employee | | | -63.84 | -447.58 | | |
| Medicare Employee | | | -14.93 | -104.68 | | |
| | | | -127.77 | -899.26 | | |
| Net Pay | | | 901.88 | 6,319.77 | | |



Direct Deposit

Employee Pay Stub Check number: [Redacted]

| | | |
|------------|--------------------|------------------|
| Employee | Status (Fed/State) | Allowances/Extra |
| [Redacted] | Married/(none) | Fed-4/0/TX-0/0 |

| Earnings and Hours | Qty | Rate | Current | YTD Amount | Direct Deposit | Amount |
|----------------------------|-------|-------|----------|------------|----------------|--------|
| Hourly Wages | 40:00 | 21.00 | 840.00 | 5,786.25 | [Redacted] | 901.88 |
| Overtime | 4:26 | 31.50 | 139.65 | 1,202.78 | | |
| Bonus | | 50.00 | 50.00 | 250.00 | | |
| | 44:26 | | 1,029.65 | 7,219.03 | | |
| Taxes | | | Current | YTD Amount | | |
| Medicare Employee Addl Tax | | | 0.00 | 0.00 | | |
| Federal Withholding | | | -49.00 | -347.00 | | |
| Social Security Employee | | | -63.84 | -447.58 | | |
| Medicare Employee | | | -14.93 | -104.68 | | |
| | | | -127.77 | -899.26 | | |
| Net Pay | | | 901.88 | 6,319.77 | | |

Memo
Direct Deposit



Direct Deposit

Employee Pay Stub

Check number:



Employee



| Earnings and Hours | Qty | Rate | Current | YTD Amount |
|----------------------------|-------|-------|----------|------------|
| Hourly Wages | 40:00 | 21.00 | 840.00 | 4,926.25 |
| Overtime | 8:34 | 31.50 | 269.85 | 1,063.13 |
| Bonus | | 50.00 | 50.00 | 200.00 |
| | 48:34 | | 1,159.85 | 6,189.38 |
| Taxes | | | Current | YTD Amount |
| Medicare Employee Addl Tax | | | 0.00 | 0.00 |
| Federal Withholding | | | -64.00 | -286.00 |
| Social Security Employee | | | -71.91 | -363.74 |
| Medicare Employee | | | -16.82 | -89.75 |
| | | | -152.73 | -771.49 |
| Net Pay | | | 1,007.12 | 5,417.89 |

| Direct Deposit | Amount |
|----------------|----------|
| | 1,007.12 |

Memo

Direct Deposit



ACCOUNTS

DEPOSITS

TRANSFERS

PAYMENTS



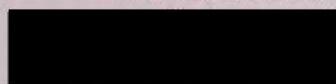
COVID-19 Resources

For COVID-19 resources, self-service tools, and revised branch hours, please visit our COVID-19 Resources page.

TAP TO LEARN MORE

Checking & Savings

CHECKING

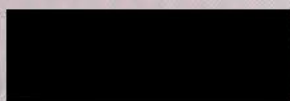


\$8,041.56

Available Balance



SAVINGS

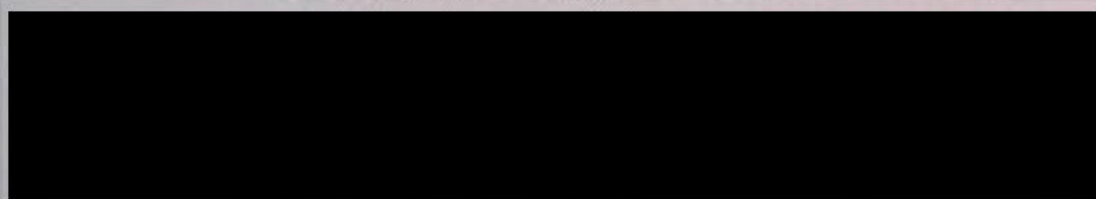


\$544.93

Available Balance



Debit Cards



ON



Special Offers



Account Title:

Account Number:

Current Available: \$7,598.06

Balance Date:

Please note that pending transactions can post for a different amount than listed and may not include fees assessed today.

Pending Transactions as of
Posted Transactions from

| Date | Branch | Teller | Amount |
|-------------|--------|-------------|------------|
| 11:28:00 AM | | | \$5,500.00 |
| 11:23:34 AM | | | \$1,000.00 |
| Code | Serial | Amount | Balance |
| | | -\$188.15 | \$1,098.06 |
| | | -\$72.75 | \$1,286.21 |
| | | -\$13.43 | \$1,358.96 |
| | | -\$49.40 | \$1,372.39 |
| | | -\$3,000.00 | \$1,421.79 |
| | | -\$114.76 | \$4,421.79 |
| | | -\$98.23 | \$4,536.55 |
| | | -\$59.47 | \$4,634.78 |
| | | \$3,000.00 | \$4,694.25 |
| | | -\$45.48 | \$1,694.25 |
| | | -\$1.36 | \$1,739.73 |
| | | -\$29.00 | \$1,741.09 |
| | | -\$28.26 | \$1,770.09 |
| | | \$908.15 | \$1,798.35 |
| | | -\$30.29 | \$890.20 |
| | | -\$5.29 | \$920.49 |
| | | -\$469.01 | \$925.78 |
| | | -\$168.85 | \$1,394.79 |
| | | \$978.15 | \$1,563.64 |
| | | -\$87.15 | \$585.49 |
| | | -\$55.47 | \$672.64 |
| | | -\$1,403.00 | \$728.11 |
| | | -\$160.00 | \$2,131.11 |
| | | \$909.13 | \$2,291.11 |
| | | -\$84.93 | \$1,381.98 |
| | | -\$80.00 | \$1,466.91 |
| | | \$840.59 | \$1,546.91 |
| | | \$400.00 | \$706.32 |
| | | -\$600.80 | \$306.32 |
| | | -\$5.00 | \$907.12 |
| | | -\$62.40 | \$912.12 |
| | | \$300.00 | \$974.52 |
| | | -\$8.02 | \$674.52 |

Account Title:

Account Number:

Current Available: \$7,598.06

Balance Date:

Please note that pending transactions can post for a different amount than listed and may not include fees assessed today.

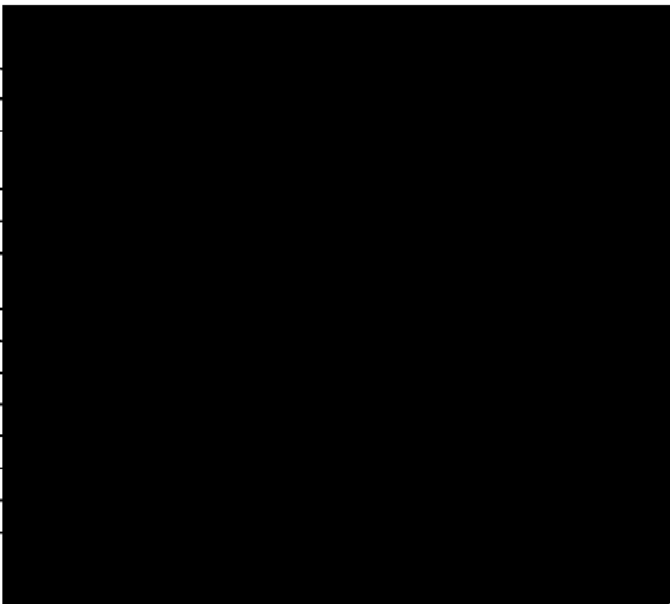
Pending Transactions as of
Posted Transactions from

| Date | Branch | Teller | Amount |
|------------|--------|-------------|------------|
| 1:28:00 AM | | | \$5,500.00 |
| 1:23:34 AM | | | \$1,000.00 |
| Code | Serial | Amount | Balance |
| | | -\$188.15 | \$1,098.06 |
| | | -\$72.75 | \$1,286.21 |
| | | -\$13.43 | \$1,358.96 |
| | | -\$49.40 | \$1,372.39 |
| | | -\$3,000.00 | \$1,421.79 |
| | | -\$114.76 | \$4,421.79 |
| | | -\$98.23 | \$4,536.55 |
| | | -\$59.47 | \$4,634.78 |
| | | \$3,000.00 | \$4,694.25 |
| | | -\$45.48 | \$1,694.25 |
| | | -\$1.36 | \$1,739.73 |
| | | -\$29.00 | \$1,741.09 |
| | | -\$28.26 | \$1,770.09 |
| | | \$908.15 | \$1,798.35 |
| | | -\$30.29 | \$890.20 |
| | | -\$5.29 | \$920.49 |
| | | -\$469.01 | \$925.78 |
| | | -\$168.85 | \$1,394.79 |
| | | \$978.15 | \$1,563.64 |
| | | -\$87.15 | \$585.49 |
| | | -\$55.47 | \$672.64 |
| | | -\$1,403.00 | \$728.11 |
| | | -\$160.00 | \$2,131.11 |
| | | \$909.13 | \$2,291.11 |
| | | -\$84.93 | \$1,381.98 |
| | | -\$80.00 | \$1,466.91 |
| | | \$840.59 | \$1,546.91 |
| | | \$400.00 | \$706.32 |
| | | -\$600.80 | \$306.32 |
| | | -\$5.00 | \$907.12 |
| | | -\$62.40 | \$912.12 |
| | | \$300.00 | \$974.52 |
| | | -\$8.02 | \$674.52 |
| | | \$562.54 | \$682.54 |
| | | -\$60.84 | \$120.00 |
| | | -\$188.15 | \$180.84 |
| | | -\$98.23 | \$368.99 |
| | | -\$21.35 | \$467.22 |

| | |
|------------|------------|
| -\$58.05 | \$29.75 |
| -\$12.00 | \$87.80 |
| -\$7.03 | \$99.80 |
| -\$2.50 | \$106.83 |
| -\$2.50 | \$109.33 |
| -\$600.80 | \$111.83 |
| -\$102.95 | \$712.63 |
| -\$62.95 | \$815.58 |
| -\$8.38 | \$878.53 |
| -\$5.00 | \$886.91 |
| -\$107.40 | \$891.91 |
| -\$20.99 | \$999.31 |
| -\$3.22 | \$1,020.30 |
| -\$100.00 | \$1,023.52 |
| \$1,009.03 | \$1,123.52 |
| -\$450.00 | \$114.49 |
| -\$196.83 | \$564.49 |
| -\$62.46 | \$761.32 |
| \$450.00 | \$823.78 |
| -\$71.35 | \$373.78 |
| -\$35.00 | \$445.13 |
| -\$10.27 | \$480.13 |
| -\$2.50 | \$490.40 |
| -\$202.95 | \$492.90 |
| -\$40.06 | \$695.85 |
| -\$98.23 | \$735.91 |
| -\$37.14 | \$834.14 |
| -\$10.59 | \$871.28 |
| -\$2.50 | \$881.87 |
| -\$116.50 | \$884.37 |
| -\$102.95 | \$1,000.87 |
| -\$17.27 | \$1,103.82 |
| -\$14.55 | \$1,121.09 |
| -\$7.21 | \$1,135.64 |
| -\$14.00 | \$1,142.85 |
| -\$9.71 | \$1,156.85 |
| \$901.88 | \$1,166.56 |
| -\$200.00 | \$264.68 |
| -\$66.45 | \$464.68 |
| -\$44.25 | \$531.13 |
| -\$34.62 | \$575.38 |
| \$300.00 | \$610.00 |
| -\$459.30 | \$310.00 |
| -\$18.39 | \$769.30 |
| -\$10.81 | \$787.69 |
| -\$10.81 | \$798.50 |
| -\$14.92 | \$809.31 |
| -\$10.24 | \$824.23 |
| 40 77 | 4824 47 |



| | |
|-------------|------------|
| -\$46.59 | \$844.24 |
| -\$5.13 | \$890.83 |
| -\$2.50 | \$895.96 |
| -\$143.25 | \$898.46 |
| -\$10.66 | \$1,041.71 |
| -\$6.32 | \$1,052.37 |
| \$1,007.12 | \$1,058.69 |
| -\$24.89 | \$51.57 |
| \$100.00 | \$76.46 |
| -\$8.39 | -\$23.54 |
| \$300.00 | -\$15.15 |
| -\$32.00 | -\$315.15 |
| -\$1,400.00 | -\$283.15 |
| -\$10.29 | \$1,116.85 |



Review your print out for checklist items.

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

Your first name and initial: [redacted] Last name: [redacted] Your social security number: [redacted]

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: [redacted] Last name: [redacted] Spouse's social security number: [redacted]

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien ☒ Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions. [redacted] Apt. no. [redacted] 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. [redacted] 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 |
| [redacted] | [redacted] | [redacted] | [redacted] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| [redacted] | [redacted] | [redacted] | [redacted] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| [redacted] | [redacted] | [redacted] | [redacted] | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| [redacted] | [redacted] | [redacted] | [redacted] | <input checked="" 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.) |
| [redacted] | [redacted] | Laboror | [redacted] |
| 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.) |
| [redacted] | [redacted] | na | [redacted] |

Preparer's name [redacted] **Preparer's signature** [redacted] **PTIN** [redacted] **Firm's EIN** [redacted] **Check if:** ☐ 3rd Party Designee ☐ Self-employed

Firm's name ▶ Self-Prepared **Phone no.** [redacted]

Firm's address ▶ [redacted]

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

| | |
|--|-------------------|
| 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 55,725. |
| 2a Tax-exempt interest | 2b |
| 3a Qualified dividends | 3b |
| 4a IRAs, pensions, and annuities | 4b |
| 5a Social security benefits | 5b |
| 6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 | 6 72,300. |
| 7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 | 7 71,129. |
| 8 Standard deduction or itemized deductions (from Schedule A) | 8 24,000. |
| 9 Qualified business income deduction (see instructions) | 9 3,081. |
| 10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | 10 44,048. |
| 11 a Tax (see inst.) 4,902. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) | 11 4,902. |
| 12 b Add any amount from Schedule 2 and check here <input type="checkbox"/> | 12 4,902. |
| 13 a Child tax credit/credit for other dependents 4,902. b Add any amount from Schedule 3 and check here <input type="checkbox"/> | 13 0. |
| 14 Subtract line 12 from line 11. If zero or less, enter -0- | 14 2,342. |
| 15 Other taxes. Attach Schedule 4 | 15 2,342. |
| 16 Total tax. Add lines 13 and 14 | 16 2,910. |
| 17 Refundable credits: a EIC (see inst.) b Sch. 8812 3,098. c Form 8863 | 17 3,098. |
| 18 Add any amount from Schedule 5 | 18 6,008. |
| 19 Add lines 16 and 17. These are your total payments | 19 3,666. |
| 20a If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid | 20a 3,666. |
| 21 Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | |
| 22 Amount of line 19 you want applied to your 2019 estimated tax | 22 |
| 23 Estimated tax penalty (see instructions) | 23 |

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

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

A
Sequence No. **01**

Name(s) shown on Form 1040

Your social security number

| | | | | | |
|------------------------------|-------------|---|------------|-------------|---------|
| Additional Income | 1-9b | Reserved | | 1-9b | |
| | 10 | Taxable refunds, credits, or offsets of state and local income taxes | | 10 | |
| | 11 | Alimony received | | 11 | |
| | 12 | Business income or (loss). Attach Schedule C or C-EZ | | 12 | 16,575. |
| | 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 | 16,575. |
| 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 | 1,171. | |
| | 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 | | 1,171. |

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

Schedule 1 (Form 1040)

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

A [REDACTED]
Sequence No. **04**

Name(s) shown on Form 1040

Your social security number

**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**
- 64** Add the amounts in the far right column. These are your **total other taxes**. Enter here and on Form 1040, line 14

57 2,342.

58

59

60a

60b

61 0.

62

63

64 2,342.

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

REV 12/21/18 Intuit.cq.cfp.sp

Schedule 4 (Form 1040)

SCHEDULE C-EZ
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name of proprietor

Net Profit From Business
(Sole Proprietorship)

► Partnerships, joint ventures, etc., generally must file Form 1065.
► Attach to Form 1040, 1040NR, or 1041. ► See instructions on page 2.

OMB No. 1545-0074

At Sequence No. 09A

Social security number (SSN)

Part I General Information

You may use
Schedule C-EZ
instead of
Schedule C
only if you:

- Had business expenses of \$5,000 or less,
- Use the cash method of accounting,
- Did not have an inventory at any time during the year,
- Did not have a net loss from your business,
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee,

And you:

- Had no employees during the year,
- Do not deduct expenses for business use of your home,
- Do not have prior year unallowed passive activity losses from this business, and
- Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.

A Principal business or profession, including product or service
contracting

B Enter business code (see page 2)

C Business name. If no separate business name, leave blank.

D Enter

E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

City, town or post office, state, and ZIP code

F Did you make any payments in 2018 that would require you to file Form(s) 1099? (see the Instructions for Schedule C)

☐ Yes ☒ No

G If "Yes," did you or will you file required Forms 1099?

☐ Yes ☐ No

Part II Figure Your Net Profit

| | | | |
|---|--|---|---------|
| 1 | Gross receipts. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <i>Statutory employees</i> in the instructions for Schedule C, line 1, and check here | 1 | 16,575. |
| 2 | Total expenses (see page 2). If more than \$5,000, you must use Schedule C | 2 | |
| 3 | Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Schedule 1 (Form 1040), line 12, and Schedule SE, line 2, or on Form 1040NR, line 13, and Schedule SE, line 2 (see page 2). (Statutory employees do not report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3. | 3 | 16,575. |

Part III Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2.

- 4 When did you place your vehicle in service for business purposes? (month, day, year) ►
- 5 Of the total number of miles you drove your vehicle during 2018, enter the number of miles you used your vehicle for:
- a Business b Commuting (see page 2) c Other
- 6 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
- 7 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
- 8a Do you have evidence to support your deduction? ☐ Yes ☐ No
- b If "Yes," is the evidence written? ☐ Yes ☐ No

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

Sequence No. **17**

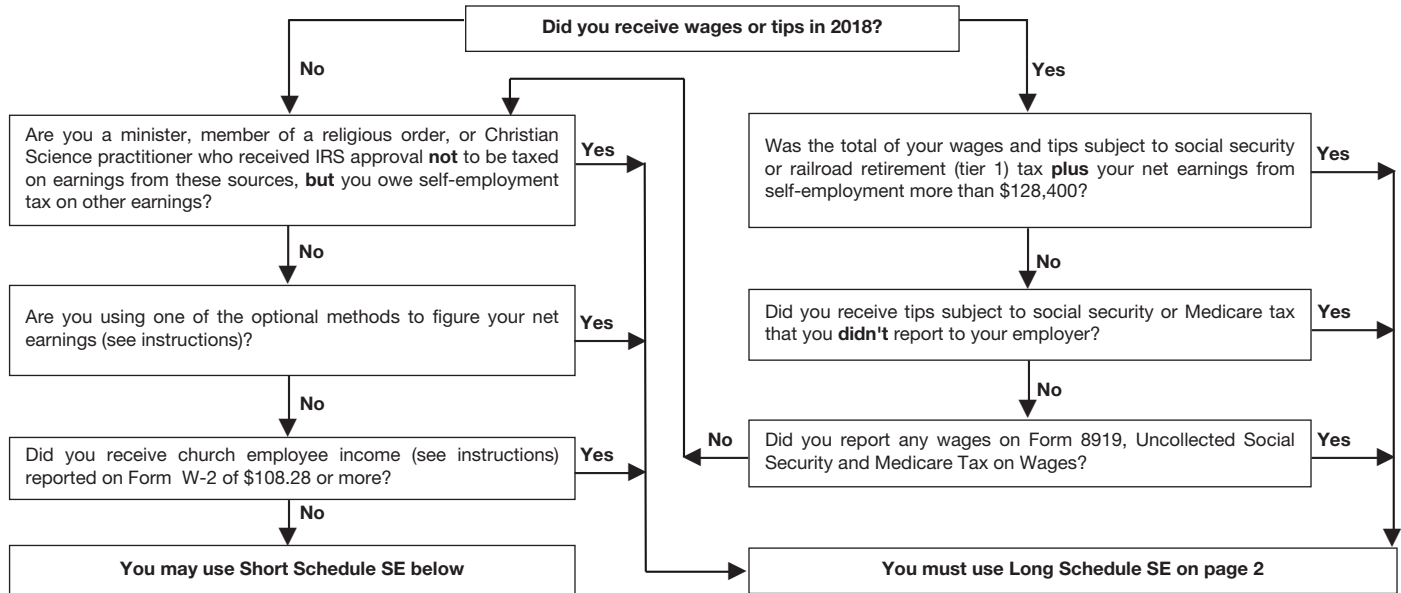
Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)

Social security number of person
with **self-employment** income ►

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note: Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A—Short Schedule SE. **Caution:** Read above to see if you can use Short Schedule SE.

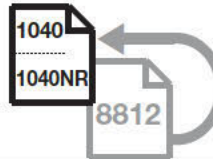
| | | |
|--|-----------|---------|
| 1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A | 1a | |
| b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH | 1b | () |
| 2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report | 2 | 16,575. |
| 3 Combine lines 1a, 1b, and 2 | 3 | 16,575. |
| 4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b. ► | 4 | 15,307. |
| Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. | | |
| 5 Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none">• \$128,400 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55• More than \$128,400, multiply line 4 by 2.9% (0.029). Then, add \$15,921.60 to the result. Enter the total here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55 . . . | 5 | 2,342. |
| 6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27 | 6 | 1,171. |

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Additional Child Tax Credit

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



OMB No. 1545-0074

Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

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 | 8,000. |
| 2 Enter the amount from Form 1040, line 12a, or Form 1040NR, line 49 | | 2 | 4,902. |
| 3 Subtract line 2 from line 1. If zero, stop here ; you cannot claim this credit | | 3 | 3,098. |
| 4 Number of qualifying children under 17 with the required social security number: <u>4</u> X \$1,400. Enter the result. If zero, stop here ; you cannot claim this credit TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet. | | 4 | 5,600. |
| 5 Enter the smaller of line 3 or line 4 | | 5 | 3,098. |
| 6a Earned income (see separate instructions) | | 6a | 71,129. |
| 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 | 68,629. |
| 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 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 checked="" 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 | 10,294. |

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 | | 14 | |
| Next, enter the smaller of line 5 or line 14 on line 15. | | | |

Part III Additional Child Tax Credit

| | | |
|--|-----------|--------|
| 15 This is your additional child tax credit | 15 | 3,098. |
|--|-----------|--------|



Enter this amount on
Form 1040, line 17b, or
Form 1040NR, line 64.

Health Coverage Exemptions

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form8965 for instructions and the latest information.

