

Review your print out for checklist items.

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **04/15/2020**

2020 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

446.

REV 08/2020 INTUIT.CG.CFP.SP

1555

838-40-1900 488-63-9488
GERALD S SANGALANG
KATRINA M SANGALANG
18231 SORRELL OAKS LN
RICHMOND TX 77407-2497

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

838401900 LZ SANG 30 0 202012 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **06/15/2020**

2020 Form 1040-ES Payment Voucher 2

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

| | |
|--|------|
| Amount of estimated tax you are paying by check or money order ▶ | 446. |
|--|------|

REV 08/2020 INTUIT.CG.CFP.SP

1555

838-40-1900 488-63-9488
GERALD S SANGALANG
KATRINA M SANGALANG
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PO BOX 1300
CHARLOTTE NC 28201-1300

838401900 LZ SANG 30 0 202012 430

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Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2020**

2020 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

| | |
|--|------|
| Amount of estimated tax you are paying by check or money order ▶ | 446. |
|--|------|

REV 08/2020 INTUIT.CG.CFP.SP

1555

838-40-1900 488-63-9488
GERALD S SANGALANG
KATRINA M SANGALANG
18231 SORRELL OAKS LN
RICHMOND TX 77407-2497

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

838401900 LZ SANG 30 0 202012 430

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 01/15/2021

2020 Form 1040-ES Payment Voucher 4

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the **'United States Treasury.'** Write your social security number and '2020 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order ▶

446.

REV 08/2020 INTUIT.CG.CFP.SP

1555

838-40-1900 488-63-9488
GERALD S SANGALANG
KATRINA M SANGALANG
18231 SORRELL OAKS LN
RICHMOND TX 77407-2497

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

838401900 LZ SANG 30 0 202012 430

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

| | | |
|---|-------------------------------|---|
| Your first name and middle initial GERALD S | Last name SANGALANG | Your social security number 838-40-1900 |
| If joint return, spouse's first name and middle initial Katrina M | Last name Sangalang | Spouse's social security number 488-63-9488 |
| Home address (number and street). If you have a P.O. box, see instructions. 18231 Sorrell Oaks Ln | | Apt. no. |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Richmond TX 77407-2497 | | Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |
| Foreign country name | Foreign province/state/county | Foreign postal code |
| If more than four dependents, see instructions and ✓ here <input type="checkbox"/> | | |

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

| Dependents (see instructions): | | (2) Social security number | (3) Relationship to you | (4) ✓ if qualifies for (see instructions): | |
|--------------------------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| (1) First name | Last name | | | Child tax credit | Credit for other dependents |
| Geneo Asher M | Sangalang | 195-88-2834 | Son | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--|----|--------------------------|-----|----------|
| | 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | | 1 | 148,996. |
| | 2a Tax-exempt interest | 2a | | 2b | |
| | 3a Qualified dividends | 3a | | 3b | |
| | 4a IRA distributions | 4a | | 4b | 0. |
| | c Pensions and annuities | 4c | 4,729. | 4d | 0. |
| | 5a Social security benefits | 5a | | 5b | |
| | 6 Capital gain or (loss). Attach Schedule D if required. If not required, check here | | <input type="checkbox"/> | 6 | |
| | 7a Other income from Schedule 1, line 9 | | | 7a | |
| | b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income | | | 7b | 148,996. |
| | 8a Adjustments to income from Schedule 1, line 22 | | | 8a | |
| | b Subtract line 8a from line 7b. This is your adjusted gross income | | | 8b | 148,996. |
| | 9 Standard deduction or itemized deductions (from Schedule A) | 9 | 24,400. | 9 | |
| | 10 Qualified business income deduction. Attach Form 8995 or Form 8995-A | 10 | | 10 | |
| | 11a Add lines 9 and 10 | | | 11a | 24,400. |
| | b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- | | | 11b | 124,596. |

Standard Deduction for—
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under **Standard Deduction**, see instructions.