Name as shown on return

Your social security number

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I

Marketplace-Granted Coverage Exemptions for Individuals. If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

| | (a) Name of Individual | (b) SSN | (c) Exemption Certificate Number |
|---|---------------------------|------------|-------------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

Part II**Coverage Exemptions Claimed on Your Return for Your Household**

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here ☐

Part III

Coverage Exemptions Claimed on Your Return for Individuals. If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

| | (a) Name of Individual | (b) SSN | (c) Exemption Type | (d) Full Year | (e) Jan | (f) Feb | (g) Mar | (h) Apr | (i) May | (j) June | (k) July | (l) Aug | (m) Sept | (n) Oct | (o) Nov | (p) Dec |
|----|---------------------------|------------|-----------------------|------------------|------------|------------|------------|------------|------------|-------------|-------------|------------|-------------|------------|------------|------------|
| 8 | | | C | | X | X | X | X | X | X | X | X | X | X | X | X |
| 9 | | | G | | X | X | X | X | X | X | X | X | X | X | X | X |
| 10 | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | |

Tax History Report

► Keep for your records

Name(s) Shown on Return

| | Five Year Tax History: | | | | |
|---|------------------------|--|--|---------|---------|
| | | | | | |
| Filing status | | | | MFJ | MFJ |
| Total income | | | | 49,643. | 72,300. |
| Adjustments to income | | | | | 1,171. |
| Adjusted gross income | | | | 49,643. | 71,129. |
| Tax expense | | | | | 0. |
| Interest expense . . . | | | | | |
| Contributions | | | | | |
| Misc. deductions . . . | | | | | |
| Other itemized ded'ns | | | | | |
| Total itemized/ standard deduction . . | | | | 12,700. | 24,000. |
| Exemption amount . . | | | | 24,300. | 0. |
| QBI deduction | | | | | 3,081. |
| Taxable income | | | | 12,643. | 44,048. |
| Tax | | | | 1,263. | 4,902. |
| Alternative min tax . . | | | | | |
| Total credits | | | | 1,263. | 4,902. |
| Other taxes | | | | 0. | 2,342. |
| Payments | | | | 5,469. | 6,008. |
| Form 2210 penalty . . | | | | | |
| Amount owed | | | | | |
| Applied to next year's estimated tax . | | | | | |
| Refund | | | | 5,469. | 3,666. |
| Effective tax rate % . . | | | | -5.51 | -4.36 |
| **Tax bracket % | | | | 10.0 | 12.0 |

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than [REDACTED]

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$39.99 (the "RPS fee"), and have your federal income tax refund processed through a processor using bank services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than [REDACTED]

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (irs.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov .

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

| WHAT TYPE OF FILING METHOD? | WHAT ARE YOUR DISBURSEMENT OPTIONS? | WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND? | WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES? |
|--|--|---|--|
| PAPER RETURN No Refund Processing Service | IRS direct deposit to your personal bank account. | Approximately 6 to 8 weeks ² | No additional cost. |
| | Check mailed by IRS to address on tax return. | Approximately 6 to 8 weeks ² | |
| ELECTRONIC FILING (E-FILE) No Refund Processing Service | IRS direct deposit to your personal bank account. | Usually within 21 days ² | No additional cost. |
| | Check mailed by IRS to address on tax return. | Approximately 21 to 28 days ² | |
| ELECTRONIC FILING (E-FILE) Refund Processing Service | (a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ . | Usually within 21 days ² | \$39.99 |

¹You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card.

²However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than [REDACTED].

Questions? Call 1-877-908-7228

We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax and to evaluate your current and future eligibility for the Refund Processing Service.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent. 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. You specify that your consent is valid for three years from the date of this signature."

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

To agree, enter your name(s) and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2018 return to determine whether a portion of the refund can be used to pay my fees and to evaluate my current and future eligibility for the Refund Processing Service.

First Name

Last Name

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Green Dot Bank, Member FDIC ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. 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."

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

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2018 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Civista Bank of Sandusky, OH ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. 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."

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

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2018 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

Please type the date below:

Date

1040 WORKSHEET

NOTE: Form 1040 and new Schedules 1-6 are fully calculated.

Use the 1040 Worksheet to enter all data which will flow to the Form 1040 and Schedules 1- 6.
Use these QuickZooms to jump to the entry sections for Schedules 1- 6 on the 1040 Worksheet:

1040 Worksheet Navigation QuickZooms

QuickZoom to Schedule 1 - Additional Income and Adjustments ▶ _____
QuickZoom to Schedule 2 - Tax section ▶ _____
QuickZoom to Schedule 3 - Nonrefundable credits ▶ _____
QuickZoom to Schedule 4 - Other Taxes ▶ _____
QuickZoom to Schedule 5 - Other Payments and Refundable Credits ▶ _____
QuickZoom to Schedule 6 - Foreign Address and Third Party Designee ▶ _____

Form 1040 - Personal Info, Filing Status, Dependent Info

For the year _____, or other tax year
beginning _____, ending _____, _____

Your First Name _____ MI _____ Last Name _____ Your Social Security No. _____
If Joint Return, Spouse's First Name _____ MI _____ Last Name _____ Spouse's Social Security No. _____
Home Address (No. and Street). If You Have a P.O. Box, See Instructions. _____ Apt. No. _____
City, Town or Post Office. If you have a foreign address, also complete below. _____ State _____ ZIP Code _____

Schedule 6 - Foreign Address

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

QuickZoom to explanation statement for overseas extension ▶ _____

Form 1040 - Personal Info, Filing Status, Dependent Info (cont'd)

Presidential Election Campaign

Checking a box below will not change your tax or refund.
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund ▶ ☐ You . . ☐ Spouse

Filing Status

Check only one box.
All entries for filing status and dependents should be made on the Federal Information Worksheet.

- ☐ Single
☒ Married filing jointly (even if only one had income)
☐ Married filing separately. Enter spouse's SSN above and full name here. _____
☐ Head of household (with qualifying person). (See instr.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____
☐ Qualifying widow(er) (See instructions)

If more than four dependents, see instructions and check here . . ▶ ☐

| Dependents: (1) First name Last name | | (2) Dependent's social security number | (3) Dependent's relationship to you | ✓ if qualifies for (see instr): under age 17 qualify- ing for child tax credit | (4) Credit for other dependents |
|---|--|---|--|--|--|
| [REDACTED] | | | | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

QuickZoom to the Federal Information Worksheet
QuickZoom to the Dependent and Nondependent Information Worksheet

Form 1040, Identifying Information (cont'd)

- ☐ Someone can claim you as a dependent
☐ Someone can claim your spouse as a dependent

- a** Check if: ☐ **You** were born before January 2, 1954, ☐ Blind.
☐ **Spouse** was born before January 2, 1954, ☐ Blind.
Total boxes checked **► a** ☐
- b** If your spouse itemizes on a separate return or you were a dual-status alien, check here **► b** ☐

Form 1040 Lines 1-5

| | | |
|---|-----------|---------|
| 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 55,725. |
| 2 a Tax-exempt interest | | |
| b Taxable interest | 2b | |
| 3 a Qualified dividends (see instructions) | | |
| b Ordinary dividends. Attach Schedule B if required | 3b | |
| 4 IRA distributions | | |
| Taxable amount (see instructions) | | |
| Pensions and annuities | | |
| Taxable amount (see instructions) | 4b | |
| 5 a Social security benefits | | |
| b Taxable amount (see instructions) | 5b | |
| QuickZoom to Schedule 1 - Additional Income and Adjustments ► | | |

Form 1040, Lines 6 and 7

| | | |
|--|----------|---------|
| 6 Total income. Add lines 1 through 5b and Schedule 1, line 22 | 6 | 72,300. |
| 7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 ► | 7 | 71,129. |
| AGI including excludable Puerto Rico Income | | 71,129. |

Form 1040, Line 8 - Standard or Itemized Deduction

| | | |
|--|----------|--------------------|
| 8 Standard deduction or itemized deductions (from Schedule A) Standard Deduction for - <ul style="list-style-type: none"> People who checked blind or over 65 or who can be claimed as a dependent, see instructions. All others: <ul style="list-style-type: none"> Single or Married filing separately: \$12,000 Married filing jointly or Qualifying widow(er): \$24,000 Head of household: \$18,000 QuickZoom to the Standard Deduction Worksheet Itemized deductions (from Schedule A) or your standard deduction , see above Subtract itemized or standard deduction from adjusted gross income amount | 8 | 24,000. 47,129. |
|--|----------|--------------------|

Form 1040, Lines 9-11

| | | | |
|-----------|--|-----------|---------|
| 9 | Qualified business income deduction (see instructions) | 9 | 3,081. |
| 10 | Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- | 10 | 44,048. |

| | | | |
|---|--|-----------|--------|
| 11 | a Tax. (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> | | 4,902. |
| | b Total tax. Add any amount from Schedule 2 and check here <input type="checkbox"/> | 11 | 4,902. |
| QuickZoom to Schedule 2 - Tax section <input type="checkbox"/> | | | |

Form 1040, Line 12-15

| | | | | | |
|---|--|------------|--------|--------|--|
| 12 a | Child tax credit/credit for other dependents | 12a | 4,902. | | |
| b | Add any amount from Schedule 3 and check here <input type="checkbox"/> | 12 | | 4,902. | |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 | | 0. | |
| 14 | Other taxes. Attach Schedule 4 | 14 | | 2,342. | |
| 15 | Total tax. Add lines 13 and 14 | 15 | | 2,342. | |
| QuickZoom to Schedule 3 - Nonrefundable credits <input type="checkbox"/> | | | | | |
| QuickZoom to Schedule 4 - Other Taxes <input type="checkbox"/> | | | | | |

Form 1040, Lines 16-17

| | | | | | |
|---|---|-----------|--------|--------|--|
| 16 | Federal income tax withheld from Forms W-2 and 1099 | 16 | | 2,910. | |
| 17 a | Earned income credit (EIC) | | | | |
| | Nontaxable combat pay election | | | | |
| b | Additional child tax credit. Attach Schedule 8812 | | 3,098. | | |
| c | American opportunity credit from Form 8863, line 8 | | | | |
| | Add lines 17a,b,c and any amount from Schedule 5 | 17 | | 3,098. | |
| 18 | Add Lines 16 and 17. These are your total payments | 18 | | 6,008. | |
| QuickZoom to Schedule EIC Worksheet, pg 2 if credit is not calculated . . . QuickZoom. <input type="checkbox"/> | | | | | |
| QuickZoom to "due diligence checklist" substitute for Form 8867 QuickZoom. <input type="checkbox"/> | | | | | |
| QuickZoom to Schedule 5 - Other Payments and Refundable Credits . . QuickZoom. <input type="checkbox"/> | | | | | |

Form 1040, Lines 19-21

| | | | | | |
|----------------|--|-----------|--|--------|--|
| Refund: | | | | | |
| 19 | If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid | 19 | | 3,666. | |
| 20 a | Amount of overpayment you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 20 | | 3,666. | |
| b | Routing number <input type="checkbox"/> | | | | |
| c | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | | | |
| d | Account number <input type="checkbox"/> | | | | |
| 21 | Amount of overpayment on line 19 you want applied to your 2019 estimated tax <input type="checkbox"/> | | | | |

Form 1040, Lines 22-23

| | | | | | |
|------------------------|--|-----------|--|--|--|
| Amount You Owe: | | | | | |
| 22 | Subtract line total payments from total tax <input type="checkbox"/> | 22 | | | |
| 23 | Estimated tax penalty (see instructions) 23 | | | | |

QuickZoom to Late Penalties and Interest Worksheet **QuickZoom.** ☐

Schedule 1 - Additional Income and Adjustments

| | | | |
|--|---|-----------|---------|
| 1-9b | Reserved | | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . . | 10 | |
| 11 | Alimony received. . . . Taxpayer _____ Spouse _____ | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | 16,575. |
| 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 | |
| 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 (see instr.) | 19 | |
| 21 | Other income. List type and amount (see instructions). _____ _____ | 21 | |
| 22 | Combine the amounts in the far right column for lines 10 through 21. Enter here and include on Form 1040, line 6 field to left of amount field. ▶ Total Income. Combine Form 1040 lines 1- 5b and Schedule 1, line 22 , enter on Form 1040, line 6. ▶ 72,300. | 22 | 16,575. |
| Quickzoom to 1040 Worksheet, line 6 - Total Income ▶ QuickZoom. . ▶ | | | |

Schedule 1 - 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. Attach Form 3903 | 26 | |
| 27 | Deductible part of self-employment tax. Attach Schedule SE | 27 | 1,171. |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| 29 | Self-employed health insurance deduction | 29 | |
| 30 | Penalty on early withdrawal of savings. | 30 | |

Alimony Paid Smart Worksheet

| | Recipient's name | Recipient's SSN | Alimony paid |
|----------|------------------|-----------------|--------------|
| A | _____ | _____ | _____ |
| B | _____ | _____ | _____ |

| | | | |
|-------------|---|-------------|--------|
| 31 a | Alimony paid | | |
| b | Recipient's SSN ▶ _____ | 31 a | |
| 32 | IRA deduction | 32 | |
| 33 | Student loan interest deduction | 33 | |
| 34 | Reserved | 34 | |
| 35 | Reserved | 35 | |
| 36 | Add lines 23 through 35 | 36 | 1,171. |

Schedule 2 - Tax

| | | | |
|--------------|--|--------------|--|
| 38-44 | Reserved | 38-44 | |
| 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | |
| 46 | Excess advance premium tax credit repayment. Attach Form 8962 | 46 | |
| 47 | Add the amounts in the far right column. Enter here and include on Form 1040, line 11. ▶ | 47 | |

Schedule 3 - Nonrefundable Credits

| | | | | |
|--|---|-----------|----|--------|
| 48 | Foreign tax credit. Attach Form 1116 if required | 48 | | |
| 49 | Credit for child and dependent care expenses. Attach Form 2441 | 49 | | |
| 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: | 54 | | |
| a | <input type="checkbox"/> 3800 | | | |
| b | <input type="checkbox"/> 8801 | | | |
| c | <input type="checkbox"/> | | | |
| 55 | Add lines 12a, and 48 through 54. These are your total credits | 55 | | 4,902. |
| a | If amount on line 55 above includes Schedule 3 amount, check here. . . . ▶ <input type="checkbox"/> | | | |
| b | Total non-refundable credits | | | |
| c | Subtract total credits on line 55 from total tax above | | 0. | |
| Quickzoom to 1040 Worksheet, line 15 - Total Tax. ▶ QuickZoom. . . ▶ | | | | |

Schedule 4 - Other Taxes

| | | | | |
|-------------|--|-------------|-------------------------------|--------|
| 57 | Self-employment tax. Attach Schedule SE | 57 | | 2,342. |
| 58 | Unreported social security and Medicare tax from Form: | | | |
| a | <input type="checkbox"/> 4137 | b | <input type="checkbox"/> 8919 | |
| | Explain underreported tips | 58 | | |
| 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | | |
| 60 a | Household employment taxes from Schedule H | 60 a | | |
| b | First-time homebuyer credit repayment. Attach Form 5405 if required | b | | |
| 61 | Health care: Individual responsibility. Full-year coverage <input checked="" type="checkbox"/> | 61 | | 0. |
| 62 | Taxes from: | | | |
| a | <input type="checkbox"/> Form 8959 | | | |
| b | <input type="checkbox"/> Form 8960 | | | |
| c | <input type="checkbox"/> Instructions; enter code(s) | 62 | | |
| 63 | Section 965 net tax liability installment from Form 965-A. | 63 | | |
| 64 | Add lines 57 through 62. Total Other taxes amount. ▶ | 64 | | 2,342. |
| | Tax after credits: Add lines 64 and line 55c | | | 2,342. |

Schedule 5 - Other Payments and Refundable Credits

| | | | | | |
|-----------|---|-----------|--|--------|--------|
| 65 | Reserved for future use | 65 | | | |
| 66 | 2018 estimated tax payments and amount applied from 2017 return | 66 | | | |
| 67 | Reserved for future use | 67 | | | |
| 68 | Reserved for future use | 68 | | | |
| 69 | Reserved for future use | 69 | | | |
| 70 | Net premium tax credit. Attach Form 8962 | 70 | | | |
| 71 | Amount paid with request for extension to file | 71 | | | |
| 72 | Excess social security and tier 1 RRTA tax withheld | 72 | | | |
| 73 | Credit for federal tax on fuels. Attach Form 4136 | 73 | | | |
| 74 | Credits from Form: | 74 | | | |
| a | <input type="checkbox"/> 2439 | | | | |
| b | <input type="checkbox"/> Reserved | | | | |
| c | <input type="checkbox"/> 8885 | | | | |
| d | <input type="checkbox"/> | | | | |
| 75 | Add lines 66, and 70 through 74. These are your total payments | 75 | | | 6,008. |
| | Amount included above on line 75 from Schedule 5 | | | | |
| | Amount included above on line 75 from Form 1040, line 17 | | | 3,098. | |

Schedule 6 - Third Party Designee

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

Designee's Name

Phone No. Personal Identification Number (PIN)

Signature and Paid Preparer**Sign Here**

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

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 year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|--|------|---------------------|---|
| Your Signature | Date | Your Occupation | If the IRS sent you an Identity Protection PIN, enter it here |
| Spouse's Signature. If joint, both must sign. | Date | Spouse's Occupation | |
| Daytime Phone No. | | | |

Paid Preparer's Use Only

| | | |
|--|-----------------|---|
| Print/Type Preparer's name | Preparer's PTIN | Check if: |
| Preparer's Signature | | <input type="checkbox"/> 3rd Party Designee |
| Firm's Address (or yours if self-employed) | Firm's EIN. | Phone No. |
| Self-Prepared | State | ZIP Code |

Filing Address Information

Send Form 1040 to: You have chosen to electronically file this return.

Date



| | |
|---|--|
| Name(s) Shown on Return <div style="background-color: black; height: 1.2em; width: 100%;"></div> | Your SSN <div style="background-color: black; height: 1.2em; width: 100%;"></div> |
|---|--|

Line 4b - Adjustment for trade or business income or loss

| (a) Activity name | (b) Gain or loss |
|---|------------------|
| | |
| | |
| | |
| Enter additional adjustments not included above: | |
| | |
| | |
| Adjustment for trade or business income not subject to net investment tax | |

Line 5b - Adjustment for gain or loss on dispositions

| (a) Activity name | (b) Gain or loss |
|---|---|
| | |
| | |
| | |
| Capital loss carryover adjustment from <div style="background-color: black; height: 1em; width: 100px; display: inline-block;"></div> for net investment tax purposes | |
| Enter additional adjustments not included above and check the box if a capital gain or loss: | |
| | <input style="width: 20px; height: 20px;" type="checkbox"/> |
| | |
| Net gain or loss from disposition of property not subject to net investment tax | |

Capital gain/loss not included in net investment income

| (a) Activity name | (b) Capital Gain or Loss |
|---|--------------------------|
| | |
| | |
| | |
| Capital gain or loss from sale of property not subject to net investment income tax | |

Calculation of line 5b adjustment due to capital loss carryforward

| | | |
|--|---|-----|
| 1 Net capital loss not included in net investment income | 1 | 0 . |
| 2 Capital loss carryover to next year | 2 | |
| 3 Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . . | 3 | 0 . |

Line 7 - Other modifications to investment income

| | | |
|--|---|--|
| 1 Casualty and theft losses reported on Schedule A, line 20. | 1 | |
| 2 Amounts reported on Form 8814, line 12 | 2 | |
| 3 Adjustment for distributions from estates and trusts | 3 | |
| 4 Schedules C and F income/loss included in net investment income. | 4 | |
| 5 Substitute interest and dividend payments | 5 | |
| 6 Recovery of a prior year deduction | 6 | |
| 7 | 7 | |
| 8 Total other modifications to investment income | 8 | |

Line 9b - State, local, and foreign income taxes allocable to net investment income

| | | | |
|----|---|----|--|
| 1 | State and local income taxes | 1 | |
| 2 | Investment income. | 2 | |
| 3 | Total adjusted gross income | 3 | |
| 4 | Divide line 2 by line 3. Enter result as a decimal amount. | 4 | |
| 5 | State and local income taxes allocable to investment income | 5 | |
| 6 | State and local taxes (Schedule A, line 5e) | 6 | |
| 7 | Lesser of line 5 or line 6. | 7 | |
| 8 | Foreign income taxes | 8 | |
| 9 | Foreign income taxes allocable to investment income. Line 8 times line 4. | 9 | |
| 10 | Add lines 7 and 9. State, local and foreign income taxes allocable to investment income | 10 | |

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

| | | | |
|---|---|---|--|
| 1 | Reserved | 1 | |
| 2 | Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income | 2 | |
| 3 | Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px;"></div> | 3 | |
| 4 | Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3. | 4 | |
| 5 | Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 8 | 5 | |
| 6 | Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation: | 6 | |
| 7 | Subtract line 6 from line 5. | 7 | |
| 8 | Enter the lesser of line 7 or line 4 | 8 | |

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

| (A) | (B) | (C) |
|--|------------------------|---------------------|
| Reenter the amounts and descriptions from Part III, lines 1-3 | Fraction (see Help) | Column A times B |
| Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c: | | |
| 1 Reserved. | | |
| 2 State, local, and foreign income taxes. | x | = |
| Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10: | | |
| 3 _____ | x | = |
| _____ | x | = |
| _____ | x | = |
| _____ | x | = |
| Penalty on early withdrawal of savings | | |
| Other modifications: | | |
| _____ | | |
| Total additional modifications to Form 8960, line 10 | | |

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**1) Former Passive Activity Suspended Losses**

| (a) Activity name | (b) Suspended 12/31/2017 | (c) Suspended 12/31/2018 | (d) Used against activity | (e) Used against other passive |
|-------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2) Former Passive Activity Suspended Losses - Schedule D

| (a) Activity name | (b) Suspended 12/31/2017 | (c) Suspended 12/31/2018 | (d) Used against activity | (e) Used against other passive |
|-------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

3) Former Passive Activity Suspended Losses - Form 4797

| (a) Activity name | (b) Suspended 12/31/2017 | (c) Suspended 12/31/2018 | (d) Used against activity | (e) Used against other passive |
|-------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

► Keep for your records

Information in Part I is completely calculated from entries on Personal Information Worksheets.

| | |
|---|---|
| Taxpayer: First name [REDACTED] Middle initial [REDACTED] Suffix _____ Last name [REDACTED] Social security no. [REDACTED] Occupation [REDACTED] Date of birth [REDACTED] (mm/dd/yyyy) Age as of 1-1-2019 [REDACTED] Daytime phone [REDACTED] Ext _____ Legally blind <input type="checkbox"/> Date of death _____ | Spouse: First name [REDACTED] Middle initial [REDACTED] Suffix _____ Last name [REDACTED] Social security no. [REDACTED] Occupation [REDACTED] Date of birth [REDACTED] (mm/dd/yyyy) Age as of 1-1-2019 [REDACTED] Daytime phone [REDACTED] Ext _____ Legally blind <input type="checkbox"/> Date of death _____ |
|---|---|

| | |
|---|---|
| Dependent of Someone Else: Can taxpayer be claimed as dependent of another person (such as parent)? . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, was taxpayer claimed as dependent on that person's return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Dependent of Someone Else: Can spouse be claimed as dependent of another person (such as parent)? . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, was spouse claimed as dependent on that person's return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|

| | |
|--|--|
| Credit for the Elderly or Disabled (Schedule R): Is the taxpayer retired on total and permanent disability? . . <input type="checkbox"/> Yes <input type="checkbox"/> No | Credit for the Elderly or Disabled (Schedule R): Is the spouse retired on total and permanent disability? . . <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

| | |
|---|---|
| Presidential Election Campaign Fund: Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Presidential Election Campaign Fund: Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|

US Address:
 Address
 City State ZIP code Apt no.
Foreign Address: Check this box to use foreign address ☐
 Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/county Foreign postal code
 APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐
 Home phone
 Check to print phone number on Form 1040 ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

☒ **1 Single**
☒ **2 Married filing jointly**
☐ **3 Married filing separately**
 Check this box if you **did not** live with your spouse at any time during the year. ☐
 Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help). ☐
☐ **4 Head of household**
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number . . . _____
☐ **5 Qualifying widow(er)**
 Check the appropriate box for the year your spouse died ☐
 Are you a dependent with a qualifying child Yes ☐ No ☐
 Enter qualifying person's name:
 Child's First name _____ MI _____ Last Name _____ Suff _____
 Child's social security number . . . _____

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

[illegible]

* "Yes" - qualifies as dependent. "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☐ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States
for more than half of 2018? ☐ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to
get a federally funded benefit, such as Medicaid, and the Social Security card
contains the legend **Not Valid for Employment**, check this box (see Help) ☐

Check if you are filing head of household **and** your spouse is a nonresident alien
and you lived with your spouse during the last six months of 2018 ☐

Check if you were notified by the IRS that EIC cannot be claimed in 2018 or
if you are ineligible to claim the EIC in 2018 for any other reason ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☒ Yes ☐ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☐ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) [REDACTED]
Check the appropriate box. Checking ☒ Savings ☐
Routing number. [REDACTED] Account number [REDACTED]

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above

Balance-due amount from this return

Part VI – Additional Information for Your Federal Return**Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ☐

Check this box if you are married filing separately and your spouse itemized deductions ☐

Check this box to take the standard deduction even if less than itemized deductions ☐

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ☐ Yes ☐ No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ☐ Yes ☐ No
Is the spouse a full-time student? ☐ Yes ☐ No

American Opportunity and Lifetime Learning Credit, and Tuition and Fees Deduction (Form 8863 and 8917)

For 2018, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ▶ ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐

Resident country

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the
Commonwealth of the Northern Mariana Islands
Excludable income from Puerto Rico

Dual Status Alien Return:

Check this box if you are a dual-status alien returner ☐

Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 ☐

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name ▶

Third party designee phone number . . . ▶

Personal Identification number (enter any 5 numbers) . . ▶

Part VI – Additional Information for Your Federal Return - Continued**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed
returns when Form 1310 is not filed or it is not the
surviving spouse ▶ _____

Part VII – State Filing Information**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, _____ ▶ TX

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒ X

Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, _____ ▶ TX

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☒ X

Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

| Nonresident State(s) | Taxpayer/Spouse/Joint |
|----------------------|-----------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN _____

Spouse's Prior year PIN _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return XXXXXXXXXX _____

Spouse's PIN used to sign the return XXXXXXXXXX _____

Taxpayer:

Drivers license or state ID number _____

Issued by what state

License or ID license . ▶ ☐ ID . ▶ ☐ neither . ▶ ☒ decline. ▶ ☐

Spouse

Drivers license or state ID number XXXXXXXXXX _____

Issued by what state XXXX

License or ID license . ▶ ☒ ID . ▶ ☐ neither . ▶ ☐ decline. ▶ ☐

- Keep for your records

- Keep for your records

Part I – Taxpayer's Personal Information

Social security no. . . [REDACTED] Member of U.S. Armed Forces in [REDACTED] . . . Yes ☒ No ☐

Date of birth (mm/dd/yyyy) age as of 1-1-

Occupation . . . Laborer Daytime phone . . . [REDACTED] Ext [REDACTED]

Marital status . . . Married

If widowed, check the appropriate box for the year your spouse died:

After Before

Are you retired on total and permanent disability? (for Schedule R, see Help). ☐ Yes ☐ No

Check if this person is legally blind ☐ Yes ☒ No

If deceased, enter the date of death ▶ (mm/dd/yyyy)

Were you under the age of 16 as of 1-1-2018 and this is the first year you are filing a tax return? ☐ Yes ☐ No

Do you want \$3 to go to Presidential Election Campaign Fund? ☐ Yes ☒ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

1 **Can** someone (such as your parent) claim you as a dependent? ☐ Yes ☒ No

2 If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return? ☐ Yes ☒ No

Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.

3 Were you a full-time student during any part of five months during [redacted] ☐ Yes ☐ No

4 Did your earned income exceed one-half of your support? ☐ Yes ☐ No

5 Was at least one of your parents alive on December 31, [REDACTED] ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, [REDACTED] TX

Check the appropriate box:

This person is a resident of the state above for the entire year ☒

This person is a resident of the state above for only part of year

Date this person established residence in state above ▶

In which state (or foreign country) did this person reside before this change? ▶

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in XXXX

Unreimbursed medical expenses paid for qualifying person in _____

Employment taxes paid for dependent care providers in

Full-time student for 5 calendar months during 2018? ☐ Yes ☐ No

Disabled person who was not physically or [REDACTED] capable of self-care? ▶ ☐ Yes ☐ No

This person is a qualifying person for the child and dependent care credit ☐ Yes ☒ No

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. ☒ Yes ☐ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November ☒ X

| | |
|---|---|
| Check if covered or exempt (other than short gap) for prior year November | X |
| Check if covered or exempt (other than short gap) for prior year December | X |

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Enter any Marketplace-granted coverage exemption for this person below:

| Exemption Certificate Number | Exemption Start Month | Exemption End Month |
|------------------------------|-----------------------|---------------------|
| | | |
| | | |

Enter any other insurance coverage exemption requested for this person below:

| Exemption Type | | | | | | | Check Full Year or Months Exempt for Each Type | | | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|--|-----|-----|-----|-----|-----|---|--|--|--|--|--|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | | | | | |
| C | | | | | | | | | | | | | | | | | | |
| | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |

Healthcare coverage information has been completed for this person.. . . . ☐

1000

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

First name . . . [redacted] Middle initial . . . [redacted] Last name . . . [redacted]
 Social security no. . . [redacted] Member of U.S. Armed Forces in [redacted] . . . ☐ Yes ☒ No
 Date of birth [redacted] (mm/dd/yyyy) age as of 1-1-[redacted] [redacted]
 Occupation na Daytime phone Ext [redacted]
 Marital status
 If widowed, check the appropriate box for the year your spouse died:
 After [redacted] ▶ ☐ [redacted] . ▶ ☐ [redacted] . ▶ ☐ [redacted] . ▶ ☐ Before [redacted] . ▶ ☐
 Are you retired on total and permanent disability? (for Schedule R, see Help). ▶ ☐ Yes ☐ No
 Check if this person is legally blind ▶ ☐ Yes ☒ No
 If deceased, enter the date of death ▶ (mm/dd/yyyy) [redacted]
 Were you under the age of 16 as of 1-1-[redacted] and this is the first year you
 are filing a tax return? ▶ ☐ Yes ☐ No
 Do you want \$3 to go to Presidential Election Campaign Fund? ▶ ☐ Yes ☒ No

| | | | | | |
|---|---|--------------------------|-----|-------------------------------------|----|
| 1 | Can someone (such as your parent) claim you as a dependent? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 2 | If you answered 'Yes' to question 1, are you actually claimed as a dependent on that person's tax return? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| <i>Questions 3 through 5 are only required for individuals who claim the American Opportunity Credit.</i> | | | | | |
| 3 | Were you a full-time student during any part of five months during [REDACTED] | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4 | Did your earned income exceed one-half of your support? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5 | Was at least one of your parents alive on December 31, [REDACTED] | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Enter this person's state of residence as of December 31, [REDACTED] TX
 Check the appropriate box:
 This person is a resident of the state above for the entire year

| |
|---|
| X |
| |

 This person is a resident of the state above for only part of year

| |
|--|
| |
| |

 Date this person established residence in state above ▶
 In which state (or foreign country) did this person reside before this change? ▶

| | | | | |
|--|--|-----|---|----|
| Qualified dependent care expenses incurred and paid for this person in | | | | |
| Unreimbursed medical expenses paid for qualifying person in | | | | |
| Employment taxes paid for dependent care providers in | | | | |
| Full-time student for 5 calendar months during | | Yes | | No |
| Disabled person who was not physically or mentally capable of self-care? | | Yes | | No |
| This person is a qualifying person for the child and dependent care credit | | Yes | X | No |

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. ☒ Yes ☐ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

| | |
|---|-------------------------------------|
| Check if covered or exempt (other than short gap) for prior year November | <input checked="" type="checkbox"/> |
| Check if covered or exempt (other than short gap) for prior year December | <input checked="" type="checkbox"/> |

12 months Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Enter any Marketplace-granted coverage exemption for this person below:

| Exemption Certificate Number | Exemption Start Month | Exemption End Month |
|------------------------------|-----------------------|---------------------|
| | | |
| | | |

Enter any other insurance coverage exemption requested for this person below:

| Exemption Type | | | | | | | Check Full Year or Months Exempt for Each Type | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|--|-----|-----|-----|-----|-----|--|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | |
| G | | | | | | | | | | | | | |
| | X | X | X | X | X | X | X | X | X | X | X | X | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Healthcare coverage information has been completed for this person.. . . . ☐

Dependent and Nondependent Information Worksheet

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . Middle initial . Last name . .
Suffix

Social security no. . .

Date of birth (mm/dd/yyyy) age as of 12-31-
Did this person pass away in (deceased)? . . ☐ Yes ☐ No Date of death

Relationship to taxpayer or spouse

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. 1 — Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,150 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national ☐

TurboTax Web Only:

Was the adoption final as of December 31, ☐ Yes ☐ No

Was the person placed with you for adoption after or was the adoption final in or later? ☐ Yes ☐ No

The adopted child lived with you all year ☐ Yes ☐ No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No
Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No
You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E — Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is **not** valid for employment ☐

Check if this person is **not** a qualifying child for the child tax credit ☐

Check if this person is **not** a qualifying person for the credit for other dependents ☐

Dependent has ITIN ☐

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in XXXX
 Unreimbursed medical expenses paid for qualifying person in XXXX
 Employment taxes paid for dependent care providers in XXXX
 Child or dependent is a qualifying person for the child and dependent care credit ☒ Yes ☐ No
 Child is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☐ No

Part V – Dependent's State Residency Information

Enter this person's state of residence as of December 31, XXXX TX
 Check the appropriate box:
 This person is a resident of the state above for the entire year ☐
 This person is a resident of the state above for only part of year ☐
 Date this person established residence in state above ▶
 In which state (or foreign country) did this person reside before this change? ▶

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. ☒ Yes ☐ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November ☒
 Check if covered or exempt (other than short gap) for prior year December ☒

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

12 months ☐ Jan ☒ Feb ☒ Mar ☒ Apr ☒ May ☒ Jun ☒ Jul ☒ Aug ☒ Sep ☒ Oct ☒ Nov ☒ Dec ☒

Enter any Marketplace-granted coverage exemption for this person below:

| Exemption Certificate Number | Exemption Start Month | Exemption End Month |
|------------------------------|-----------------------|---------------------|
| | | |
| | | |

Enter any other insurance coverage exemption requested for this person below:

| Exemption Type | | | | | | | | Check Full Year or Months Exempt for Each Type | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|-----|--|--|--|--|
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | | | |
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Healthcare coverage information has been completed for this person. ☐

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here

Dependent and Nondependent Information Worksheet

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . Middle initial . Last name . .
Suffix

Social security no. . .

Date of birth (mm/dd/yyyy) age as of 12-31-
Did this person pass away in (deceased)? . . ☐ Yes ☐ No Date of death

Relationship to taxpayer or spouse

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. — Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,150 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national ☐

TurboTax Web Only:

Was the adoption final as of December 31, ☐ Yes ☐ No

Was the person placed with you for adoption after or was the adoption final in or later? ☐ Yes ☐ No

The adopted child lived with you all year ☐ Yes ☐ No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No
Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No
You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E — Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is **not** valid for employment ☐

Check if this person is **not** a qualifying child for the child tax credit ☐

Check if this person is **not** a qualifying person for the credit for other dependents ☐

Dependent has ITIN ☐

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in XXXX
 Unreimbursed medical expenses paid for qualifying person in XXXX
 Employment taxes paid for dependent care providers in XXXX
 Child or dependent is a qualifying person for the child and dependent care credit ☒ Yes ☐ No
 Child is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☐ No

Part V – Dependent's State Residency Information

Enter this person's state of residence as of December 31, XXXX TX
 Check the appropriate box:
 This person is a resident of the state above for the entire year ☐
 This person is a resident of the state above for only part of year ☐
 Date this person established residence in state above ▶
 In which state (or foreign country) did this person reside before this change? ▶

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. ☒ Yes ☐ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November ☒
 Check if covered or exempt (other than short gap) for prior year December ☒

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

12 months ☐ Jan ☒ Feb ☒ Mar ☒ Apr ☒ May ☒ Jun ☒ Jul ☒ Aug ☒ Sep ☒ Oct ☒ Nov ☒ Dec ☒

Enter any Marketplace-granted coverage exemption for this person below:

| Exemption Certificate Number | Exemption Start Month | Exemption End Month |
|------------------------------|-----------------------|---------------------|
| | | |
| | | |

Enter any other insurance coverage exemption requested for this person below:

| Exemption Type | | | | | | | | Check Full Year or Months Exempt for Each Type | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|-----|--|--|--|--|
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | | | |
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Healthcare coverage information has been completed for this person. ☐

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here

Dependent and Nondependent Information Worksheet

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . Middle initial . Last name . .
Suffix

Social security no. . .

Date of birth (mm/dd/yyyy) age as of 12-31-
Did this person pass away in (deceased)? . . ☐ Yes ☐ No Date of death

Relationship to taxpayer or spouse

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. — Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,150 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national ☐

TurboTax Web Only:

Was the adoption final as of December 31, ☐ Yes ☐ No

Was the person placed with you for adoption after or was the adoption final in or later? ☐ Yes ☐ No

The adopted child lived with you all year ☐ Yes ☐ No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No
Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No
You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E — Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is **not** valid for employment ☐

Check if this person is **not** a qualifying child for the child tax credit ☐

Check if this person is **not** a qualifying person for the credit for other dependents ☐

Dependent has ITIN ☐

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in XXXXXX _____
 Unreimbursed medical expenses paid for qualifying person in XXXXXX _____
 Employment taxes paid for dependent care providers in XXXXXX _____
 Child or dependent is a qualifying person for the child and dependent care credit ☒ Yes ☐ No
 Child is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☐ No

Part V – Dependent's State Residency Information

Enter this person's state of residence as of December 31, 2018 TX
 Check the appropriate box:
 This person is a resident of the state above for the entire year ☐
 This person is a resident of the state above for only part of year ☐
 Date this person established residence in state above ► _____
 In which state (or foreign country) did this person reside before this change? ► _____

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. ☒ Yes ☐ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November ☒
 Check if covered or exempt (other than short gap) for prior year December ☒

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

12 months ☐ Jan ☒ Feb ☒ Mar ☒ Apr ☒ May ☒ Jun ☒ Jul ☒ Aug ☒ Sep ☒ Oct ☒ Nov ☒ Dec ☒

Enter any Marketplace-granted coverage exemption for this person below:

| Exemption Certificate Number | Exemption Start Month | Exemption End Month |
|------------------------------|-----------------------|---------------------|
| | | |
| | | |

Enter any other insurance coverage exemption requested for this person below:

| Exemption Type | | | | | | | | Check Full Year or Months Exempt for Each Type | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|-----|--|--|--|--|
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | | | |
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Healthcare coverage information has been completed for this person. ☐

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here _____

Dependent and Nondependent Information Worksheet

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . Middle initial . Last name . .
Suffix

Social security no. . .

Date of birth (mm/dd/yyyy) age as of 12-31-
Did this person pass away in (deceased)? . . ☐ Yes ☐ No Date of death

Relationship to taxpayer or spouse

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. 1 — Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,150 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national ☐

TurboTax Web Only:

Was the adoption final as of December 31, ☐ Yes ☐ No

Was the person placed with you for adoption after or was the adoption final in or later? ☐ Yes ☐ No

The adopted child lived with you all year ☐ Yes ☐ No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No
Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No
You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E — Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is **not** valid for employment ☐

Check if this person is **not** a qualifying child for the child tax credit ☐

Check if this person is **not** a qualifying person for the credit for other dependents ☐

Dependent has ITIN ☐

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in XXXX
 Unreimbursed medical expenses paid for qualifying person in XXXX
 Employment taxes paid for dependent care providers in XXXX
 Child or dependent is a qualifying person for the child and dependent care credit ☒ Yes ☐ No
 Child is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☐ No

Part V – Dependent’s State Residency Information

Enter this person’s state of residence as of December 31, XXXX TX
 Check the appropriate box:
 This person is a resident of the state above for the entire year ☐
 This person is a resident of the state above for only part of year ☐
 Date this person established residence in state above ▶
 In which state (or foreign country) did this person reside before this change? ▶

Part VI – Healthcare Coverage

Does coverage in prior year qualify January and February for eligibility for short gap exemption? See help for additional details. ☒ Yes ☐ No

Prior year covered or exempt other than short gap exemption for November and December, supports answer to January and February eligible for short gap exemption above.

Check if covered or exempt (other than short gap) for prior year November ☒
 Check if covered or exempt (other than short gap) for prior year December ☒

Check the appropriate box below to indicate the healthcare coverage for this person. Select 12 months if they were covered all year, select the individual months if they were not covered all year and leave blank if they did not have minimum essential during any month of the year.

12 months ☐ Jan ☒ Feb ☒ Mar ☒ Apr ☒ May ☒ Jun ☒ Jul ☒ Aug ☒ Sep ☒ Oct ☒ Nov ☒ Dec ☒

Enter any Marketplace-granted coverage exemption for this person below:

| Exemption Certificate Number | Exemption Start Month | Exemption End Month |
|------------------------------|-----------------------|---------------------|
| | | |
| | | |

Enter any other insurance coverage exemption requested for this person below:

| Exemption Type | | | | | | | | Check Full Year or Months Exempt for Each Type | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|-----|--|--|--|--|
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | | | | |
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Healthcare coverage information has been completed for this person. ☐

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here

Name(s) Shown on Return

Social Security Number

Form W-2 Summary

| Box No. | Description | Taxpayer | Spouse | Total |
|---------|--|----------|--------|---------|
| 1 | Total wages, tips and compensation: | | | |
| | Non-statutory & statutory wages not on Sch C . . . | 55,725. | | 55,725. |
| | Statutory wages reported on Schedule C | | | |
| | Foreign wages included in total wages. | | | |
| | Unreported tips. | 0. | | 0. |
| 2 | Total federal tax withheld | 2,910. | | 2,910. |
| 3 & 7 | Total social security wages/tips | 55,725. | | 55,725. |
| 4 | Total social security tax withheld | 3,455. | | 3,455. |
| 5 | Total Medicare wages and tips | 55,725. | | 55,725. |
| 6 | Total Medicare tax withheld | 808. | | 808. |
| 8 | Total allocated tips | | | |
| 9 | Not used | | | |
| 10 a | Total dependent care benefits | | | |
| b | Offsite dependent care benefits | | | |
| c | Onsite dependent care benefits | | | |
| 11 | Total distributions from nonqualified plans . . . | | | |
| 12 a | Total from Box 12 | | | |
| b | Elective deferrals to qualified plans | | | |
| c | Roth contrib. to 401(k), 403(b), 457(b) plans. . | | | |
| d | Deferrals to government 457 plans | | | |
| e | Deferrals to non-government 457 plans | | | |
| f | Deferrals 409A nonqual deferred comp plan. . | | | |
| g | Income 409A nonqual deferred comp plan. . . | | | |
| h | Uncollected Medicare tax | | | |
| i | Uncollected social security and RRTA tier 1 . . | | | |
| j | Uncollected RRTA tier 2 | | | |
| k | Income from nonstatutory stock options | | | |
| l | Non-taxable combat pay | | | |
| m | QSEHRA benefits | | | |
| n | Total other items from box 12 | | | |
| 14 a | Total deductible mandatory state tax | | | |
| b | Total deductible charitable contributions | | | |
| c | This line does not apply to TurboTax | | | |
| d | Total RR Compensation | | | |
| e | Total RR Tier 1 tax | | | |
| f | Total RR Tier 2 tax | | | |
| g | Total RR Medicare tax | | | |
| h | Total RR Additional Medicare tax | | | |
| i | Total RRTA tips. | | | |
| j | Total other items from box 14 | | | |
| 16 | Total state wages and tips | | | |
| 17 | Total state tax withheld | | | |
| 19 | Total local tax withheld. | | | |

Social Security Number

Military: Complete **Part VI** on Page 2 below

| Box 14 Description or Code on Actual Form W-2 | Amount | TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select Other). |
|--|--------|--|
| | | |
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Healthcare Entry Sheet

► Keep for your records

The forms associated with healthcare (8965, 8962, 1095-A, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

☐ ☒ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

Short Gap

Eligible*

Yes No

| a. Name of covered individual(s) | b. SSN | c. DOB | Covered all 12 months | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | |
|----------------------------------|--------|--------|-----------------------|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| 1 | | | | Short gap: | X | Yes | | No | | | | | | | | T |
| 2 | | | | Short gap: | X | Yes | | No | | | | | | | | S |
| 3 | | | | Short gap: | X | Yes | | No | | | | | | | | 1 |
| 4 | | | | Short gap: | X | Yes | | No | | | | | | | | 2 |
| 5 | | | | Short gap: | X | Yes | | No | | | | | | | | 3 |
| 6 | | | | Short gap: | X | Yes | | No | | | | | | | | 4 |

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ►

Completion checkbox:

☒ Check this box once you are finished with all the healthcare related entries.