| | | | | | |
|------------|--|------------|---------|---------|--|
| 12a | Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 12a | 19,128. | | |
| b | Add Schedule 2, line 3, and line 12a and enter the total | 12b | | 19,128. | |
| 13a | Child tax credit or credit for other dependents | 13a | 2,000. | | |
| b | Add Schedule 3, line 7, and line 13a and enter the total | 13b | | 2,000. | |
| 14 | Subtract line 13b from line 12b. If zero or less, enter -0- | 14 | | 17,128. | |
| 15 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 15 | | 0. | |
| 16 | Add lines 14 and 15. This is your total tax | 16 | | 17,128. | |
| 17 | Federal income tax withheld from Forms W-2 and 1099 | 17 | | 15,346. | |
| 18 | Other payments and refundable credits: | | | | |
| a | Earned income credit (EIC) NO | 18a | | | |
| b | Additional child tax credit. Attach Schedule 8812 | 18b | | | |
| c | American opportunity credit from Form 8863, line 8 | 18c | | | |
| d | Schedule 3, line 14 | 18d | | | |
| e | Add lines 18a through 18d. These are your total other payments and refundable credits | 18e | | | |
| 19 | Add lines 17 and 18e. These are your total payments | 19 | | 15,346. | |

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

| | | | | | |
|------------|---|------------|--|--|--|
| 20 | If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid | 20 | | | |
| 21a | Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 21a | | | |
| b | Routing number <u>X X X X X X X X X</u> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | | | |
| d | Account number <u>X X X X X X X X X X X X X X X X</u> | | | | |
| 22 | Amount of line 20 you want applied to your 2020 estimated tax | 22 | | | |

Amount You Owe

| | | | | | |
|-----------|---|-----------|--|--------|--|
| 23 | Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions | 23 | | 1,782. | |
| 24 | Estimated tax penalty (see instructions) | 24 | | | |

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. **Yes.** Complete below. **No**

(Other than paid preparer) Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and 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 Nurse | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/> |
| | Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation Nurse | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/> |
| | Phone no. | Email address | | |

Paid Preparer Use Only

| | | | | |
|------------------------------------|----------------------|------|--------------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed |
| Firm's name ▶ Self-Prepared | Phone no. | | Firm's EIN ▶ | |
| Firm's address ▶ | | | | |

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

2019

Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Katrina M SANGALANG

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **488-63-9488**

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

| | | | |
|---|--|-----------|---|
| 1 | Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2019 (see instructions) ▶ | | <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family |
| 2 | HSA contributions you made for 2019 (or those made on your behalf), including those made from January 1, 2020, through April 15, 2020, that were for 2019. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) | 2 | 0. |
| 3 | If you were under age 55 at the end of 2019 and, on the first day of every month during 2019, you were, or were considered, an eligible individual with the same coverage, enter \$3,500 (\$7,000 for family coverage). All others , see the instructions for the amount to enter | 3 | 5,833. |
| 4 | Enter the amount you and your employer contributed to your Archer MSAs for 2019 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2019, also include any amount contributed to your spouse's Archer MSAs | 4 | 0. |
| 5 | Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 5,833. |
| 6 | Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2019, see the instructions for the amount to enter | 6 | 5,833. |
| 7 | If you were age 55 or older at the end of 2019, married, and you or your spouse had family coverage under an HDHP at any time during 2019, enter your additional contribution amount (see instructions) | 7 | |
| 8 | Add lines 6 and 7 | 8 | 5,833. |
| 9 | Employer contributions made to your HSAs for 2019 | 9 | 0. |
| 10 | Qualified HSA funding distributions | 10 | |
| 11 | Add lines 9 and 10 | 11 | 0. |
| 12 | Subtract line 11 from line 8. If zero or less, enter -0- | 12 | 5,833. |
| 13 | HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040 or 1040-SR), line 12, or Form 1040-NR, line 25 | 13 | 0. |
| Caution: If line 2 is more than line 13, you may have to pay an additional tax (see instructions). | | | |

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

| | | | |
|------------|---|------------|------|
| 14a | Total distributions you received in 2019 from all HSAs (see instructions) | 14a | 599. |
| b | Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) | 14b | |
| c | Subtract line 14b from line 14a | 14c | 599. |
| 15 | Qualified medical expenses paid using HSA distributions (see instructions) | 15 | 599. |
| 16 | Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. Enter "HSA" and the amount on the line next to the box | 16 | 0. |
| 17a | If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/> | | |
| b | Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HSA" and the amount on the line next to the box | 17b | |

Part III **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

| | | | |
|-----------|--|-----------|--|
| 18 | Last-month rule | 18 | |
| 19 | Qualified HSA funding distribution | 19 | |
| 20 | Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. On the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21, enter "HSA" and the amount | 20 | |
| 21 | Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HDHP" and the amount on the line next to the box | 21 | |