Form 1099-MISC Summary

► Keep for your records

Name(s) Shown on Return

Social Security Number

Form 1099-MISC Summary

| Box | Description | Taxpayer | Spouse | Total |
|--------------|--|----------|--------|---------|
| 1 | Total Rents | | | |
| | ► Schedule C | | | |
| | ► Schedule E | | | |
| | ► Form 4835 | | | |
| | ► Other Income | | | |
| 2 | Total Royalties | | | |
| | ► Schedule C | | | |
| | ► Schedule E | | | |
| 3 | Total Other income | | | |
| | ► Schedule C | | | |
| | ► Schedule F | | | |
| | ► Form 4835 | | | |
| | For Form 1040: | | | |
| | ► Winnings (Prizes, etc.) | | | |
| | ► Tribal Gaming | | | |
| | ► Alaska Permanent Fund | | | |
| | ► Other Income | | | |
| 4 | Federal tax withheld | | | |
| 5 | Fishing boat proceeds | | | |
| 6 | Medical and health care payments | | | |
| 7 | Total Nonemployee compensation | 16,575. | | 16,575. |
| | ► Schedule C | 16,575. | | 16,575. |
| | ► Schedule F | | | |
| | ► Wages | | | |
| | ► Other Income | | | |
| 8 | Substitute payments | | | |
| 10 | Total Crop insurance proceeds | | | |
| | ► Schedule F | | | |
| | ► Form 4835 | | | |
| 13 | Excess golden parachute payments | | | |
| 14 | Gross proceeds paid to an attorney | | | |
| | ► Taxable amount | | | |
| 15a | Section 409A deferrals | | | |
| 15b | Section 409A income | | | |
| 16 | State tax withheld - total | | | |
| Total | Boxes 1-3, 5-8, 10, 13-15b | 16,575. | | 16,575. |

| | |
|---|--------------------------------------|
| Name [REDACTED] | Social Security Number [REDACTED] |
| Payer's Name Payer's TIN EIN [REDACTED] Account number (for your records) | |

☐ Spouse's 1099-MISC ☐ Do not transfer this 1099-MISC to next year

For each type of 1099-MISC income, select the appropriate form or schedule in your return on which to report this income. Double-click in the field next to the form's name and when the window appears, either "select or create" the copy on which you want to report the 1099-MISC income. See Help.

| | |
|--------------------------|--|
| Box 1 | Rents. <i>Required: double-click to select the form on which to report this income:</i> <div style="display: flex; justify-content: space-between;"> Schedule C Form 4835 </div> <div style="display: flex; justify-content: space-between;"> Schedule E <input type="checkbox"/> Other Income </div> |
| Box 2 | Royalties. <i>Required: double-click to select the form on which to report this income:</i> <div style="display: flex; justify-content: space-between;"> Schedule C </div> <div style="display: flex; justify-content: space-between;"> Schedule E </div> |
| Box 3 | Other income <i>Required: double-click to select the form on which to report this income:</i> <div style="display: flex; justify-content: space-between;"> Schedule C Form 4835 </div> <div style="display: flex; justify-content: space-between;"> Schedule F </div> <div style="display: flex; justify-content: space-between;"> Winnings (Prizes, etc.) </div> <div style="display: flex; justify-content: space-between;"> Tribal Member Gaming Payments </div> <div style="display: flex; justify-content: space-between;"> From Alaska Permanent Fund </div> <div style="display: flex; justify-content: space-between;"> Other Income </div> <div style="display: flex; justify-content: space-between;"> Back Wages from Lawsuit. Amount: </div> <div style="display: flex; justify-content: space-between;"> Olympic or Paralympic Prize Money </div> |
| Box 4 | Federal income tax withheld |
| Box 5 | Fishing boat proceeds <i>Required: double-click to select the Schedule C on which to report this income:</i> <div style="display: flex; justify-content: space-between;"> Schedule C </div> |
| Box 6 | Medical and health care payments <i>Required: double-click to select the Schedule C on which to report this income:</i> <div style="display: flex; justify-content: space-between;"> Schedule C </div> |
| Box 7 | Nonemployee compensation 16,575.00 <i>Required: double-click to select the form on which to report this income:</i> <div style="display: flex; justify-content: space-between;"> contracting Schedule C </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Schedule F </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Wages subject to Social Security & Medicare tax </div> <div style="display: flex; justify-content: space-between;"> If checked, enter Reason Code for Form 8919 (see Help) </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> If Reason Code A or C, enter determination date </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Other Income </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Back Wages from Lawsuit. Amount: </div> |
| Box 8 | Substitute payments in lieu of dividends or interest |
| Box 10 | Crop insurance proceeds <i>Required: double-click to select the form on which to report this income:</i> <div style="display: flex; justify-content: space-between;"> Schedule F </div> <div style="display: flex; justify-content: space-between;"> Form 4835 </div> |
| Box 13 | Excess golden parachute payments Report 20% excise tax on Form 1040 |
| Box 14 | Gross proceeds paid to an attorney Taxable amount from box 14 to Schedule C <i>Required: double-click to select the Schedule C on which to report this income:</i> <div style="display: flex; justify-content: space-between;"> Schedule C </div> |
| Boxes 15a & b | Section 409A deferrals Section 409A income |
| Boxes 16-18 | State tax withheld - 1st state State name (two letters) - 1st state State ID number - 1st state State income - 1st state State tax withheld - 2nd state State name (two letters) - 2nd state State ID number - 2nd state State income - 2nd state I confirm that the state withholding identification number(s) are accurate <input type="checkbox"/> |

FATCA filing requirement ☐

Additional Payer and Recipient Information

| | |
|--|--|
| Payer's address and ZIP code Street City State ZIP Code Foreign Country | Recipient's address and ZIP code Transfer address from Federal Information Wks . <input type="checkbox"/> Street City State ZIP Code Foreign Country |
|--|--|

Wages, Salaries, & Tips Worksheet

► Keep for your records

Name(s) Shown on Return

Social Security Number

The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

| | Taxpayer | Spouse | Total |
|---|--------------------------|--------------------------|---------|
| 1 Wages, from Form W-2 | 55,725. | | 55,725. |
| 2 Miscellaneous income, from Form 8919 | | | |
| 3 Items from Form 1099-R: | | | |
| a Disability before minimum retirement age | | | |
| b Return of contributions | | | |
| 4 Excess reimbursement, from Form 2106 | | | |
| 5 a Taxable tips, from Form 4137. | | | |
| b Noncash tips | | | |
| 6 Excess moving expense reimbursement, from Form 3903 | | | |
| 7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2) | | | |
| 8 Items not on Form W-2 or Form 1099-R: | | | |
| a Sick pay or disability payments | | | |
| b Total foreign source income | | | |
| c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ► | <input type="checkbox"/> | <input type="checkbox"/> | |
| d Ordinary income from employer stock transactions not reported on Form W-2 | | | |
| 9 Other earned income: | | | |
| a Non-gov unemployment received/repaid | | | |
| b | | | |
| | | | |
| | | | |
| 10 Subtotal. | | | |
| Add lines 1 through 9 | 55,725. | | 55,725. |
| 11 Taxable employer-provided dependent care benefits, from Form 2441 | | | |
| 12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839 | | | |
| 13 Scholarship/fellowship income not on Form W-2. | | | |
| 14 Other non-earned income: | | | |
| | | | |
| | | | |
| | | | |
| 15 Total of lines 10 through 14. | 55,725. | | 55,725. |

Child Tax Credit and
Credit for Other Dependents Worksheet

► Keep for your records

Name as Shown on Return

Social Security No.

- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of the year and meet the other requirements listed in the instructions for Form 1040.
 - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

Part 1

| | | | | | |
|----|--|----|-----------------|---------------|--|
| 1 | Number of qualifying children under age 17 with the required social security number: <u>4</u> X \$2,000. Enter the result | 1 | <u>8,000.</u> | | |
| 2 | Number of other dependents, including qualifying children without the required social security number: <u>0</u> X \$500. Enter the result | 2 | | | |
| 3 | Add lines 1 and 2 | 3 | | <u>8,000.</u> | |
| 4 | Enter the amount from Form 1040, line 7 | 4 | <u>71,129.</u> | | |
| 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 | <u>0.</u> | | |
| 6 | Add lines 4 and 5. Enter the total | 6 | <u>71,129.</u> | | |
| 7 | Enter the amount shown below for your filing status. • Married filing jointly — \$400,000 } • All other filing statuses — \$200,000 | 7 | <u>400,000.</u> | | |
| 8 | Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> 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% (.05). Enter the result | 9 | | <u>0.</u> | |
| 10 | Is the amount on line 3 more than the amount on line 9? <input type="checkbox"/> No. Stop. You cannot take the child tax credit or credit for other dependents on Form 1040, line 12a. You also can't take the additional child tax credit on Form 1040, line 17b. Complete the rest of your Form 1040. <input checked="" type="checkbox"/> Yes. Subtract line 9 from line 3. Enter the result. <i>Go to Part 2</i> | 10 | | <u>8,000.</u> | |

Part 2

| | | | | | |
|----|---|----|---------------|---------------|--|
| 11 | Enter the amount from Form 1040, line 11 | 11 | <u>4,902.</u> | | |
| 12 | Add the amounts from — Schedule 3, line 48 Schedule 3, line 49 + Schedule 3, line 50 + Schedule 3, line 51 + Form 5695, line 30 + Form 8910, line 15 + Form 8936, line 23 + Schedule R, line 22 + Enter the total | 12 | <u>0.</u> | | |
| 13 | Subtract line 12 from line 11 | 13 | | <u>4,902.</u> | |
| 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 <input checked="" type="checkbox"/> No. Enter -0- <input type="checkbox"/> Yes. If you are filing Form 2555, enter the amount from line 12. Otherwise, Complete the <i>Line 14 Worksheet</i> below to figure the amount to enter here. } | 14 | | <u>0.</u> | |
| 15 | Subtract line 14 from line 13. Enter the result | 15 | | <u>4,902.</u> | |
| 16 | Is the amount on line 10 of this worksheet more than the amount on line 15? <input type="checkbox"/> No. Enter the amount from line 10 } <input checked="" type="checkbox"/> Yes. Enter the amount from line 15. See the TIP below. | 16 | | <u>4,902.</u> | |

**This is your child
tax credit and credit for
other dependents**Enter this amount on
Form 1040, line 12a**TIP:** You may be able to take the **additional child tax credit** on Form 1040, line 17b, 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)
- Then, use Schedule 8812 to figure any additional child tax credit.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

► Keep for your records

Name(s) Shown on Return

Social Security Number

| | | Regular Tax | Alternative Minimum Tax | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------|----------------------------|-----|-------------------------------------|--|--|---------------------------------|--|--|---------------------------------------|--|--|-----------------------------------|--|--|-----------------------------------|--|--|-------------------------|--|--|-----------------|--|--|-----------|--|
| If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4. | 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Subtract line 2 from line 1 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year | 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain". | 5 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Add lines 3 through 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Enter the smaller of line 6 or the gain from Form 4797, line 7 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Enter the amount, if any, from Form 4797, line 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Subtract line 8 from line 7. If zero or less, enter -0- | 9 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain. | 10 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table><thead><tr><th></th><th>Regular</th><th>AMT</th></tr></thead><tbody><tr><td>a On Form 1099-DIV</td><td></td><td></td></tr><tr><td>b On Form 2439</td><td></td><td></td></tr><tr><td>c On Schedule(s) K-1</td><td></td><td></td></tr><tr><td>d On Form 1099-R</td><td></td><td></td></tr><tr><td>e From Form 8814</td><td></td><td></td></tr><tr><td>f Other.</td><td></td><td></td></tr><tr><td>Total</td><td></td><td></td></tr></tbody></table> | | Regular | AMT | a On Form 1099-DIV | | | b On Form 2439 | | | c On Schedule(s) K-1 | | | d On Form 1099-R | | | e From Form 8814 | | | f Other. | | | Total | | | 11 | |
| | Regular | AMT | | | | | | | | | | | | | | | | | | | | | | | | | |
| a On Form 1099-DIV | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b On Form 2439 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c On Schedule(s) K-1 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d On Form 1099-R | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e From Form 8814 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f Other. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale | 12 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Add lines 9 through 12. | 13 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0- | 14 | 0. | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0- | 15 | 0. | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C | 16 | | | | | | | | | | | | | | | | | | | | | | | | | |
| a | Enter your capital gain excess, if you are filing Form 2555 | a | 0. | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0- | 17 | 0. | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19. | 18 | | | | | | | | | | | | | | | | | | | | | | | | | |

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

Name(s) Shown on Return

Social Security Number

| | | | | Regular Tax | Alternative Minimum Tax |
|----------|---|----------|----|----------------|----------------------------|
| 1 | Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II | 1 | | | |
| 2 | Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain. | | | | |
| | <div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div> | | | | |
| a | Schedule D . . . | | | | |
| b | Form 8814 . . . | | | | |
| c | Schedule B . . . | | | | |
| d | Form 6252 . . . | | | | |
| e | Form 2439 . . . | | | | |
| f | Other | | | | |
| | Total | 2 | | | |
| 3 | Enter the total of all collectibles gain or (loss) from: | | | | |
| | <div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div> | | | | |
| a | Form 4684, line 4 (but only if line 15 is more than zero) | | | | |
| b | Form 6252 | | | | |
| c | Form 6781, Part II | | | | |
| d | Form 8824 | | | | |
| | Total | 3 | | | |
| 4 | Enter the total of any collectibles gain reported to you on: | | | | |
| | <div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div> | | | | |
| a | Form 1099-DIV, box 2d . . . | | | | |
| b | Form 2439, box 1d | | | | |
| c | Schedule K-1 from a partnership, S corporation, estate, or trust | | | | |
| d | Disposition of interest in partnership or S corporation | | | | |
| e | Other | | | | |
| | Total | 4 | | | |
| 5 | Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C | 5 | | | |
| 6 | If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0- | 6 | | | |
| 7 | Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18 | 7 | | | |
| 8 | Enter the amount of any capital gain excess | 8 | | | 0. |
| 9 | Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a | 9 | 0. | | 0. |

Name(s) Shown on Return

Social Security Number

| | | | |
|---|--|------|---------|
| 1 a | Enter your taxable income from Form 1040, line 10 | 1 a | 44,048. |
| b | Enter the amount from your (and your spouse's) Form 2555, lines 45 and 50 | b | |
| c | Add lines 1a and 1b | 1 c | 44,048. |
| 2 a | Enter your qualified dividends from Form 1040, line 3a | 2 a | |
| b | Enter any capital gain excess attributable to qualified dividends | b | |
| c | Subtract line 2b from line 2a | 2 c | |
| 3 | Amount from Form 4952, line 4g | 3 | |
| 4 a | Amount from Form 4952, line 4e | 4 a | |
| b | Amount from the dotted line next to Form 4952, line 4e | b | |
| c | Line 4b, if applicable, 4a, if not | c | |
| 5 | Subtract line 4c from line 3 | 5 | 0. |
| 6 | Subtract line 5 from line 2c. If zero or less, enter -0- | 6 | 0. |
| 7 a | Enter line 15 of Schedule D | 7 a | |
| b | Enter line 16 of Schedule D | b | |
| c | Enter the smaller of line 7a or line 7b | 7 c | 0. |
| 8 | Enter the smaller of line 3 or line 4c | 8 | |
| 9 a | Subtract line 8 from line 7 | 9 a | 0. |
| b | Enter any capital gain excess attributable to capital gains | b | |
| c | Subtract line 9b from line 9a | 9 c | 0. |
| 10 | Add lines 6 and 9c | 10 | 0. |
| 11 a | Enter the amount from Schedule D, line 18 | 11 a | 0. |
| b | Enter the amount from Schedule D, line 19 | b | |
| c | Add lines 11a and 11b | 11 c | 0. |
| 12 | Enter the smaller of line 9c or line 11c | 12 | 0. |
| 13 | Subtract line 12 from line 10 | 13 | 0. |
| 14 | Subtract line 13 from line 1c. If zero or less, enter -0- | 14 | 44,048. |
| 15 | Enter: • \$38,600 if single or married filing separately; • \$77,200 if married filing jointly or qualifying widow(er); or • \$51,700 if head of household. | 15 | 77,200. |
| 16 | Enter the smaller of line 1c or line 15 | 16 | 44,048. |
| 17 | Enter the smaller of line 14 or line 16 | 17 | 44,048. |
| 18 a | Subtr in 10 from ln 1c. If zero or less, enter -0- | 18 a | 44,048. |
| b | Enter the smaller of line 1c or \$157,500 (\$315,000 if married filing jointly or qualifying widow(er)) | b | |
| c | Enter the smaller of line 14 or line 18b | c | |
| 19 | Enter the larger of line 18a or line 18c | 19 | 44,048. |
| 20 | Subtract line 17 from line 16. This amount is taxed at 0% | 20 | 0. |
| If lines 1c and 16 are the same, skip lines 21 through 41 and go to line 42. Otherwise, go to line 21. | | | |
| 21 | Enter the smaller of line 1c or line 13 | 21 | |
| 22 | Enter the amount from line 20 (if line 20 is blank, enter -0-) | 22 | |
| 23 | Subtract line 22 from line 21. If zero or less, enter -0- | 23 | |
| 24 | Enter: • \$425,800 if single, • \$239,500 if married filing separately, • \$479,000 if married filing jointly or qualifying widow(er), • \$452,400 if head of household. | 24 | |
| 25 | Enter the smaller of line 1c or line 24 | 25 | |
| 26 | Add lines 19 and 20 | 26 | |
| 27 | Subtract line 26 from line 25. If zero or less, enter -0- | 27 | |
| 28 | Enter the smaller of line 23 or line 27 | 28 | |
| 29 | Multiply line 28 by 15% (0.15) | 29 | |
| 30 | Add lines 22 and 28 | 30 | |
| 31 | Subtract line 30 from line 21 | 31 | |
| 32 | Multiply line 31 by 20% (0.20) | 32 | |

If Schedule D, line 19, is zero or blank, skip lines 33 through 38 and go to line 39. Otherwise, go to line 33.

| | | | |
|----|--|----|--|
| 33 | Enter the smaller of line 9c above or Schedule D, line 19 | 33 | |
| 34 | Add lines 10 and 19 | 34 | |
| 35 | Enter the amount from line 1c above | 35 | |

| | | | |
|--|--|-----------|---------------|
| 36 | Subtract line 35 from line 34. If zero or less, enter -0- | 36 | _____ |
| 37 | Subtract line 36 from line 33. If zero or less, enter -0- | 37 | _____ |
| 38 | Multiply line 37 by 25% (0.25) | 38 | _____ |
| If Schedule D, line 18, is zero or blank, skip lines 39 through 41 and go to line 42. Otherwise, go to line 39. | | | |
| 39 | Add lines 19, 20, 28, 31, and 37 | 39 | _____ |
| 40 | Subtract line 39 from line 1c | 40 | _____ |
| 41 | Multiply line 40 by 28% (0.28) | 41 | _____ |
| 42 | Figure the tax on the amount on line 19 . If the amount on line 19 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 19 is \$100,000 or more, use the Tax Computation Worksheet | 42 | _____ |
| 43 | Add lines 29, 32, 38, 41, and 42 | 43 | <u>4,902.</u> |
| 44 | Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet | 44 | <u>4,902.</u> |
| 45 | Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 43 or line 44. Also include this amount on Form 1040, line 11a | 45 | <u>4,902.</u> |

Form 1040 **Qualified Dividends and Capital Gain Tax Worksheet**
Line 11a ► Keep for your records

Name(s) Shown on Return

Social Security Number

| | | | |
|--------------------------|--|-----------|-------|
| 1 | Enter the amount from Form 1040, line 10 | 1 | _____ |
| 2 | Enter the amount from Form 1040, line 3a | 2 | _____ |
| 3 | Are you filing Schedule D? | | |
| <input type="checkbox"/> | Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0- | 3 | _____ |
| <input type="checkbox"/> | No. Enter the amount from Schedule 1, line 13. | | |
| 4 | Add lines 2 and 3 | 4 | _____ |
| 5 | If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- | | |
| 6 | Subtract line 5 from line 4. If zero or less, enter -0- | 6 | _____ |
| 7 | Subtract line 6 from line 1. If zero or less, enter -0- | 7 | _____ |
| 8 | Enter: \$38,600 if single or married filing separately, \$77,200 if married filing jointly or qualifying widow(er), \$51,700 if head of household. | | |
| 9 | Enter the smaller of line 1 or line 8 | 9 | _____ |
| 10 | Enter the smaller of line 7 or line 9 | 10 | _____ |
| 11 | Subtract line 10 from line 9 (this amount taxed at 0%) | 11 | _____ |
| 12 | Enter the smaller of line 1 or line 6 | 12 | _____ |
| 13 | Enter the amount from line 11 | 13 | _____ |
| 14 | Subtract line 13 from line 12. | 14 | _____ |
| 15 | Enter: \$425,800 if single, \$239,500 if married filing separately, \$479,000 if married filing jointly or qualifying widow(er), \$452,400 if head of household. | | |
| 16 | Enter the smaller of line 1 or line 15 | 16 | _____ |
| 17 | Add lines 7 and 11 | 17 | _____ |
| 18 | Subtract line 17 from line 16. If zero or less, enter -0- | 18 | _____ |
| 19 | Enter the smaller of line 14 or line 18 | 19 | _____ |
| 20 | Multiply line 19 by 15% (0.15) | 20 | _____ |
| 21 | Add lines 11 and 19 | 21 | _____ |
| 22 | Subtract line 21 from line 12 | 22 | _____ |
| 23 | Multiply line 22 by 20% (0.20) | 23 | _____ |
| 24 | Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet. | | |
| 25 | Add lines 20, 23, and 24 | 25 | _____ |
| 26 | Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet. | | |
| 27 | Tax on all taxable income. Enter the smaller of line 25 or line 26 here and on Form 1040, line 11a. | | |

Tax Payments Worksheet

► Keep for your records

Name(s) Shown on Return

Social Security Number

Estimated Tax Payments for (If more than 4 payments for any state or locality, see Tax Help)

| Federal | | State | | | Local | | |
|-------------------------------------|--------|-------|--------|----|-------|--------|----|
| Date | Amount | Date | Amount | ID | Date | Amount | ID |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Tot Estimated Payments . . . | | | | | | | |

| Tax Payments Other Than Withholding (If multiple states, see Tax Help) | | Federal | State | ID | Local | ID |
|---|---|---------|-------|----|-------|----|
| 6 | Overpayments applied to 2018 | | | | | |
| 7 | Credited by estates and trusts | | | | | |
| 8 | Totals Lines 1 through 7 | | | | | |
| 9 | 2018 extensions | | | | | |

| Taxes Withheld From: | | | | Federal | State | Local |
|----------------------|---|----|-----|---------|-------|-------|
| 10 | Forms W-2 | | | 2,910. | | |
| 11 | Forms W-2G | | | | | |
| 12 | Forms 1099-R | | | | | |
| 13 | Forms 1099-MISC, 1099-K and 1099-G | | | | | |
| 14 | Schedules K-1 | | | | | |
| 15 | Forms 1099-INT, DIV and OID | | | | | |
| 16 | Social Security and Railroad Benefits | | | | | |
| 17 | Form 1099-B | St | Loc | | | |
| 18 a | Other withholding | St | Loc | | | |
| b | Other withholding | St | Loc | | | |
| c | Other withholding | St | Loc | | | |
| d | Positive Adjustment . . . | St | Loc | | | |
| e | Negative Adjustment . . | St | Loc | | | |
| f | Additional Medicare Tax. | | | | | |
| 19 | Total Withholding Lines 10 through 18f | | | 2,910. | | |
| 20 | Total Tax Payments for | | | 2,910. | | |

| Prior Year Taxes Paid In (If multiple states or localities, see Tax Help) | | | | State | ID | Local | ID |
|--|--|--|--|-------|----|-------|----|
| 21 | Tax paid with extensions | | | | | | |
| 22 | 2017 estimated tax paid after 12/31/ | | | | | | |
| 23 | Balance due paid with return | | | | | | |
| 24 | Other (amended returns, installment payments, etc) . . | | | | | | |

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

► Keep for your records

Name(s) Shown on Return

Social Security Number

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

| | |
|---|---------|
| (1) Income from Form 1040, line 7 | 71,129. |
| (2) Nontaxable income entered elsewhere on return | |
| (3) Available income: refundable credits in excess of tax | 2,737. |
| (4) Enter any additional nontaxable income | |
| (5) Total available income | 73,866. |

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

| (1) State | (2) Date Lived in State From | (3) Date Lived in State To | (4) Enter Total State & Local Rate (%) | (5) State Sales Tax Rate (%) | (6) Local Sales Tax Rate (%) (4) - (5) | (7) State Sales Tax Table Amount | (8) Local Sales Tax Amount | (9) Prorated or Total Amount |
|--------------|--|--|---|---|---|---|--|---------------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

| (1) ST | (2) Total State & Local Rate | (3) Description | (4) Type | (5) Cost | (6) Rate if Different | (7) Actual Sales Tax Amount Paid | (8) Specific Item Deduction |
|-----------|--|--------------------|-------------|-------------|-----------------------------|--|--------------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes

i State and Local Tax Deduction to Schedule A, line 5a:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a).

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . ☐ Greater amount . ☒

2 State and local real estate taxes:

a Real estate taxes paid on principal residence not entered on Form 1098

| | | |
|----------|---|-------|
| b | Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . . | _____ |
| c | Real estate taxes paid on additional homes or land | _____ |
| | Personal portion of real estate taxes from Schedule E Worksheet for: | |
| d | Principal residence | _____ |
| e | Vacation home | _____ |
| f | Less real estate taxes deducted on Form 8829 | _____ |
| g | Foreign real property taxes included in lines 2a-2f above | _____ |
| h | Add lines 2a through 2f, less line 2g (to Schedule A, line 5b) | _____ |
| 3 | State and local personal property taxes: | |
| a | Auto registration fees based on the value of the vehicle. | |
| | 2017 Amount Enter 2018 description: | |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| b | Non-business portion of personal property taxes from Car & Truck Exp Wks | _____ |
| c | Other personal property taxes | _____ |
| d | Add lines 3a through 3c (to Schedule A, line 5c) | _____ |
| 4 | Other taxes: | |
| a | Other taxes from Schedule(s) K-1 | _____ |
| b | Foreign taxes from interest and dividends | _____ |
| c | Foreign taxes from Schedule(s) K-1 | _____ |
| d | Other foreign taxes (not used to claim a foreign tax credit) | _____ |
| e | Other taxes. | |
| | _____ Amount Enter _____ description: | |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| f | Foreign real property taxes included in lines 4a-4e above | _____ |
| g | Add lines 4a through 4e, less line 4f (to Schedule A, line 6) | _____ |

Interest Deductions

| | | |
|----------|---|-------|
| 5 | Home mortgage interest and points reported on Form 1098: | |
| a | Mortgage interest and points from the Home Mortgage Interest Worksheet | _____ |
| b | Qualified mortgage interest from Schedule E Worksheet | _____ |
| c | Less home mortgage interest/points deducted on Form 8829 | _____ |
| d | Less home mortgage interest from Form 8396, line 3 | _____ |
| e | Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above | _____ |
| 6 | Home mortgage interest not reported on Form 1098: | |
| a | Mortgage interest from the Home Mortgage Interest Worksheet | _____ |
| b | Less home mortgage interest deducted on Form 8829 | _____ |
| c | Add lines 6a and 6b (to Sch A, line 8b) or line B2 from above | _____ |
| 7 | Points not reported on Form 1098: | |
| a | Amortizable points from the Home Mortgage Interest Worksheet | _____ |
| b | Other points not on Form 1098 from the Home Mortgage Interest Worksheet | _____ |
| c | Less points deducted on Form 8829 | _____ |
| d | Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above | _____ |

Schedule A
Line 5

State and Local Tax Deduction Worksheet

► Keep for your records

Name(s) Shown on Return

Social Security Number

State and Local Income Taxes

| | | |
|----------------------------|--|----|
| State income taxes: | | |
| 1 | State income tax withheld | 1 |
| 2 | state estimated taxes paid in | 2 |
| 3 | state estimated taxes paid in | 3 |
| 4 | Amount paid with state application for extension | 4 |
| 5 | Amount paid with state income tax return | 5 |
| 6 | Overpayment on state income tax return applied to tax | 6 |
| 7 | Other amounts paid in (amended returns, installment payments, etc.) | 7 |
| 8 | State estimated tax from Schedule(s) K-1 (Form 1041) | 8 |
| Local income taxes: | | |
| 9 | Local income tax withheld | 9 |
| 10 | 2018 local estimated taxes paid in | 10 |
| 11 | 2017 local estimated taxes paid in | 11 |
| 12 | Amount paid with local application for extension | 12 |
| 13 | Amount paid with local income tax return | 13 |
| 14 | Overpayment on local income tax return applied to tax | 14 |
| 15 | Other amounts paid in (amended returns, installment payments, etc.) | 15 |
| 16 | Local estimated tax from Schedule(s) K-1 (Form 1041) | 16 |
| Other: | | |
| 17 | | 17 |
| 18 | Total Add lines 1 through 17 | 18 |
| 19 | State and local refund allocated to | 19 |
| 20 | Nondeductible state income tax from line 28 | 20 |
| 21 | Total reductions Add lines 19 and 20. | 21 |
| 22 | Total state and local income tax deduction Line 18 less line 21 | 22 |

Nondeductible State Income Tax (Hawaii Only)

| | | | |
|----|---|----|---|
| 23 | Nontaxable federal employee cost of living allowance | 23 | |
| 24 | Adjusted gross income | 24 | |
| 25 | Add lines 23 and 24 | 25 | |
| 26 | Nondeductible percent. Line 23 divided by line 25 | 26 | % |
| 27 | Hawaii state income tax included in line 18 | 27 | |
| 28 | Nondeductible Hawaii state income tax. Multiply line 26 by line 27. | 28 | |

Charitable Deduction Limits Worksheet For Current Year Contributions

► Keep for your records

| | |
|--|---|
| Name(s) Shown on Return <div style="background-color: black; height: 15px; width: 100%;"></div> | Social Security Number <div style="background-color: black; height: 15px; width: 100%;"></div> |
|--|---|

Step 1. List your qualified charitable contributions made during the year.

- 1 Enter contributions for relief efforts in the California wildfire disaster areas that you elect to treat as qualified contributions. Do not include this amount on line 2 below

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

- 2 Enter your cash contributions to 50% (60%) limit organizations. Do not include contributions entered on line 1.
- 3 Enter your non-cash contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value
- 4 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value
- 5 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations
- 6 Enter your contributions "for the use" of any qualified organization
- 7 Add lines 5 and 6
- 8 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1, 2 or 3)

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

- | | |
|--|---------|
| 9 Enter your adjusted gross income | 71,129. |
| 10 a Multiply line 9 by 0.5. This is your 50% limit. | 35,565. |
| b Multiply line 9 by 0.6. This is your 60% limit. | 42,677. |

| | | Limits | | | | Deduct this year | Carryover to next year |
|---|---|----------------|---------|--------------|-------|---------------------|------------------------------|
| | | Cash and Other | | Capital gain | | | |
| | | 50% Org | Other | 50% Org | Other | | |
| Cash Contributions to 50%(60%) limit organizations | | | | | | | |
| 11 | Enter the smaller of line 2 or line 10b . . | | | | 0. | | |
| 12 | Subtract line 11 from line 2 | | | | | 0. | |
| 13 | Subtract line 11 from line 10b | | | 42,677. | | | |
| Contributions to 50% limit organizations | | | | | | | |
| 14 | Subtract line 2 from line 10a | | 35,565. | | | | |
| 15 | Enter the smallest of line 3, 10a or 14 . . | | | | 0. | | |
| 16 | Subtract line 15 from line 3 | | | | | 0. | |
| 17 | Subtract line 16 from line 15 | | | 35,565. | | | |
| Contributions not to 50% limit organizations | | | | | | | |
| 18 | Add lines 2, 3 and 4 | | | | | | |
| 19 | Multiply line 9 by 0.3. This is your 30% limit. | | 21,339. | 21,339. | | | |
| 20 | Subtract line 18 from line 10a | | 35,565. | | | | |
| 21 | Enter the smallest of line 7, 19, or 20 . . | | | | 0. | | |
| 22 | Subtract line 21 from line 7 | | | | | 0. | |
| 23 | Subtract line 21 from line 19 | | | 21,339. | | | |
| Capital gain property to 50% limit organizations | | | | | | | |
| 24 | Enter the smallest of line 4, 17, or 19 . . | | | | 0. | | |
| 25 | Subtract line 24 from line 4 | | | | | 0. | |
| 26 | Subtract line 21 from line 20 | | | 35,565. | | | |
| 27 | Subtract line 24 from line 19 | | | 21,339. | | | |
| Capital gain property not to 50% limit organizations | | | | | | | |
| 28 | Multiply line 9 by 0.2. This is your 20% limit. | | | 14,226. | | | |
| 29 | Enter the smaller of line 8, 23, 26, 27, or 28 | | | | 0. | | |
| 30 | Subtract line 29 from line 8 | | | | | 0. | |
| 31 | Add lines 11, 15, 21, 24, and 29. Amount for Schedule A, Line 14 | | | | 0. | | |

| | | | | | | | |
|-----------|--|---------|--|--|--|----|----|
| 32 | Subtract line 31 from line 9 | 71,129. | | | | | |
| 33 | Enter the smaller of line 1 or line 32 here on Schedule A, line 14. | | | | | 0. | |
| 34 | Subtract line 33 from line 1 | | | | | | 0. |
| 35 | Add lines 12, 16, 22, 25, 30 and 34. Carry to next year. | | | | | | 0. |

Charitable Deduction Limits Worksheet For Carryover Contributions

► Keep for your records

| | |
|--|---|
| Name(s) Shown on Return <div style="background-color: black; height: 15px; width: 100%;"></div> | Social Security Number <div style="background-color: black; height: 15px; width: 100%;"></div> |
|--|---|

Step 1. List your qualified charitable contributions made during the year.

- 1 Enter contributions for relief efforts in the California wildfire disaster areas that you elect to treat as qualified contributions. Do not include this amount on line 2 below

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

- 2 Enter your cash contributions to 50% (60%) limit organizations. Do not include contributions entered on line 1.
- 3 Enter your non-cash contributions to 50% limit organizations. Do not include contributions of capital gain property deducted at fair market value
- 4 Enter your contributions to 50% limit organizations of capital gain property deducted at fair market value
- 5 Enter your contributions (other than of capital gain property) to organizations that are not 50% limit organizations
- 6 Enter your contributions "for the use" of any qualified organization
- 7 Add lines 5 and 6
- 8 Enter your contributions of capital gain property to or for the use of any qualified organization. (But do not enter here any amount entered on line 1, 2 or 3)

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

- 9 Enter your adjusted gross income 71,129.
- 10 a Multiply line 9 by 0.5. This is your 50% limit. 35,565. less. 0. 35,565.
- b Multiply line 9 by 0.6. This is your 60% limit. 42,677. less. 0. 42,677.

| | | Limits | | | | Deduct this year | Carryover to next year |
|---|---|----------------|------------|--------------|-------|---------------------|------------------------------|
| | | Cash and Other | | Capital gain | | | |
| | | 50% Org | Other | 50% Org | Other | | |
| Cash Contributions to 50%(60%) limit organizations | | | | | | | |
| 11 | Enter the smaller of line 2 or line 10b | | | | 0 . | | |
| 12 | Subtract line 11 from line 2 | | | | | 0 . | |
| 13 | Subtract line 11 from line 10b | | | 42 , 677 . | | | |
| Contributions to 50% limit organizations | | | | | | | |
| 14 | Subtract line 2 from line 10a | | 35 , 565 . | | | | |
| 15 | Enter the smallest of line 3, 10a or 14 | | | | 0 . | | |
| 16 | Subtract line 15 from line 3 | | | | | 0 . | |
| 17 | Subtract line 16 from line 15 | | | 35 , 565 . | | | |
| Contributions not to 50% limit organizations | | | | | | | |
| 18 | Add lines 2, 3 and 4 | | 0 . | | | | |
| 19 | Multiply line 9 by 0.3. This is your 30% limit. | | 21 , 339 . | 21 , 339 . | | | |
| 20 | Subtract line 18 from line 10a | | 35 , 565 . | | | | |
| 21 | Enter the smallest of line 7, 19, or 20 | | | | 0 . | | |
| 22 | Subtract line 21 from line 7 | | | | | 0 . | |
| 23 | Subtract line 21 from line 19 | | | 21 , 339 . | | | |
| Capital gain property to 50% limit organizations | | | | | | | |
| 24 | Enter the smallest of line 4, 17, or 19 | | | | 0 . | | |
| 25 | Subtract line 24 from line 4 | | | | | 0 . | |
| 26 | Subtract line 21 from line 20 | | | 35 , 565 . | | | |
| 27 | Subtract line 24 from line 19 | | | 21 , 339 . | | | |
| Capital gain property not to 50% limit organizations | | | | | | | |
| 28 | Multiply line 9 by 0.2. This is your 20% limit. | | | 14 , 226 . | | | |
| 29 | Enter the smaller of line 8, 23, 26, 27, or 28 | | | | 0 . | | |
| 30 | Subtract line 29 from line 8 | | | | | 0 . | |
| 31 | Add lines 11, 15, 21, 24, and 29. Amount for Schedule A, Line 14 | | | | 0 . | | |

| | | | | | | | |
|-----------|--|---------|--|--|--|----|----|
| 32 | Subtract line 31 from line 9 | 71,129. | | | | | |
| 33 | Enter the smaller of line 1 or line 32 here on Schedule A, line 14. | | | | | 0. | |
| 34 | Subtract line 33 from line 1 | | | | | | 0. |
| 35 | Add lines 12, 16, 22, 25, 30 and 34. Carry to next year. | | | | | | 0. |

- Keep for your records

| | |
|-------------------------|------------------------|
| Name(s) Shown on Return | Social Security Number |
| [REDACTED] | [REDACTED] |

Part I Cash Contributions Summary

| Name of Charitable Organization | (a) Total | (b) 60% Limit | (c) 30% Limit | (d) 100% Limit |
|---------------------------------|--------------|---------------------|---------------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Totals: | | | | |

Part II Non-Cash Contributions Summary

| Name of Charitable Organization | Total | Other Property | | Capital Gain Property | |
|---------------------------------|--------------|---------------------|---------------------|-----------------------|---------------------|
| | (a) Total | (b) 50% Limit | (c) 30% Limit | (d) 30% Limit | (e) 20% Limit |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals: | | | | | |

Part III Contribution Carryovers to 2019

| | Total | Cash and Other Non-Capital Gain Property | | | | Capital Gain Property | |
|------------------------------------|--------------|---|---------------------|---------------------|---------------------|--------------------------|---------------------|
| | (a) Total | (b) 100% Limit | (c) 60% Limit | (d) 50% Limit | (e) 30% Limit | (f) 30% Limit | (g) 20% Limit |
| 1 2018 contributions | | | | | | | |
| 2 2018 contributions allowed | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 3 Carryovers from: | | | | | | | |
| a 2017 tax year | | | | | | | |
| b 2016 tax year | | | | | | | |
| c 2015 tax year | | | | | | | |
| d 2014 tax year | | | | | | | |
| e 2013 tax year | | | | | | | |
| 4 Carryovers allowed in 2018 | 0. | | | 0. | 0. | 0. | 0. |
| 5 Carryovers disallowed in 2018 | 0. | | | 0. | 0. | 0. | 0. |
| 6 Carryovers to 2019: | | | | | | | |
| a From 2018. | 0. | | 0. | 0. | 0. | 0. | 0. |
| b From 2017. | | | | | | | |
| c From 2016. | | | | | | | |
| d From 2015. | | | | | | | |
| e From 2014. | | | | | | | |
| f From 2013. | | | | | | | |

Part IV Special Situations in Your Return for Current Year Donations

- | | | | | | |
|---|---|-------------------------------------|-----|-------------------------------------|----|
| 1 | Was the entire interest given for all property donated to all charities? | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2 | Were restrictions attached to any charities's right to use or dispose of any property donated to any charity? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 3 | Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| 4 | Was any charity other than a 60%/50% charity? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

- Keep for your records

Name(s) Shown on Return

Social Security Number

Use this worksheet only if someone can claim you, or your spouse if filing jointly, as a dependent.

| | | | | |
|-----|---|--|-----|---------|
| 1 | Is your earned income more than \$700? <input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total <input type="checkbox"/> No. Enter \$1,050 | | 1 | |
| 2 | Enter the amount shown below for your filing status. • Single or married filing separately — \$12,000 • Married filing jointly or Qualifying widow(er) — \$24,000 • Head of household — \$18,000 | | 2 | 24,000. |
| 3 | Standard deduction. | | | |
| 3 a | Enter the smaller of line 1 or line 2. If born after January 1, 1954, and not blind, stop here and enter this amount on Form 1040, line 8. Otherwise go to line 3b | | 3 a | |
| 3 b | If born before January 2, 1954, or blind, multiply the number on Form 1040 Wks, line 39a, by \$1,300 (\$1,600 if single or head of household) | | 3 b | |
| 3 c | Add lines 3a and 3b. Enter the total here and on Form 1040, line 8. | | 3 c | |

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040, line 1, and Schedule 1, lines 12 and 18, minus the amount, if any, on Schedule 1, line 27..

Earned Income Worksheet

► Keep for your records

Name(s) Shown on Return

Social Security Number

Part I – Earned Income Credit Worksheet Computation

| | Taxpayer | Spouse | Total |
|--|----------|--------|---------|
| 1 If filing Schedule SE: | | | |
| a Net self-employment income | 16,575. | | 16,575. |
| b Optional Method and Church Employee income | | | |
| c Add lines 1a and 1b | 16,575. | | 16,575. |
| d One-half of self-employment tax | 1,171. | | 1,171. |
| e Subtract line 1d from line 1c | 15,404. | | 15,404. |
| 2 If not required to file Schedule SE: | | | |
| a Net farm profit or (loss) | | | |
| b Net nonfarm profit or (loss) | | | |
| c Add lines 2a and 2b | | | |
| 3 If filing Schedule C or C-EZ as a statutory employee, enter the amount from line 1 of that Schedule C or C-EZ | | | |
| 4 Add lines 1e, 2c and 3. To EIC Wks, line 5 | 15,404. | | 15,404. |

Part II – Form 2441 and Standard Deduction Worksheet Computations

| | | | |
|---|---------|--|---------|
| 5 Net self-employment earnings (line 4 above) | 15,404. | | 15,404. |
| 6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc | 55,725. | | 55,725. |
| 7 a Taxable employer-provided adoption benefits. | | | |
| b Foreign earned income exclusion | | | |
| 8 Add lines 5 through 7b. To Form 2441, lines 19 and 20 | 71,129. | | 71,129. |
| 9 a Taxable dependent care benefits. | | | |
| b Nontaxable combat pay | | | |
| 10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 | 71,129. | | 71,129. |
| 11 Scholarship or fellowship income not on W-2 | | | |
| 12 SE exempt earnings less nontaxable income | | | |
| 13 Distributions from nonqualified/Sec. 457 plans | | | |
| 14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet | 71,129. | | 71,129. |

Part III – IRA Deduction Worksheet Computation

| | | | |
|--|---------|--|---------|
| 15 Net self-employment income or (loss) | 15,404. | | 15,404. |
| 16 Wages, salaries, tips, etc | 55,725. | | 55,725. |
| 17 Net self-employment loss | | | |
| 18 Alimony received. | | | |
| 19 Nontaxable combat pay | | | |
| 20 Foreign earned income exclusion | | | |
| 21 Keogh, SEP or SIMPLE deduction | | | |
| 22 Combine lines 15 through 21. To IRA Wks, ln 2. | 71,129. | | 71,129. |

Part IV – Schedule 8812 and Child Tax Credit Line 11 Worksheet Computations

| | | | |
|---|---------|--|---------|
| 23 Self-employed, church and statutory employees | 15,404. | | 15,404. |
| 24 Wages, salaries, tips, etc | 55,725. | | 55,725. |
| 25 Nontaxable combat pay | | | |
| 26 Combine lines 23 through 25. To Schedule 8812, line 4a & Line 11 Wks, line 2. | 71,129. | | 71,129. |

Name(s) Shown on Return

Social Security Number

Investment Interest Expense (Form 4952, line 1)

| | | | |
|---|--|-----|--|
| 1 | Investment interest expense, from Schedule K-1 | 1 | |
| 2 | Investment interest expense from royalties | 2 | |
| 3 | Other investment interest expense: | 3 a | |
| a | ----- | b | |
| b | ----- | c | |
| c | ----- | d | |
| d | ----- | | |
| 4 | Total investment interest expense. Add lines 1 through 3. | 4 | |

Gross Income from Property Held for Investment (Form 4952, line 4a)

| | | | |
|----|---|-----|--|
| 5 | Taxable investment income: | | |
| a | From Schedule B, Interest and Dividend Income | 5 a | |
| b | From Schedules K-1, Partnerships, S Corporations, Estates and Trusts | b | |
| c | From Form 8814, Parents' Election to Report Child's Interest and Dividends | c | |
| d | Total | d | |
| 6 | Royalty income, from Schedule E | 6 | |
| 7 | Net passive income from publicly traded partnerships | 7 | |
| 8 | Income from nonpassive trade or business without material participation | 8 | |
| 9 | Other investment income: | 9 a | |
| a | ----- | b | |
| b | ----- | c | |
| c | ----- | d | |
| d | ----- | | |
| 10 | Total investment income. Add lines 5d through 9. | 10 | |

Net Capital Gain Income (Form 4952, lines 4d and 4e)

| | | Regular Tax | Alt Min Tax |
|------|--|-------------|-------------|
| 11 a | Net gains from Schedule D, line 16 | 11 a | |
| b | Less net gains from property not held for investment | b | |
| c | Net gains from property held for investment. | c | |
| 12 a | Net capital gains from Schedule D, lesser of ln 15 or ln 16. | 12 a | |
| b | Less net capital gains from property not held for investment | b | |
| c | Net capital gains from property held for investment. | c | |

Investment Expenses (Form 4952, line 5)

| | | | |
|----|---|------|--|
| 13 | Royalty expenses | 13 | |
| 14 | Investment expenses reported on schedule K-1 partnership or S-corp | 14 | |
| 15 | Expenses from nonpassive trade or business without material participation | 15 | |
| 16 | Other investment expenses: | 16 a | |
| a | ----- | b | |
| b | ----- | c | |
| c | ----- | d | |
| d | ----- | | |
| 17 | Total investment expenses. Add lines 13 through 17. | 17 | |

Allocation of Investment Interest Expense (Schedule A, line 14)

| | | Regular Tax | Alt Min Tax |
|----|--|-------------|-------------|
| 18 | Allowed investment interest expense, Form 4952, line 8 | 18 | |
| 19 | Less amount deducted on other forms and schedules: | 19 | |
| a | Deducted on Schedule E, page 2 for passthru entities | a | |
| b | Deducted on Schedule E, page 1 for royalties | b | |
| c | Other amounts deducted on other forms and schedules | c | |
| d | Total amount deducted on other forms and schedules | d | |
| 20 | Investment interest expense. | 20 | |

Form 1040
Line 17a

Earned Income Credit Worksheet

► Keep for your records

Name(s) Shown on Return

Social Security Number

QuickZoom to Schedule EIC ►

QuickZoom to Dependent Information Worksheet to enter qualifying children information. ►

QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►

QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7. ►

| | | | |
|-----|--|-----|---------|
| 1 | Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes | 1 | 55,725. |
| 2 | Adjustments to line 1 amount: | | |
| a | Income reported as wages and as self-employment income. | 2 a | |
| b | Other income entered as wages that is not considered earned income | b | |
| c | Distributions from section 457 and other nonqualified plans reported on W-2 | c | |
| 3 | Subtract lines 2a, 2b and 2c from line 1 | 3 | 55,725. |
| 4 a | Taxpayer's nontaxable combat pay election for EIC | 4 a | |
| b | Spouse's nontaxable combat pay election for EIC | b | |
| c | Total nontaxable combat pay election | 4 c | |
| 5 | If you were self-employed or used Schedule C or Schedule C-EZ as a statutory employee, enter the amount from the Earned Income Worksheet, line 4 | 5 | 15,404. |
| 6 | Earned income. Add lines 3, 4, and 5. | 6 | 71,129. |
| 7 | Enter the credit, from the EIC Table , for the amount on line 6. Be sure to use the correct column for filing status and number of children. | 7 | |
| | If line 7 is zero, stop . You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 17a. | | |
| 8 | Enter your AGI from Form 1040, line 7 | 8 | |
| 9 | If you have: • No qualifying children, is the amount on line 8 less than \$8,500 (\$14,200 if married filing jointly)? • 1 or more qualifying children, is the amount on line 8 less than \$18,700 (\$24,350 if married filing jointly)? <input type="checkbox"/> Yes. Go to line 10 now. <input type="checkbox"/> No. Enter the credit, from the EIC Table , for the amount on line 8. Be sure to use the correct column for filing status and number of children | 9 | |
| 10 | Earned income credit. • If 'Yes' on line 9, enter the amount from line 7 • If 'No' on line 9, enter the smaller of line 7 or line 9 | 10 | |

Enter line 10 amount on Form 1040, line 17a.