Tax History Report

▶ Keep for your records

2019

Name(s) Shown on Return

GERALD S & Katrina M SANGALANG

| Five Year Tax History: | | | | | |
|---|------|------|------|---------|----------|
| | 2015 | 2016 | 2017 | 2018 | 2019 |
| Filing status | | | | MFJ | MFJ |
| Total income | | | | 54,333. | 148,996. |
| Adjustments to income | | | | | |
| Adjusted gross income | | | | 54,333. | 148,996. |
| Tax expense | | | | 1,755. | 5,412. |
| Interest expense . . . | | | | | |
| Contributions | | | | | |
| Misc. deductions . . . | | | | | |
| Other itemized ded'ns | | | | | |
| Total itemized/ standard deduction . . | | | | 24,000. | 24,400. |
| Exemption amount . . | | | | 0. | 0. |
| QBI deduction | | | | | |
| Taxable income | | | | 30,333. | 124,596. |
| Tax | | | | 3,258. | 19,128. |
| Alternative min tax . . | | | | | |
| Total credits | | | | 2,188. | 2,000. |
| Other taxes | | | | 0. | |
| Payments | | | | 5,355. | 15,346. |
| Form 2210 penalty . . | | | | | |
| Amount owed | | | | | 1,782. |
| Applied to next year's estimated tax . | | | | | |
| Refund | | | | 4,285. | |
| Effective tax rate % . . | | | | 1.97 | 11.50 |
| **Tax bracket % | | | | 12.0 | 22.0 |

**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 February 15, 2020.

You can file your tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$40.00 (the "RPS fee"), 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 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 February 15, 2020.

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.

This Agreement requires all disputes to be resolved by way of binding arbitration. The terms of the arbitration provision appear in Section 11.

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 debit card ¹ . | Usually within 21 days ² | \$40.00 ³ |

¹You may incur additional charges from the issuer of the debit card if you select to have your tax refund loaded on a 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 February 15, 2020.

³This fee consists of an RPS Fee, a TurboTax fee and any fees for additional products and services purchased. See Section 4 of the Refund Processing Service Agreement for more details.

Questions? Call 877-908-7228

FORM 1040 or FORM 1040-SR WORKSHEET
NOTE: Form 1040, 1040-SR and Schedules 1 - 3 are fully calculated.

2019

Use this worksheet to enter all data which will flow to the Form 1040 or Form 1040SR and Schedules 1- 3.
 Use these QuickZooms to jump to the entry sections for Schedules 1- 3 on this Worksheet:

Form 1040 or Form 1040SR Worksheet Navigation QuickZooms

- QuickZoom** to Schedule 1 — Additional Income and Adjustments to Income ▶ _____
QuickZoom to Schedule 2 — Additional Taxes ▶ _____
QuickZoom to Schedule 3 — Additional Credits and Payments ▶ _____

Form 1040 or Form 1040-SR - Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2019, or other tax year
 beginning _____, 2019, ending _____, 20 ____.

| | | | |
|--|----------|-------------------------------|------------------------------|
| Your First Name | MI | Last Name | Your Social Security No. |
| <u>GERALD</u> | <u>S</u> | <u>SANGALANG</u> | <u>838-40-1900</u> |
| If Joint Return, Spouse's First Name | MI | Last Name | Spouse's Social Security No. |
| <u>Katrina</u> | <u>M</u> | <u>Sangalang</u> | <u>488-63-9488</u> |
| Home Address (No. and Street). If You Have a P.O. Box, See Instructions. | | | Apt. No. |
| <u>18231 Sorrell Oaks Ln</u> | | | |
| City, Town or Post Office. If you have a foreign address, also complete below. State | | | ZIP Code |
| <u>Richmond</u> <u>TX</u> | | | <u>77407-2497</u> |
| Foreign country name | | Foreign province/state/county | Foreign postal code |
| | | | |

QuickZoom to explanation statement for overseas extension ▶

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 . . ▶

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) ✓ if qualifies for (see instr): | |
|----------------------|------------------|--|-------------------------------------|--|-----------------------------|
| | | | | under age 17 qualifying for child tax credit | Credit for other dependents |
| <u>Geneo Asher M</u> | <u>Sangalang</u> | <u>195-88-2834</u> | <u>Son</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

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

| | | | |
|--------------------------|--|--|-------------------------------------|
| <input type="checkbox"/> | Someone can claim you as a dependent | | |
| <input type="checkbox"/> | Someone can claim your spouse as a dependent | | |
| a | Check if: | <input type="checkbox"/> You were born before January 2, 1955, | <input type="checkbox"/> Blind. |
| | | <input type="checkbox"/> Spouse was born before January 2, 1955, | <input type="checkbox"/> Blind. |
| | | Total boxes checked | ▶ a <input type="checkbox"/> |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here | | ▶ b <input type="checkbox"/> |