If one or more of the boxes below are checked, the earned income credit is not allowed.

- 1 The total taxable earned income (line 6 above) is equal to or more than:
- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | \$15,270 (\$20,950 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$40,320 (\$46,010 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$45,802 (\$51,492 if married filing jointly) with two qualifying children. |
| <input checked="" type="checkbox"/> | \$49,194 (\$54,884 if married filing jointly) with more than two qualifying children. |
- 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | \$15,270 (\$20,950 if married filing jointly) without a qualifying child. |
| <input type="checkbox"/> | \$40,320 (\$46,010 if married filing jointly) with one qualifying child. |
| <input type="checkbox"/> | \$45,802 (\$51,492 if married filing jointly) with two qualifying children. |
| <input checked="" type="checkbox"/> | \$49,194 (\$54,884 if married filing jointly) with more than two qualifying children. |
- 3 ☐ Investment income is more than \$3,500.
(Investment Income Smart Worksheet, item H above)
- 4 ☐ The married filing separate return status is checked.
(Information Worksheet, Part II)
- 5 ☐ Taxpayer (or spouse if filing joint) is a qualifying child of another person.
(Information Worksheet, Part IV)
- 6 ☐ Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year.
(Information Worksheet, Part IV)
- 7 ☐ Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64.
(Information Worksheet, Part I)
- 8 ☐ Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return.
(Information Worksheet, Part I)
- 9 ☒ Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint).
(Information Worksheet, Part I)
- 10 Have qualifying children, but all are either
- | | | |
|---|--------------------------|---|
| a | <input type="checkbox"/> | qualifying children of another person, or |
| b | <input type="checkbox"/> | invalid social security numbers for EIC purposes. |
- (Information Worksheet, Part III)
- 11 ☐ Disallowed by IRS to claim Earned Income Credit in 2018.
(Information Worksheet, Part IV)
- 12 ☐ Filing Form 2555, Foreign Earned Income.
- 13 ☐ Not a citizen or resident alien for the entire year, claiming dual status.
(Information Worksheet, Part VI)
- 14 ☐ Head of household filing status and lived with nonresident alien spouse during the last six months of the year.
(Information Worksheet, Part IV)
-

Compliance and Due Diligence Information

- 1 Is this how long your dependents lived with you in the U.S in [REDACTED]

☐ **Yes**, all of the above is correct.

☐ **No**, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in [REDACTED]

- 2 ☐ **Yes**, my dependents lived with me at this address.

☐ **No**, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in [REDACTED]

Compliance and Due Diligence Indicator ☒ **Yes** ☐ **No**

Potential qualifying child count

Non dependent potential qualifying child count

Qualifying child count (max 3)

Qualified Business Income Component Worksheet

► Keep for your records

Name(s) Shown on Return

Social Security Number

Aggregate trade or business name

Aggregate trade or business ID number

For multiple businesses being aggregated under Regulations section 1.199A-4, complete the explanation statements below. (Not necessary for businesses combined with SSTB.)

Provide a description of the trade or business and an explanation of the factors met that allow the aggregation in accordance with Regulations section 1.199A-4.

Has this trade or business aggregation changed from the prior year? This includes changes due to a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain.

| Business name | Tax ID | QBI | W2 wages | UBIA |
|---------------|--------|---------|----------|------|
| | | 15,404. | 0. | 0. |

1 Qualified business income (QBI) 15,404.

If using Simplified Worksheet, stop here.

2 Taxable Income

3 Threshold Amount. Enter \$315,000 if filing joint, otherwise \$157,500

4 Subtract line 3 from line 2. If less than 0, enter 0.

5 Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000.

6 Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5.

Otherwise, enter 1.

7 Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000

8 Wages allocable to qualified business income.

9 Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable to qualified business income

Reductions for Specified Service Trades or Businesses

Check if Specified Service Trade or Business (SSTB) ☐

11 SSTB reduction to QBI

12 SSTB reduction to allocable wages.

13 SSTB reduction to allocable UBIA

QBI, wages, and UBIA after applicable SSTB reductions

14 Qualified business income

15 Allocable wages

16 Allocable UBIA

Tentative QBI component

17 Adjustments for QBI losses

18 Loss-adjusted QBI (line 14 plus line 17)

19 Tentative QBI component before limitations (20% of line 18)

Wages and assets limits

20 50% of W2 wages

21 25% of W2 wages

22 2.5% of UBIA

23 Sum of 25% of W2 wages and 2.5% of UBIA

24 Wage and Asset Limit. Larger of line 20 or line 23

25 Subtract wage/asset limit (line 24) from tentative QBI component (line 19)
(But not less than 0)

26 Reduction Amount. Multiply line 6 by line 25.

27 Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19)

28 Qualified payments from agricultural or horticultural coop

29 Wages allocable to qualified payments from coop

30 Patron reduction (lesser of 9% of line 28 or 50% of line 29)

Qualified business income component amount

31 Subtract line 30 from line 27

Qualified Business Income Deduction Simplified Worksheet

► Keep for your records

Name(s) Shown on Return

Social Security Number

This worksheet is for taxpayers who:

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

| 1 | (a) Trade or business name | (b) Employer identification number | (c) Qualified business income or (loss) |
|----|---|--|---|
| | | | 15,404. |
| 2 | Total qualified business income or (loss). Add the amounts in column 1(c) | | 15,404. |
| 3 | Qualified business loss carryforward from the prior year. Enter as negative. | | |
| 4 | Total QBI. Combine lines 2 and 3. If zero or less, enter -0- | | 15,404. |
| 5 | Qualified business income component. Multiply line 4 by 20% (0.20) | | 3,081. |
| | Qualified REIT dividends | | |
| | Qualified PTP income | | |
| 6 | Qualified REIT dividends and PTP income or (loss). | | |
| 7 | Qualified REIT and PTP loss carryforward from prior year. Enter as a negative | | |
| 8 | Total qualified REIT and PTP income. Add lines 6 and 7. Enter -0- if negative | | |
| 9 | Multiply line 8 by 20% (0.20) | | |
| 10 | Qualified business income ded'n before income limitation. Add lines 5 and 9. | | 3,081. |
| 11 | Income before qualified business income deduction | | 47,129. |
| 12 | Net capital gains | | 0. |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | | 47,129. |
| 14 | Income limitation. Multiply line 13 by 20% (0.20) | | 9,426. |
| 15 | Qualified business income deduction. Enter the smaller of line 10 or line 14 | | 3,081. |
| 16 | Total QB loss carryforward. Add lines 2 and 3. If more than zero, enter -0- | | 0. |
| 17 | Total qualified REIT and PTP loss carryforward. Add lines 6 and 7. If more than zero, enter -0- | | 0. |

Complex Qualified Business Income Deduction Worksheet

► Keep for your records

Name(s) Shown on Return

Social Security Number

Worksheet 12-A

Part I: Trade, Business, or Aggregation Information

| 1. a) Name | b) Check if SSTB | c) Check if Aggregated | d) Taxpayer ID number | e) Check if Patron |
|------------|---------------------|---------------------------|--------------------------|-----------------------|
| A. _____ | | | | |
| B. _____ | | | | |
| C. _____ | | | | |

Part II: Determine Your Qualified Business Income Component

| | A | B | C |
|--|---|---|---|
| 2. Qualified business income from this trade, business, or aggregation | | | |
| 3. Multiply line 2 by 20% (.2). If taxable income is \$157,500 or less (\$315,000 if MFJ), skip lines 4 through 12 and enter line 3 on line 13 | | | |
| 4. Allocable share of W-2 wages from this trade, business, or aggregation | | | |
| 5. Multiply line 4 by 50% (.5) | | | |
| 6. Multiply line 4 by 25% (.25) | | | |
| 7. Allocable share of unadjusted basis of all qualified property | | | |
| 8. Multiply line 7 by 2.5% (.025) | | | |
| 9. Add lines 6 and 8 | | | |
| 10. Enter the greater of line 5 or line 9 | | | |
| 11. W-2 wage and qualified property limitation. Enter the smaller of line 3 or line 10. | | | |
| 12. Phased-in reduction. Enter amount from Part III, line 26, if any. | | | |
| 13. Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12. | | | |
| 14. Patron reduction. Enter the amount from Schedule D, line 6, if any | | | |
| 15. Qualified business income component. Subtract line 14 from line 13. | | | |
| 16. Total qualified business income component. Add all amounts reported on line 15. | | | |

Part III: Phased-in Reduction

Caution. Complete Part III only if your taxable income is more than \$157,500 but not \$207,500 (\$315,000 and \$415,000 if MFJ), and line 10 is less than line 3. Otherwise, skip Part III.

| | A | B | C |
|---|---|---|---|
| 17. Enter amounts from line 3. | | | |
| 18. Enter the amount from line 10 | | | |
| 19. Subtract line 18 from line 17 | | | |
| 20. Taxable income before QBI deduction _____ | | | |
| 21. Threshold. Enter \$157,500 (\$315,000 if MFJ) _____ | | | |
| 22. Subtract line 21 from line 20 _____ | | | |
| 23. Phase-in range. Enter \$50,000 (\$100,000 if MFJ) _____ | | | |
| 24. Phase-in percentage. Divide line 22 by line 23. _____ | | | |

| | | | |
|--|--|--|--|
| 25. Total phase-in reduction. Multiply line 19 by line 24 | | | |
| 26. Qualified business income after phase-in reduction. Enter this amount on line 12 for this business. | | | |

Part IV: Determine Your Qualified Business Income Deduction

| | |
|---|-------|
| 27. Total qualified business income component from all qualified businesses. Enter amount from Part II, line 16. | _____ |
| 28. Qualified REIT dividends and PTP income (loss) | _____ |
| 29. Qualified REIT dividends and qualified PTP loss carryforward from previous years. Enter as a negative number. | _____ |
| 30. Total qualified REIT dividends and qualified PTP income. Add lines 28 and 29. If less than 0, enter -0-. | _____ |
| 31. REIT and PTP component. Multiply line 30 by 20% (.2) | _____ |
| 32. Qualified business income deduction before income limit. Add lines 27 and 31. | _____ |
| 33. Taxable income before qualified business deduction | _____ |
| 34. Net capital gains (see instructions) | _____ |
| 35. Subtract line 34 from line 33. If zero or less, enter -0-. | _____ |
| 36. Income limitation. Multiply line 35 by 20% (.2). | _____ |
| 37. Qualified business income deduction. Enter smaller of line 32 or line 36. | _____ |
| 38. Total qualified REIT dividend and qualified PTP loss carryforward. Add lines 28 and 29. If zero or greater, enter -0-. | _____ |
| 39. DPAD under section 199A(g) allocated from an agricultural or horticultural coop. Don't enter more than line 33 minus line 37. Enter this on Form 1040 line 10. | _____ |

Qualified Business Income Deduction Summary

► Keep for your records

Name(s) Shown on Return

Social Security Number

Trade or business name

Net QBI

15,404.

Net income from qualified trades or businesses 15,404.

Loss from previous year

Sum of activities with gains 15,404.

Sum of activities with losses

Check if using Simplified Worksheet

☒

QBI component from Simplified Wksht line 5 or Wksht 12-A line 27 3,081.

Total REIT dividends

PTP Income from non-SSTBs

PTP Income from SSTBs

Allowed PTP Income from SSTBs

Total Allowed PTP income

Carryover REIT/PTP losses from prior year

Total REIT/PTP income

20% of total REIT/PTP income

Combined QBI Amount (QBI component plus 20% of REIT/PTP income). 3,081.

Income before qualified business income deduction 47,129.

Net capital gains 0.

Taxable income minus net capital gains. If zero or less, enter -0- 47,129.

20% of taxable income minus net capital gains 9,426.

Total QBI Deduction 3,081.

Lesser of Combined QBI Amount or 20% of taxable income net of cap gains

Section 199A(g) deduction for domestic production activities

Schedule SE Adjustments Worksheet

► Keep for your records

Name(s) Shown on Return

Social Security Number

| | (a) Taxpayer | (b) Spouse |
|---|--|--------------------------|
| QuickZoom to the Short Schedule SE (Schedule SE, page 1) ► | <input checked="checked" type="checkbox"/> | <input type="checkbox"/> |
| QuickZoom to the Long Schedule SE (Schedule SE, page 2) ► | <input type="checkbox"/> | <input type="checkbox"/> |
| A Use Long Schedule SE, even if qualified to use Short Schedule SE . | <input type="checkbox"/> | <input type="checkbox"/> |
| B Approved Form 4029. Exempt from SE tax on all income | <input type="checkbox"/> | <input type="checkbox"/> |
| C Chapter 11 bankruptcy net profit or loss for Schedule SE, line 3 . . . | | |
| D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help). | | |
| Part I Farm Profit or (Loss) Schedule SE, line 1 | | |
| 1 Total Schedules F | | |
| 2 Farm partnerships, Schedules K-1 | | |
| 3 Other SE farm profit or (loss) (See Help) | | |
| 4 Less SE exempt farm profit or (loss) (See Help) | | |
| 5 Total for Schedule SE, line 1 | | |
| 6 Conservation Reserve Program payments not subject to self-employment tax reported on: | | |
| a Schedule F, line 4b | | |
| b Schedule K-1 (Form 1065), box 20, code AH | | |
| c Total CRP payments not subject to SE tax | | |
| Part II Nonfarm Profit or (Loss) Schedule SE, line 2 | | |
| 1 a Total Schedules C | 16,575. | |
| b Less SE exempt Schedules C (approved Form 4361) | | |
| 2 Nonfarm partnerships, Schedules K-1 | | |
| 3 Forms 6781 | | |
| 4 Other SE income reported as income on Form 1040, line 7 | | |
| 5 a Clergy Form W-2 wages | | |
| b Clergy housing allowance | | |
| c Less clergy business deductions | | |
| d QuickZoom to the Explanation statement for entry on line 5c. | | |
| 6 Other SE nonfarm profit or (loss) (See Help) | | |
| 7 Less other SE exempt nonfarm profit or (loss) (See Help) | | |
| 8 Total for Schedule SE, line 2 | 16,575. | |
| 9 Exempt Notary Public income for Schedule SE, line 3 (See Help). . . | | |
| Part III Farm Optional Method Schedule SE, page 2, Part II | | |
| 1 Use Farm Optional Method | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Gross farm income from Schedules F | | |
| 3 Gross farming or fishing income from partnership Schedules K-1 . . | | |
| 4 Other gross farming or fishing self-employment income | | |
| 5 Total gross income for Farm Optional Method | | |
| Part IV Nonfarm Optional Method Schedule SE, page 2, Part II | | |
| 1 Use Nonfarm Optional Method (Must have had net SE earnings of \$400 or more in 2 of prior 3 years and used the Nonfarm Optional Method less than 5 times) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Gross nonfarm income from Schedules C | | |
| 3 Gross nonfarm income from partnership Schedules K-1 | | |
| 4 Other gross nonfarm self-employment income | | |
| 5 Total gross income for Nonfarm Optional Method | | |

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

► Keep for your records

Name(s) Shown on Return

Social Security Number

| | (a) Before Allocation of Capital Gain Excess * | (b) Allocation of Capital Gain Excess * | (c) After Allocation of Capital Gain Excess |
|---|--|--|---|
| 1 Not applicable | | | |
| 2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT): | | | |
| a Total qualified dividends. | | | |
| b Adjustment from Schedules K-1 | | | |
| c Other adjustments to qualified dividends | | | |
| d Total. Combine lines 2a, 2b, and 2c. | | 0. | 0. |
| 3 Enter the amount from Form 4952 for AMT, line 4g. | | | |
| 4 Enter the amount from Form 4952 for AMT, line 4e. | | | |
| 5 Subtract line 4 from line 3. If zero or less, enter -0- | 0. | | 0. |
| 6 Subtract line 5 from line 2. If zero or less, enter -0- | 0. | | 0. |
| 7 Net long-term capital gain: | | | |
| a Enter the gain from line 15 of Schedule D as refigured for the AMT | 0. | | |
| b Enter the gain from line 16 of Schedule D as refigured for the AMT | 0. | | |
| c Enter the smaller of line 7a or line 7b | 0. | | 0. |
| 8 Enter the smaller of line 3 or line 4 | | | |
| 9 Subtract line 8 from line 7c. If zero or less, enter -0- | 0. | 0. | 0. |
| 10 Add lines 6 and 9 | 0. | | 0. |
| A Enter the amount from Form 6251, line 6. | 0. | | |
| B Capital gain excess. Subtract line A from line 10. * | 0. | | |
| 11 Total 28% rate and unrecaptured section 1250 gain: | | | |
| a Enter the gain from line 18 of Schedule D as refigured for the AMT | 0. | | |
| b Enter the gain from line 19 of Schedule D as refigured for the AMT | | | |
| c Add lines 11a and 11b. | | | 0. |
| 12 Enter the smaller of line 9 or line 11c | | | 0. |
| 13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13. | | | 0. |

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

Name(s) Shown on Return

Social Security Number

Taxable Income – Line 1

| | | | |
|---|---|---|---------|
| 1 | Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.) . . . | 1 | 44,048. |
| 2 | Additions to income | 2 | |
| 3 | Add lines 1 and 2 | 3 | 44,048. |
| 4 | Subtractions from income | 4 | |
| 5 | Subtract line 4 from line 3. Enter on Form 6251, line 1 | 5 | 44,048. |

Taxes – Line 2a

| | | | |
|---|---|---|--|
| 1 | Generation skipping transfer taxes included on Schedule A, line 6 | 1 | |
|---|---|---|--|

Refund of Taxes – Line 2b

| | | | |
|---|--|---|--|
| 1 | Taxable refund of state and local income tax | 1 | |
| 2 | Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes deducted after 1986 | 2 | |
| 3 | Total tax refund adjustment. Enter on Form 6251, line 2b | 3 | |

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 2f

| | | | |
|----|---|----|---------|
| 1 | Alternative minimum taxable income (AMTI) without ATNOLD | 1 | 68,048. |
| 2 | Enter adjustments | 2 | |
| 3 | Adjustment for domestic production activities deduction | 3 | |
| 4 | Adjusted AMTI without ATNOLD. Add lines 1-3 | 4 | 68,048. |
| 5 | ATNOLD limitation. Multiply line 4 by 90%. | 5 | 61,243. |
| 6 | Enter ATNOL carried to [redacted] from other year(s) | 6 | |
| 7 | Enter ATNOL included above attributable to qualified disaster losses | 7 | |
| 8 | ATNOL above not attributable to qualified disaster losses. Line 6 minus 7 | 8 | |
| 9 | ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8 | 9 | |
| 10 | ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9) | 10 | |
| 11 | ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg | 11 | |

Incentive Stock Options – Line 2i

| | | | |
|---|--|---|--|
| 1 | Incentive stock options adjustment from Schedule K-1 worksheets | 1 | |
| 2 | Incentive stock options from Employer Stock Transaction Worksheets | 2 | |
| 3 | Incentive stock options from Exercise of Stock Options Worksheets | 3 | |
| 4 | Other incentive stock options | 4 | |
| 5 | Total incentive stock options. Enter on Form 6251, line 2i. | 5 | |

Alternative Minimum Taxable Income – Line 4

| | | |
|---|---|---|
| If married filing separately and Form 6251, line 4, is more than \$718,800: | | |
| 1 | Alternative minimum taxable income, Form 6251 | 1 |
| 2 | Threshold amount | 2 |
| 3 | Subtract line 2 from line 1 | 3 |
| 4 | Multiply line 3 by 25% (.25) | 4 |
| 5 | Smaller of line 4 or \$54,700 | 5 |
| 6 | Add line 1 and line 5. Enter on Form 6251, line 4 | 6 |

Exemption – Line 5

| | | | |
|---|---|-----|------------|
| 1 | Enter \$70,300 if single or head of household, \$109,400 if married filing jointly or qualifying widow(er), \$54,700 if married filing separately | 1 | 109,400. |
| 2 | Enter your alternative minimum taxable income from Form 6251, line 4 | 2 | 68,048. |
| 3 | Enter \$500,000 if single or head of household, \$1,000,000 if married filing jointly or qualifying widow(er), \$500,000 if married filing separately | 3 | 1,000,000. |
| 4 | Subtract line 3 from line 2. If zero or less, enter -0- | 4 | 0. |
| 5 | Multiply line 4 by 25% (.25) | 5 | 0. |
| 6 | Subtract line 5 from line 1. If zero or less, enter -0- | 6 | 109,400. |
| If any of the three conditions under Certain Children Under Age 24 apply, go to line 7. Otherwise, enter this amount on Form 6251, line 29. | | | |
| 7 | Minimum exemption amount for certain children under age 24 | 7 | |
| 8 a | Enter the child's earned income , if any | 8 a | |
| b | Enter any adjustments. | b | |
| 9 | Add lines 7, 8a and 8b. If zero or less, enter -0- | 9 | |
| 10 | Enter the smaller of line 6 or line 9 here and on Form 6251, line 5. | 10 | |

Form 6251
Line 7

Foreign Earned Income
Alternative Minimum Tax Worksheet

► Keep for your records

| | | | |
|-------------------------|---|------------------------|--|
| Name(s) Shown on Return | | Social Security Number | |
| | | | |
| 1 | Enter amount from Form 6251, line 6 | 1 | |
| 2 a | Enter amount from Form(s) 2555, lines 45 and 50 | 2a | |
| b | Enter the total amount of any itemized deductions or exclusions you could not claim because they are related to excluded income | 2b | |
| c | Subtract line 2b from line 2a. If zero or less, enter 0 | 2c | |
| 3 | Add line 1 and line 2c. Enter the result here and on Form 6251 line 36 | 3 | |
| 4 | Tax on amount on line 3. | | |
| | <ul style="list-style-type: none"> • If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; or you reported qualified dividends on Form 1040, line 3a; or you had a gain on both line 15 and 16 of Schedule D (Form 1040), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555 to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40 here. • All Others: If line 3 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 3 by 26% (.26). Otherwise, multiply line 3 by 28% (.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result. | 4 | |
| 5 | Tax on amount on line 2c. If line 2c is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 2c by 26% (.26). Otherwise, multiply line 2c by 28% (.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result | 5 | |
| 6 | Subtract line 5 from line 4. Enter here and on Form 6251, line 7. If zero or less, enter 0 | 6 | |

Federal Carryover Worksheet

► Keep for your records

Name(s) Shown on Return

Social Security Number

2017 State and Local Income Tax Information

| (a) State or Local ID | (b) Paid With Extension | (c) Estimates Pd After 12/31 | (d) Total With- held/Pmts | (e) Paid With Return | (f) Total Over- payment | (g) Applied Amount |
|-----------------------------|-------------------------------|------------------------------------|---------------------------------|----------------------------|-------------------------------|--------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Totals . . | | | | | | |

2017 State Extension Information

| (a) State | (b) Paid With Extension |
|--------------|----------------------------|
| | |
| | |
| | |

2017 Locality Extension Information

| (a) Locality | (b) Paid With Extension |
|-----------------|----------------------------|
| | |
| | |
| | |

2017 State Estimates Information

| (a) State | (c) Estimates Paid After 12/31 |
|--------------|-----------------------------------|
| | |
| | |
| | |

2017 Locality Estimates Information

| (a) Locality | (c) Estimates Paid After 12/31 |
|-----------------|-----------------------------------|
| | |
| | |
| | |

2017 State Taxes Due Information

| (a) State | (e) Paid With Return |
|--------------|-------------------------|
| | |
| | |
| | |

2017 Locality Taxes Due Information

| (a) Locality | (e) Paid With Return |
|-----------------|-------------------------|
| | |
| | |
| | |

2017 State Refund Applied Information

| (a) State | (g) Applied Amount |
|--------------|-----------------------|
| | |
| | |
| | |

2017 Locality Refund Applied Information

| (a) Locality | (g) Applied Amount |
|-----------------|-----------------------|
| | |
| | |
| | |

2017 State Tax Refund Information

| (a) State | (d) Total Withheld/Pmts | (f) Total Overpayment |
|--------------|-------------------------------|-----------------------------|
| | | |
| | | |
| | | |

2017 Locality Tax Refund Information

| (a) Locality | (d) Total Withheld/Pmts | (f) Total Overpayment |
|-----------------|-------------------------------|-----------------------------|
| | | |
| | | |
| | | |

| Other Tax and Income Information | | | 2017 | 2018 |
|----------------------------------|--|---|--------------------------|--------------------------|
| 1 | Filing status | 1 | 2 MFJ | 2 MFJ |
| 2 | Number of exemptions for blind or over 65 (0 - 4) | 2 | | |
| 3 | Itemized deductions | 3 | 0. | 0. |
| 4 | Check box if required to itemize deductions | 4 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Adjusted gross income | 5 | 49,643. | 71,129. |
| 6 | Tax liability for Form 2210 or Form 2210-F | 6 | 0. | 0. |
| 7 | Alternative minimum tax | 7 | | |
| 8 | Federal overpayment applied to next year estimated tax | 8 | | |

QuickZoom to the IRA Information Worksheet for IRA information ►

| Excess Contributions | | | 2017 | 2018 |
|----------------------|---|------|------|------|
| 9 a | Taxpayer's excess Archer MSA contributions as of 12/31 | 9 a | | |
| b | Spouse's excess Archer MSA contributions as of 12/31 | b | | |
| 10 a | Taxpayer's excess Coverdell ESA contributions as of 12/31 | 10 a | | |
| b | Spouse's excess Coverdell ESA contributions as of 12/31 | b | | |
| 11 a | Taxpayer's excess HSA contributions as of 12/31 | 11 a | | |
| b | Spouse's excess HSA contributions as of 12/31 | b | | |

| Loss and Expense Carryovers | | | 2017 | 2018 |
|--|---|------|------|------|
| Note: Enter all entries as a positive amount | | | | |
| 12 a | Short-term capital loss | 12 a | | |
| b | AMT Short-term capital loss | b | | |
| 13 a | Long-term capital loss | 13 a | | |
| b | AMT Long-term capital loss | b | | |
| 14 a | Net operating loss available to carry forward | 14 a | | |
| b | AMT Net operating loss available to carry forward | b | | |
| 15 a | Investment interest expense disallowed | 15 a | | |
| b | AMT Investment interest expense disallowed | b | | |
| 16 | Nonrecaptured net Section 1231 losses from: | 16 a | | |
| | a | b | | |
| | b | c | | |
| | c | d | | |
| | d | e | | |
| | e | f | | |
| | f | | | |
| 17 | AMT Nonrecap'd net Sec 1231 losses from: | 17 a | | |
| | a | b | | |
| | b | c | | |
| | c | d | | |
| | d | e | | |
| | e | f | | |
| | f | | | |

| Credit Carryovers | | | | 2017 | 2018 |
|-------------------|--|---|--|------|------|
| 18 | General business credit | | | 18 | |
| 19 | Adoption credit from: | | | 19 a | |
| | a | | | b | |
| | b | | | c | |
| | c | | | d | |
| | d | | | e | |
| | e | | | f | |
| | f | | | | |
| 20 | Mortgage interest credit from: | | | 20 a | |
| | a | | | b | |
| | b | | | c | |
| | c | | | d | |
| | d | | | | |
| 21 | Credit for prior year minimum tax | | | 21 | |
| 22 | District of Columbia first-time homebuyer credit | | | 22 | |
| 23 | Residential energy efficient property credit | | | 23 | |
| Other Carryovers | | | | 2017 | 2018 |
| 24 | Section 179 expense deduction disallowed | | | 24 | |
| 25 | Excess | | | 25 a | |
| | a | Taxpayer (Form 2555, line 46) | | b | |
| | b | Taxpayer (Form 2555, line 48) | | c | |
| | c | Spouse (Form 2555, line 46) | | d | |
| | d | Spouse (Form 2555, line 48) | | | |

Charitable Contribution Carryovers

| 26 2017 Carryover of charitable contributions from: | | Other Property | | Capital Gain | | Cash |
|---|---|----------------|---------|--------------|---------|---------|
| | | (a) 50% | (b) 30% | (c) 30% | (d) 20% | (e) 60% |
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| 27 2018 Carryover of charitable contributions from: | | Other Property | | Capital Gain | | Cash |
| | | (a) 50% | (b) 30% | (c) 30% | (d) 20% | (e) 60% |
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| 28 | Amount overpaid less earned income credit | | | | | 5,469. |

2017 State Capital Loss Carryovers (For users not transferring from the prior year)

| State ID | Short-term Capital Loss for State | AMT Short-term Capital Loss for State | Long-term Capital Loss for State | AMT Long-term Capital Loss for State | Capital Loss (combined) for State | AMT Capital Loss (combined) for State |
|----------|-----------------------------------|---------------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

► Keep for your records

Name(s) Shown on Return

Social Security Number

| Description | Amount |
|---|----------------|
| Income | |
| Wages | 55,725. |
| Interest income before Series EE bond exclusion | |
| Dividend income | |
| Tax refund | |
| Alimony received | |
| Nonpassive business income or loss | 16,575. |
| Royalty and nonpassive rental activities income or loss | |
| Nonpassive partnership income or loss | |
| Nonpassive S corporation income or loss | |
| Nonpassive farm rental income or loss | |
| Nonpassive farm income or loss | |
| Nonpassive estate and trust income or loss | |
| Real estate mortgage investment conduits | |
| Business gains and losses from nonpassive activities | |
| Capital gains and losses | |
| Taxable IRA distributions | |
| Taxable pension distributions | |
| Unemployment compensation | |
| Other income | |
| Total income | 72,300. |
| Adjustments | |
| Educator expenses | |
| Certain business expenses of reservists, performing artists, and government officials | |
| Health savings account deduction | |
| Moving expenses | |
| Self-employed SEP, SIMPLE, and qualified plans | |
| Self-employed health insurance deduction | |
| Penalty on early withdrawals of savings | |
| Alimony paid | |
| Other adjustments | |
| Total adjustments | |
| Modified adjusted gross income | 72,300. |

Two-Year Comparison

| Name(s) Shown on Return | | | Social Security Number | |
|--|---------|---------|------------------------|---------|
| | | | | |
| Income | | | Difference | % |
| Wages, salaries, tips, etc | 49,643. | 55,725. | 6,082. | 12.25 |
| Interest and dividend income | | | | |
| State tax refund | | | | |
| Business income (loss) | | 16,575. | 16,575. | |
| Capital and other gains (losses) | | | | |
| IRA distributions | | | | |
| Pensions and annuities | | | | |
| Rents and royalties | | | | |
| Partnerships, S Corps, etc | | | | |
| Farm income (loss) | | | | |
| Social security benefits | | | | |
| Income other than the above | | | | |
| Total Income | 49,643. | 72,300. | 22,657. | 45.64 |
| Adjustments to Income | | 1,171. | 1,171. | |
| Adjusted Gross Income | 49,643. | 71,129. | 21,486. | 43.28 |
| Itemized Deductions | | | | |
| Medical and dental | | | | |
| Income or sales tax | | | | |
| Real estate taxes | | | | |
| Personal property and other taxes | | | | |
| Interest paid | | | | |
| Gifts to charity | | | | |
| Casualty and theft losses | | | | |
| Miscellaneous | | | | |
| Phaseout of itemized deductions | | 0. | 0. | |
| Total Itemized Deductions | | 0. | 0. | |
| Standard or Itemized Deduction | 12,700. | 24,000. | 11,300. | 88.98 |
| Exemption Amount | 24,300. | 0. | -24,300. | -100.00 |
| Qualified Business Income Deduction | | 3,081. | 3,081. | |
| Taxable Income | 12,643. | 44,048. | 31,405. | 248.40 |
| Income tax | 1,263. | 4,902. | 3,639. | 288.12 |
| Additional income taxes | | | | |
| Alternative minimum tax | | | | |
| Total Income Taxes | 1,263. | 4,902. | 3,639. | 288.12 |
| Nonbusiness credits | 1,263. | 4,902. | 3,639. | 288.12 |
| Business credits | | | | |
| Total Credits | 1,263. | 4,902. | 3,639. | 288.12 |
| Self-employment tax | | 2,342. | 2,342. | |
| Other taxes | 0. | 0. | 0. | |
| Total Tax After Credits | 0. | 2,342. | 2,342. | |
| Withholding | 2,732. | 2,910. | 178. | 6.52 |
| Estimated and extension payments | | | | |
| Earned income credit | | | | |
| Additional child tax credit | 2,737. | 3,098. | 361. | 13.19 |
| Other payments | | | | |
| Total Payments | 5,469. | 6,008. | 539. | 9.86 |
| Form 2210 penalty | | | | |
| Applied to next year's estimated tax | | | | |
| Refund | 5,469. | 3,666. | -1,803. | -32.97 |
| Balance Due | | | | |

Current year effective tax rate -4.36 %

Tax Summary

► Keep for your records



Name (s)

[Redacted Name]

| | |
|--|---------|
| Total income | 72,300. |
| Adjustments to income | 1,171. |
| Adjusted gross income | 71,129. |
| Itemized/standard deduction | 24,000. |
| Qualified business income deduction | 3,081. |
| Taxable income | 44,048. |
| Tentative tax | 4,902. |
| Additional taxes | |
| Alternative minimum tax | |
| Total credits | 4,902. |
| Other taxes | 2,342. |
| Total tax | 2,342. |
| Total payments | 6,008. |
| Estimated tax penalty | |
| Amount Overpaid | 3,666. |
| Refund | 3,666. |
| Amount Applied to Estimate | |
| Balance due | 0. |

Compare to U. S. Averages

► Keep for your records

Name(s) Shown on Return

Social Security No

Your 2018 adjusted gross income (AGI) 71,129.
National adjusted gross income range used below from 50,000. to 99,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

| Selected Income, Deductions, and Credits | Actual Per Return | National Average |
|--|------------------------------|-----------------------------|
| Salaries and wages | 55,725. | 64,724. |
| Taxable interest | | 919. |
| Tax-exempt interest | | 6,266. |
| Dividends | | 4,023. |
| Business net income | 16,575. | 17,765. |
| Business net loss | | 6,965. |
| Net capital gain | | 6,477. |
| Net capital loss | | 2,228. |
| Taxable IRA | | 16,272. |
| Taxable pensions and annuities | | 28,457. |
| Rent and royalty net income | | 8,480. |
| Rent and royalty net loss | | 8,669. |
| Partnership and S corporation net income | | 23,184. |
| Partnership and S corporation net loss | | 10,890. |
| Taxable social security benefits | | 17,931. |
| Medical and dental expenses deduction | | 9,818. |
| Taxes paid deduction | 0. | 6,762. |
| Interest paid deduction | | 7,715. |
| Charitable contributions deduction | | 3,452. |
| Total itemized deductions | 0. | 20,056. |
| Child care credit | | 603. |
| Education tax credits | | 1,345. |
| Child tax credit | 4,902. | 1,674. |
| Retirement savings contributions credit | | 176. |
| Earned income credit | | 334. |
| Other Information | Actual Per Return | National Average |
| Adjusted gross income | 71,129. | 74,674. |
| Taxable income | 44,048. | 50,607. |
| Income tax | 4,902. | 6,951. |
| Alternative minimum tax | | 1,540. |
| Total tax liability | 2,342. | 7,337. |

Santa Barbara Tax Products Group LLC**and Green Dot Bank Refund Processing Service Agreement ("Agreement")**

Name _____

Social Security No. _____

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Green Dot Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2018 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$39.99 ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2018 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2019). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2018 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the Refund Processing Service being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit. None of Intuit, Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

| | |
|--|--------------------|
| Expected Federal Refund | \$ 3,666.00 |
| Less Processor Refund Processing Fee | \$ 39.99 |
| Less TurboTax Fees | \$ 59.99 |
| Less fees for Additional Products and Services Purchased | \$ |
| Expected Proceeds* | \$ 3,566.02 |

* These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2018 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased, plus applicable taxes. You also authorize Bank to deduct twenty dollars (\$20.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$25.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will

be deducted from the Deposit Account and will be retained by Processor. You authorize Bank and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Bank and/or Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Bank to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2018 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2018 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3, including the 39.99 Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$25.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtpg.com>.

7. Disbursement Methods: You agree that the disbursement method selected below will be used by Bank and Processor to disburse funds to you.

- a) ☐ Direct Deposit to Turbo(SM) Prepaid Visa(R) Card: If you choose this option, you authorize and request Bank and Processor to transfer the balance of your Deposit Account to Bank, which issues the Turbo(SM) Prepaid Visa Card ("Card") you have obtained or are obtaining, so that Bank may deposit the balance of your refund into your Card account. **Additional fees may be charged for the use of the Card. Please review the cardholder agreement associated with the use of your Card to learn of other fees, charges, terms and conditions that will apply. Processor will not be responsible for your funds once they have been deposited with Bank.**
- b) ☒ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

- ☒ Checking
☐ Savings

RTN #

Account #

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$20.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$25.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$45.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax

refunds, we will not process any address or account changes for purposes of disbursing your tax refund. If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund is received by us, upon receipt of your federal tax refund from the IRS we will return your tax refund to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund to the IRS and you will need to work with the IRS directly for disbursement.

You must notify Bank in writing 3 business days prior to the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford Bank a reasonable opportunity to act on your request. You may notify us in writing at: Green Dot Bank, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 days after the first deposit to the Deposit Account was made, (i) we may take up to 90 days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

9. Compensation. In addition to any fees paid directly by you to Intuit, Processor will pay compensation to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its Refund Processing Service. Processor shall pay Bank for its banking services.

10. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Ohio.

11. Arbitration Provision. This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ("AAA") before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction over the dispute. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fees for you. By agreeing to arbitration, you and we are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word "disputes" is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision. You may choose to opt-out of this arbitration provision but *only* by following the process set forth below. If you do not wish to be subject to this arbitration provision, then you must notify us in writing within sixty (60) calendar days of the date of this Agreement at the following address: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037, Attn. Arbitration Opt-Out. Your written notice must include your name, address, Social Security Number, the date of this Agreement, and a statement that you wish to opt out of the arbitration provision. If you choose to opt out, then your choice will apply only to this Agreement.

12. Customer Identity Validation Disclosure: To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2018 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2018 TurboTax User Agreement, (iii) You consent to the release of your 2018 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Green Dot Bank's Privacy Policy

FACTS WHAT DOES GREEN DOT BANK DO WITH YOUR PERSONAL INFORMATION?

| | | |
|----------------------|--|-----------------------------|
| Why? | Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do. | |
| What? | <p>The types of personal information that we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> • Social Security number and account balances • account transactions and purchase history • transaction history and overdraft history | |
| How? | All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share; and whether you can limit this sharing. | |
| | Reasons we can share your personal information | Does Green Dot Bank Share? |
| | For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus. | Yes |
| | For our marketing purposes — to offer our products and services to you. | No |
| | For joint marketing with other financial companies. | Yes |
| | For our affiliates' everyday business purposes — information about your transactions and experiences. | Yes |
| | For our affiliates' everyday business purposes — information about your creditworthiness. | No |
| | For our affiliates to market to you. | No |
| | For nonaffiliates to market to you. | Yes |
| | | Can you limit this sharing? |
| | | No |
| | | We don't share |
| | | No |
| | | No |
| | | We don't share |
| | | We don't share |
| | | Yes |
| To limit our sharing | <p>Visit us online: https://www.turboprepaidcard.com/privacy-settings</p> <p>Your choice(s) will apply to only the card number you enter when making your choice(s). If you have more than one card or account with us, you will need to make your choice(s) for each card or account separately.</p> <p>Please note:</p> <p>If you are a <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p> <p>However, you can contact us at any time to limit our sharing.</p> | |
| Questions? | Call 1-888-285-4169 or go to www.turboprepaidcard.com | |

| | |
|--|--|
| Page 2 | |
| What we do | |
| How does Green Dot Bank protect my personal information? | To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. |
| How does Green Dot Bank collect my personal information? | <p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • open an account or make deposits or withdrawals from your account • use your debit card or provide account information • give us your contact information <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p> |
| Why can't I limit all sharing? | <p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes — information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p> |
| What happens when I limit sharing for an account I hold jointly with someone else? | Your choices will apply to everyone on your account. |
| Definitions | |
| Affiliates | <p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation) and tax processing services companies such as Santa Barbara Tax Products Group, LLC. |
| Nonaffiliates | <p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • The only nonaffiliates we share with are Intuit Inc. and its affiliates and subsidiaries. |
| Joint marketing | <p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • The only joint marketing partners we share with are Intuit Inc. and its affiliates and subsidiaries. |
| Other important information | |
| Depending on where you live, you may have additional privacy protections under state law. We will comply with applicable state laws before sharing nonpublic personal information about you. We may do this by sending a separate notice of those rights to you. For example, if you are a resident of California, Illinois, North Dakota or Vermont, we will not share with nonaffiliates except for our everyday business purposes or with your consent. | |

and Civista Bank Refund Processing Service Agreement ("Agreement")

Name _____
Social Security No. _____

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Civista Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2018 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$ _____ ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES AND OTHER AUTHORIZED FEES FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2018 FEDERAL INCOME TAX RETURN AND ELECTING TO HAVE YOUR REFUND DIRECTLY DEPOSITED IN YOUR OWN BANK ACCOUNT OR MAILED TO YOU. IF YOU DO USE THE REFUND PROCESSING SERVICE, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS BY THE IRS (OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2019). THE REFUND PROCESSING SERVICE WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2018 federal tax refund. You also authorize Intuit, as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the Refund Processing Service being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit. None of Intuit, Bank or Processor will disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

| | |
|--|----------|
| Expected Federal Refund | \$ _____ |
| Less Processor Refund Processing Fee | \$ _____ |
| Less TurboTax Fees | \$ _____ |
| Less Fees for Additional Products and Services Purchased | \$ _____ |
| Expected Proceeds* | \$ _____ |

*These charges are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2018 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); and (iii) fees for Additional Products and Services Purchased plus applicable taxes. You also authorize Bank to deduct twenty dollars (\$20.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$25.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Bank and Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If

the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Bank and/or Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Bank to deposit your Expected Proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2018 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2018 federal tax refund. Processor and Bank will deduct from the Deposit Account the fees set forth in Section 3, including the Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No other deposits may be made to the Deposit Account. No withdrawals will be allowed from the Deposit Account except to collect the fees stated in this Section, Section 3, Section 7, and as provided in Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. We will also charge a Return Item Fee of \$20.00 if the refund cannot be delivered as directed in Section 7 of this Agreement. A \$25.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtptg.com>.

7. Disbursement Methods: You agree that the disbursement method selected below will be used by Bank and Processor to disburse funds to you.

- a ☐ Direct Deposit to Turbo(SM) Prepaid Visa(R) Card: If you choose this option, you authorize and request Processor to transfer the balance of your Deposit Account to Green Dot Bank, which issues the Turbo(SM) Prepaid Visa Card ("Card") you have obtained or are obtaining, so that Green Dot Bank may deposit the balance of your refund into your Card account. **Additional fees may be charged for the use of the card. Please review the cardholder agreement associated with the use of your prepaid debit card provided by the participating financial institution to learn of other fees, charges, terms and conditions that will apply. Neither Bank nor Processor will be responsible for your funds once they have been deposited with Green Dot Bank.**
- b ☐ Direct Deposit to Checking or Savings Account: If you choose this option, the balance of your Deposit Account will be disbursed to you electronically by ACH direct deposit to your personal bank account designated below. If a joint return is filed, the bank account may be a joint account or the individual account of either spouse.

DIRECT DEPOSIT ACCOUNT TYPE:

- ☐ Checking
☐ Savings

RTN # _____

Account # _____

Note: To ensure that there are no delays in receiving your refund, please contact your financial institution to confirm that you are using the correct RTN (routing) and account number. If you or your representative enter your account information incorrectly and your deposit is returned to Bank, the Deposit Account balance minus a \$20.00 Return Item Fee will be disbursed to you via a cashier's check mailed to your physical address of record. Bank, Processor and Intuit are not responsible for the misapplication of a direct deposit that results from error, negligence or malfeasance on the part of you or your representative. In cases where Bank has received your federal tax refund but is unable to deliver the funds directly to you, funds may be held at Bank until claimed, or returned to the IRS. An Account Research and Processing Fee of \$25.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Return Item and Account Research and Processing Fees will not exceed \$45.00 in the aggregate, and will be deducted from the Deposit Account for federal tax refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversions of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund. If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund is received by us, upon receipt of your federal tax refund from the IRS we will return your tax refund to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund to the IRS and you will need to work with the IRS directly for disbursement.

You must notify Bank in writing 3 business days prior to the account being debited to revoke the authorization for applicable fees agreed to in Section 4, and to afford Bank a reasonable opportunity to act on your request. You may notify us in writing at: Civista Bank, c/o Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone (877) 908-7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 days after the first deposit to the Deposit Account was made, (i) we may take up to 90 days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

9. Compensation. In addition to any fees paid directly by you to Intuit, Processor will pay compensation to Intuit in consideration of Intuit's provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its Refund Processing Service. Processor shall pay Bank for its banking services.

10. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive law of Ohio.

11. Arbitration Provision. This arbitration provision is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act. You agree that any and all disputes which in any way arise out of or relate to this Agreement, shall be resolved solely by binding arbitration before the American Arbitration Association ("AAA") before a single arbitrator in arbitration commenced as close as possible to where you reside. Any and all disputes must be brought in the parties' individual capacity, and not as a plaintiff or class member in any purported class or representative proceeding. Judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction over the dispute. Each party to any such arbitration shall bear its own separate costs and expenses of the arbitration and shall share equally in the charges of the AAA, including the fee of the arbitrator. However, if you are unable to pay any fee of the AAA or the arbitrator, we agree to pay those fees for you. By agreeing to arbitration, you and we are waiving our rights to file a lawsuit and proceed in court and to have a jury trial to resolve disputes. The word "disputes" is given its broadest possible meaning, and includes all claims; disputes or controversies, including without limitation any claim or attempt to set aside this arbitration provision. You may choose to opt-out of this arbitration provision but only by following the process set forth below. If you do not wish to be subject to this arbitration provision, then you must notify us in writing within sixty (60) calendar days of the date of this Agreement at the following address: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037, Attn. Arbitration Opt-Out. Your written notice must include your name, address, Social Security Number, the date of this Agreement, and a statement that you wish to opt out of the arbitration provision. If you choose to opt out, then your choice will apply only to this Agreement.

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YOUR AGREEMENT Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2018 federal tax refund from the IRS and Processor to make the deductions from your refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2018 TurboTaxfi User Agreement, (iii) You consent to the release of your 2018 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Civista Bank Tax Product Privacy Policy

| FACTS What does Civista Bank do with your Personal Information? | | |
|---|---|-----------------------------|
| Why? | Financial Companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do. | |
| What? | <p>The types of personal information that we collect and share depend on the product or service you have with us. This can include:</p> <ul style="list-style-type: none"> • Social Security number and account balances • payment history and transaction history • overdraft history and account transactions <p>When you are no longer our customer, we continue to share your information as described in this notice.</p> | |
| How? | All Financial Companies need to share customers' personal information to run their everyday business. In the section below we list the reasons financial companies can share their customers' personal information; the reasons Civista Bank chooses to share and whether you can limit the sharing. | |
| Reasons we can share your personal information | Does Civista Bank Share? | Can you limit this sharing? |
| For our everyday business purposes — such as to process your transaction, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus. | Yes | No |
| For our marketing purposes — to offer our products and services to you. | No | We don't share |
| For joint marketing with other financial companies. | No | We don't share |
| For our affiliates' everyday business purposes — information about your transactions and experiences. | No | We don't share |
| For our affiliates' everyday business purposes — information about your creditworthiness. | No | We don't share |
| For our affiliates to market to you. | No | We don't share |
| For non affiliates to market to you. | No | We don't share |
| Questions? | Call Toll Free: 800-901-6663 or go to www.civistabank.com | |

| Who we are | |
|---|--|
| Who is providing this notice? | Civista Bank |
| What we do | |
| How does Civista Bank protect my personal information? | To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. |
| How does Civista Bank collect my personal information? | We collect personal information about you when you apply for a tax related product. This includes information in your application, such as your name, address, social security number, income, deductions, refund and the like. We also collect information about your transactions with us, tax preparers and similar providers, such as payment histories, balances due, and tax information. We may also collect information concerning your credit history from a consumer reporting agency. |
| Why can't I limit all sharing? | <p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> • Sharing for affiliates everyday business purposes — information about your creditworthiness, • Affiliates from using your information to market to you, • Sharing for non affiliates to market to you. <p>State laws and individual companies may give you additional rights to limit sharing.</p> |
| Definitions | |
| Affiliates | <p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • Civista Bank does not share with our affiliates. |
| Non affiliates | <p>Companies not related by common ownership or control. They can be financial or nonfinancial companies.</p> <ul style="list-style-type: none"> • Civista Bank does not share with non affiliates so they can market to you. |
| Joint Marketing | <p>A formal joint marketing agreement between non affiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • Civista Bank does not jointly market. |
| Other Important Information | |
| This Notice is adopted in recognition of our obligations under Title V of Gramm-Leach Bliley Act of 1999. | |
| This Notice applies only to individuals who have applied for a tax-related bank product. | |

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: [REDACTED]
Primary SSN: [REDACTED]

Federal Return Submitted: [REDACTED] 08:35 PM PDT
Federal Return Acceptance Date: [REDACTED]

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight [REDACTED]. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on [REDACTED], your Intuit electronic postmark will indicate [REDACTED] AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before [REDACTED] and a corrected return is submitted and accepted before [REDACTED]. If your return is submitted after [REDACTED], a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight [REDACTED]. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before [REDACTED] and the corrected return is submitted and accepted by [REDACTED].

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

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. 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."

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

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

| |
|--|
| |
|--|

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of the MAX bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to ID Notify's parent company, CSIdentity Corporation. With your consent, we will send the following:
First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. 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.

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To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date

IMPORTANT DISCLOSURES

If you are owed a federal tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than [REDACTED]

You can file your tax return electronically, select the Refund Processing Service ("RPS"), and have your federal income tax refund processed through a processor using banking services of a financial institution. The RPS allows your refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other fees you authorize from your refund. The balance is delivered to you via the disbursement method you select. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct and pay from your refund any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are delays by the IRS, refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than [REDACTED]

The RPS is not necessary to obtain your refund. If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (irs.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in an income tax refund next year. Please consult your employer or tax advisor for additional details.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov.

The chart below shows the options for filing your tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your tax refund proceeds, and costs associated with the various options.

| WHAT TYPE OF FILING METHOD? | WHAT ARE YOUR DISBURSEMENT OPTIONS? | WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND? | WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES? |
|--|--|---|--|
| PAPER RETURN No Refund Processing Service | IRS direct deposit to your personal bank account. | Approximately 6 to 8 weeks ³ | Free |
| | Check mailed by IRS to address on tax return. | Approximately 6 to 8 weeks ³ | |
| ELECTRONIC FILING (E-FILE) No Refund Processing Service | IRS direct deposit to your personal bank account. | Usually within 21 days ³ | Free |
| | Check mailed by IRS to address on tax return. | Approximately 21 to 28 days ³ | |
| ELECTRONIC FILING (E-FILE) Refund Processing Service | (a) Direct deposit to your personal bank account, or (b) Load to your prepaid card ¹ . | Usually within 21 days ³ | Free option with your purchase of TurboTax Premium Services or TurboTax MAX ² |

¹You may incur additional charges from the issuer of the prepaid card if you select to have your tax refund loaded on a prepaid debit card.

²The cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Agreement on the next page for the cost of the service you have chosen.

³However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than [REDACTED]

Questions? Call 1-877-908-7228

Pro Delegation Worksheet

Check this box if you are preparing this return as a PRO preparer ☐

Preparer / Electronic Return Originator (ERO) Information

Preparer Name _____ Print name in signature area? ☐
Preparer Tax ID # (PTIN) _____
NY Tax Preparer Registration # _____ or NY Exclusion Code _____
For NM, OR Preparers Only: State ID# _____
Preparer E-mail _____ Print date on return? ☐
Preparer Phone _____ CAF # _____
Electronic Filing Only: ERO Practitioner PIN _____

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

- ☐ File **federal** return electronically
☐ File **state** returns electronically

Select state returns to file electronically:

| State(s) |
|----------|
| |
| |
| |
| |

New! State e-file disclosure consent:

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the state Department of Revenue, as applicable by law.

Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal return printed and mailed to IRS
☐ State return printed and mailed to state agency

Select state returns to file by mail:

| State(s) |
|----------|
| |
| |
| |
| |

Practitioner PIN Program:

- ☐ Sign return electronically using Practitioner PIN

Choose one:

- ☐ Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)
☐ Taxpayer(s) entered own PIN(s)
☐ Preparer entered PIN(s) on behalf of taxpayer(s)

Taxpayer's PIN (enter any 5 numbers). _____

Spouse's PIN filing a joint return (enter any 5 numbers) _____

Date PIN entered. _____

Identity Verification Information

Driver's License and/or State Id:

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

Documents Used to Verify Primary Taxpayer Identity:

- ☐ Driver's license
 - ☐ State issued identification card
 - ☐ Passport
 - ☐ Account statement from financial institution
 - ☐ Utility billing statement
 - ☐ Credit card billing statement
-

Finish and File Info:

- ☐ To indicate a client return download in FnF

Late Legislation Worksheet



Name(s) Shown on Return

[Redacted]

Social Security Number

[Redacted]

Is the user impacted by any of the late legislation items below? Yes ☐ No ☒

| | | Affected by This Topic? | | Topic Was Extended |
|----|---|--------------------------|-------------------------------------|--------------------------|
| | | Yes | No | |
| 1 | Premiums for mortgage insurance deductible as interest that is qualified residence interest (sec. 163(h)(3)) - Schedule A | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 | Accelerated depreciation for business property on an Indian reservation (sec. 168(j)(8)) - Form 4562 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Special depreciation allowance for second generation biofuel plant property (sec. 168(l)) - Form 4562 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Credit for certain nonbusiness energy property (sec. 25C(g)) - Form 5695 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5 | Deduction for qualified tuition and related expenses (sec. 222(e)) - Form 8917 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6 | Discharge of indebtedness on principal residence excluded from gross income of individuals (sec. 108(a)(1)(E)) - Form 982 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7 | Credit for two-wheeled plug-in electric vehicles (sec. 30D(g)(3)E(ii)) - Form 8936 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8 | Credit for alternative fuel vehicle refueling property (sec. 30C(g)) - Form 8911 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9 | Incentives for biodiesel and renewable diesel: Excise tax credits and outlay payments for biodiesel fuel mixtures (secs. 6426(c)(6) and 6427(e)(6)(B)) - Form 4136 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Incentives for biodiesel and renewable diesel: Excise tax credits and outlay payments for renewable diesel fuel mixtures (secs. 6426(c)(6) and 6427(e)(6)(B)) - Form 4136 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Incentives for alternative fuel and alternative fuel mixtures: Excise tax credits and outlay payments for alternative fuel (secs. 6426(d)(5) and 6427(e)(6)(c)) - Form 4136 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Incentives for alternative fuel and alternative fuel mixtures: Excise tax credits for alternative fuel mixtures (sec. 6426(e)(3)) - Form 4136 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | Alternative motor vehicle credit for qualified fuel cell motor vehicles (sec. 30B(b)) - Form 8910 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14 | Three-year depreciation for race horses two years old or younger (sec. 168(e)(3)(A)) - Form 4562 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SMART WORKSHEET FOR: Form 8965 Health Coverage Exemptions

| Shared Responsibility Payment Worksheet | | | | | | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------|
| Name | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1. Total Number of X's for month. If 5 or more, enter 5 | | | | | | | | | | | | | |
| 2. Total Number of X's for month for individuals 18 or over | | | | | | | | | | | | | |
| 3. One-half the number of X's in a month for individuals under 18 | | | | | | | | | | | | | |
| 4. Add lines 2 and 3 for each month | | | | | | | | | | | | | |
| 5. Multiply line 4 by \$695 for each month. If \$2,085 or more, enter \$2,085 | | | | | | | | | | | | | |
| 6. Sum of the number of X's on line 1 above for the year | | | | | | | | | | | | | |
| 7. Enter your household income | | | | | | | | | | | | | 71,129. |
| 8. Enter your filing threshold | | | | | | | | | | | | | 24,000. |
| 9. Subtract line 8 from line 7 | | | | | | | | | | | | | 47,129. |
| 10. Multiply Line 9 by 2.5%(.025) | | | | | | | | | | | | | 1,178. |
| 11. Is line 10 more than \$2,085? <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes. Multiply line 10 by the no. of months for which line 1 is more than zero. <input checked="" type="checkbox"/> No. Enter the amount of line 14 on the Flat Dollar Amount Worksheet. </div> | | | | | | | | | | | | | |
| 12. Divide line 11 by 12.0 | | | | | | | | | | | | | |
| 13. Multiply line 6 by \$283 | | | | | | | | | | | | | |
| 14. Enter the smaller of line 12 or 13 here and on Form 1040, line 61. This is your shared responsibility payment | | | | | | | | | | | | | 0. |

SMART WORKSHEET FOR: 1040 Wks: 1040 Worksheet

| Tax Smart Worksheet | |
|---|-------------------------------------|
| A Tax | 4,902. |
| Check if from: | |
| 1 Tax table | <input checked="" type="checkbox"/> |
| 2 Tax Computation Worksheet (see instructions) | <input type="checkbox"/> |
| 3 Schedule D Tax Worksheet | <input type="checkbox"/> |
| 4 Qualified Dividends and Capital Gain Tax Worksheet | <input type="checkbox"/> |
| 5 Schedule J | <input type="checkbox"/> |
| 6 Form 8615 | <input type="checkbox"/> |
| 7 Foreign Earned Income Tax Worksheet | <input type="checkbox"/> |
| B Additional tax from Form 8814 | |
| C Additional tax from Form 4972 | |
| D Tax from additional Form(s) 4972 | |
| E Recapture tax from Form 8863 | |
| F IRC Section 197(f)(9)(B)(ii) election for an additional tax | |
| G Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative | |
| H Tax. Add lines A through G. Enter the result here and include in tax below. | 4,902. |

SMART WORKSHEET FOR: Federal Information Worksheet

TurboTax for the Web Filing Status Smart Worksheet

Check this box to override the filing status selected thru Interview . . ☐

Marital Status _____

Filing Status Selected _____

SMART WORKSHEET FOR: Federal Information Worksheet

2017 Tax Cuts & Jobs Act
Apply 15-year recovery period to qualified improvement property
(asset types J2, J3, J4 and J5)
placed in service after December 31, **_____**
Yes ☐ No ☒
Refer to Tax Help

SMART WORKSHEET FOR: Dependent Information Worksheet

Dependency/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you? The whole year
Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person?
 (Used to determine if additional questions are necessary for children of divorced parents.)
 Both Taxpayer and spouse ☐
 Taxpayer ☐
 Spouse ☒

C Did this person provide more than 1/2 of their own support? ☐ Yes ☒ No

D Was this person married on December 31, [REDACTED] and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ☐ Yes ☐ No
 Detailed answers for this question. This dependent:
 - Was married on December 31, [REDACTED] ☐ Yes ☐ No
 - If married, filed a joint return for the year ☐ Yes ☐ No
 - If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. ☐ Yes ☐ No
 - If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately ☐ Yes ☐ No

E Is this person a Full time student? ☐ Yes ☐ No

F Is this person's gross income less than \$4,150? ☐ Yes ☐ No

1 Did you provide over 1/2 the support for this person?
 or
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? ☐ Yes ☒ No
Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

1 TurboTax Web Only:
 Is the other parent claiming this dependent per the custody agreement? ☐ Yes ☐ No
 Has the other parent waived their legal right so you can claim this dependent on your tax return? ☐ Yes ☐ No

H Who will be claiming this person as a dependent as a result of:
 - an agreement between the parents
 - the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?
 Taxpayer (includes spouse if married filing joint) in this return? ☒
 Other parent in different return? ☐
 Someone else in different return? ☐

SMART WORKSHEET FOR: Dependent Information Worksheet

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

- * They received gross income greater than \$4,150 or more or
- * They filed a joint return

☐

SMART WORKSHEET FOR: Dependent Information Worksheet

Dependency/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you? The whole year

Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person?
(Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse ☐

Taxpayer ☐

Spouse ☒

C Did this person provide more than 1/2 of their own support? ☐ Yes ☒ No

D Was this person married on December 31, [REDACTED] and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ☐ Yes ☐ No

Detailed answers for this question. This dependent:

- Was married on December 31, [REDACTED] ☐ Yes ☐ No

- If married, filed a joint return for the year ☐ Yes ☐ No

- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. ☐ Yes ☐ No

- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately ☐ Yes ☐ No

E Is this person a Full time student? ☐ Yes ☐ No

F Is this person's gross income less than \$4,150? ☐ Yes ☐ No

1 Did you provide over 1/2 the support for this person?
or
Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? ☐ Yes ☒ No

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- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return? ☒

Other parent in different return? ☐

Someone else in different return? ☐

SMART WORKSHEET FOR: Dependent Information Worksheet

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

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Dependency/EIC Smart Worksheet

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Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person?
(Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse ☒ X

Taxpayer ☐

Spouse ☐

C Did this person provide more than 1/2 of their support? ☐ Yes ☒ X No

D Was this person married on December 31, and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ☐ Yes ☐ No

Detailed answers for this question. This dependent:

- Was married on December 31, ☐ Yes ☐ No

- If married, filed a joint return for year ☐ Yes ☐ No

- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. ☐ Yes ☐ No

- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately ☐ Yes ☐ No

E Is this person a Full time student? ☐ Yes ☐ No

F Is this person's gross income less than \$4,150? ☐ Yes ☐ No

1 Did you provide over 1/2 the support for this person?
or
Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? ☐ Yes ☐ No

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- an agreement between the parents

- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return? ☒ X

Other parent in different return? ☐

Someone else in different return? ☐

SMART WORKSHEET FOR: Dependent Information Worksheet

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

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B Who are the parents of this person?
(Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse ☒ X

Taxpayer ☐

Spouse ☐

C Did this person provide more than 1/2 of their support? ☐ Yes ☒ X No

D Was this person married on December 31, [] and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ☐ Yes ☐ No

Detailed answers for this question. This dependent:

- Was married on December 31, ☐ Yes ☐ No

- If married, filed a joint return for [] year ☐ Yes ☐ No

- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. ☐ Yes ☐ No

- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately ☐ Yes ☐ No

E Is this person a Full time student? ☐ Yes ☐ No

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- an agreement between the parents

- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return? ☒ X

Other parent in different return? ☐

Someone else in different return? ☐

SMART WORKSHEET FOR: Dependent Information Worksheet

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

* They received gross income greater than \$4,150 or more or

* They filed a joint return

☐

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Substitute Form W-2 Smart Worksheet

A Treat as substitute W-2 and generate a form 4852 ☐

B Linked substitute W-2 Form 4852 ▶ _____

C Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"

D Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"

E **QuickZoom** to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Child Tax Cr and Cr for Other Depend Wks

| Line 7 Smart Worksheet | |
|---|--------|
| If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 7. | |
| Social security tax, Medicare tax, and Additional Medicare Tax on Wages. | |
| A Enter the social security tax withheld (Form(s) W-2, box 4) | 3,455. |
| B Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. | 808. |
| C Enter any amount from Form 8959, line 7 | 0. |
| D Add line A, B, and C | 4,263. |
| E Enter the Additional Medicare Tax withheld (Form 8959 line 22) | 0. |
| F Subtract line E from line D. | 4,263. |
| Additional Medicare Tax on Self-Employment Income. | |
| G Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13) | 0. |
| Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax. | |
| H Enter the Tier 1 tax (Form(s) W-2, box 14). | 0. |
| I Enter the Medicare Tax (Form(s) W-2, box 14) | 0. |
| J Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line and line N. | |
| K Add lines H, I, and J | 0. |
| L Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2018). | |
| M Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2018). | |
| N Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for this line and line J | |
| O Add line L, M, and N | |
| Line 7 Amount | |
| P Add line F, G, K and O. Enter here and on Line 14 Worksheet, line 7. | 4,263. |

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below:

- The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or
- You had home debt that was **not** used to buy, build or substantially improve your home that secures the loan

QuickZoom to Deductible Home Mortgage Interest Worksheet ►

Does your mortgage interest need to be limited: Yes . . . ☐ No . . . ☐

A Home mortgage interest and points reported on Form 1098:

- 1 Sum of lines 5a through 5d below _____
- 2 Limited amount to report on Sch A, line 8a _____

B Home mortgage interest not reported on Form 1098:

- 1 Sum of lines 6a and 6b below _____
- 2 Limited amount to report on Sch A, line 8b _____

C Points not reported on Form 1098:

- 1 Sum of lines 7a through 7c below _____
- 2 Limited amount to report on Sch A, line 8c. _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet

QuickZoom to enter nontaxable combat pay on Form W-2 ►

A Taxpayer:

- 1 Taxpayer, nontaxable combat pay _____
- 2 **Election for earned income credit (EIC):**
Elect taxpayer's nontaxable combat pay as earned income for EIC? ► ☐ Yes ☐ No
- 3 **Election for dependent care benefits (DCB):**
Elect taxpayer's nontaxable combat pay as earned income for DCB? ► ☐ Yes ☐ No
- 4 **Election for child and dependent care credit:**
Elect taxpayer's nontaxable combat pay as earned income
for child and dependent care credit? ► ☐ Yes ☐ No

B Spouse:

- 1 Spouse, nontaxable combat pay _____
- 2 **Election for earned income credit (EIC):**
Elect spouse's nontaxable combat pay as earned income for EIC? ► ☐ Yes ☐ No
- 3 **Election for dependent care benefits (DCB):**
Elect spouse's nontaxable combat pay as earned income for DCB? ► ☐ Yes ☐ No
- 4 **Election for child and dependent care credit:**
Elect spouse's nontaxable combat pay as earned income
for child and dependent care credit? ► ☐ Yes ☐ No

C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:

Overpayment 3,666. Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

| Investment Income Smart Worksheet | |
|---|--|
| A | Taxable and tax exempt interest _____ |
| B | Dividend income _____ |
| C | Capital gain net income _____ |
| D | Royalty and rental of personal property net income _____ |
| E | Passive activity net income : |
| 1 | Rental real estate net income or loss _____ |
| 2 | Farm rental net income or loss _____ |
| 3 | Partnerships and S corporations net income or loss _____ |
| 4 | Estates and trusts net income or loss _____ |
| 5 | Total of lines 1 through 4 _____ |
| 6 | Total passive activity net income , line 5 if greater than zero _____ |
| F | Interest and dividends from Forms 8814 _____ |
| G | Adjustments _____ |
| H | Total investment income , add lines A through G <u>0.</u> |
| Is line H, total investment income over \$3,500? <input checked="" type="checkbox"/> No. You may take the credit. <input type="checkbox"/> Yes. Stop. You cannot take the credit. | |

SMART WORKSHEET FOR: Earned Income Credit Worksheet

| Qualifying Children Smart Worksheet | | | | | |
|-------------------------------------|------|------------------------|--|---|---------------------------------|
| | | | Year of birth | | |
| First name | MI | Social security number | Was the child under age 24 at the end of a student, and younger than you (or your spouse, if filing jointly)? | Was the child permanently and totally disabled during any part of | Lived with taxpayer in the U.S. |
| Last name | Suff | Relationship | | | |
| | | | | Yes | No |
| | | | | 12 | 12 |
| | | | | 12 | 12 |
| | | | | 12 | 12 |