Form 1040 or Form 1040-SR, Lines 1 - 6

| | | | |
|--|---|-----------|----------|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 148,996. |
| 2 a | Tax-exempt interest 2a | | |
| b | Taxable interest | 2b | |
| 3 a | Qualified dividends (see instructions) 3a | | |
| b | Ordinary dividends. Attach Schedule B if required | 3b | |
| 4 | IRA distributions 4a | | |
| | Taxable amount (see instructions) | 4b | 0. |
| | Pensions and annuities 4c | | 4,729. |
| | Taxable amount (see instructions) | 4d | 0. |
| 5 a | Social security benefits 5a | | |
| b | Taxable amount (see instructions) | 5b | |
| 6 | Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/> | 6 | |
| QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ▶ | | | |

Form 1040 or Form 1040-SR, Lines 7 and 8

| | | | |
|------------|---|-----------|----------|
| 7 a | Other income from Schedule 1, line 9 | 7a | |
| b | Add lines 1, 2b, 3b, 4b, 4d, 5b, 6 and 7a. This is your total income | 7b | 148,996. |
| 8 a | Adjustments to income from Schedule 1, line 22 | 8a | |
| b | Subtract line 8a from line 7b. This is your adjusted gross income | 8b | 148,996. |
| | AGI including excludable Puerto Rico Income | | 148,996. |

Form 1040 or Form 1040-SR, Line 9 – Standard or Itemized Deduction

| | | | |
|----------|---|----------|---------------------|
| 9 | 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: \$12,200 ● Married filing jointly or Qualifying widow(er): \$24,400 ● Head of household: \$18,350 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 | 9 | 24,400. 124,596. |
|----------|---|----------|---------------------|

| Form 1040 or Form 1040-SR, Lines 10 - 12 | | | |
|--|--|-----|----------|
| 10 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | 10 | |
| 11 a | Add lines 9 and 10 | 11a | 24,400. |
| b | Taxable Income. Subtract line 11a from line 8b | 11b | 124,596. |

| | | | |
|--|---|-----|---------|
| 12 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"/> | | |
| b | Add Schedule 2, line 3 and line 12a and enter total | 12b | 19,128. |
| QuickZoom to Schedule 2 - Additional Tax section | | | |

| Form 1040 or Form 1040-SR, Line 13 - 16 | | | |
|---|---|-----|---------|
| 13 a | Child tax credit/credit for other dependents | 13a | 2,000. |
| b | Add Schedule 3, line 7 and line 13a and enter the total. | 13b | 2,000. |
| 14 | Subtract line 13b from line 12b. If zero or less, enter -0- | 14 | 17,128. |
| 15 | Other taxes, including self-employment tax, from Schedule 2, line 10. | 15 | 0. |
| 16 | Add lines 14 and 15. This is your total tax | 16 | 17,128. |
| QuickZoom to Schedule 3 - Additional Credits and Payments | | | |

| Form 1040 or Form 1040-SR, Lines 17 - 19 | | | |
|--|---|-----|---------|
| 17 | Federal income tax withheld from Forms W-2 and 1099 | 17 | 15,346. |
| 18 | Other payments and refundable credits: | | |
| a | Earned income credit (EIC) No | | |
| | Nontaxable combat pay election | | |
| b | Add'l child tax credit. Attach Schedule 8812 | | |
| c | American opportunity credit from Form 8863, line 8. | | |
| d | Schedule 3, line 14. | | |
| e | Add lines 18a through 18d. These are your other payments and refundable credits | 18e | |
| 19 | Add Lines 17 and 18e. These are your total payments | 19 | 15,346. |
| QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated | | | |
| QuickZoom to "due diligence checklist" substitute for Form 8867 | | | |
| QuickZoom to Schedule 3 - Additional Credits and Payments | | | |

| Form 1040 or Form 1040-SR, Lines 20 - 22 | | | |
|--|---|----|----------------------|
| Refund: | | | |
| 20 | If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid | 20 | |
| 21 a | Amount of overpayment you want refunded to you . If Form 8888 is attached, check here. | 21 | |
| b | Routing number | | XXXXXXXXXX |
| c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number | | XXXXXXXXXXXXXXXXXXXX |
| 22 | Amount of overpayment on line 20 you want applied to your 2020 estimated tax | | |

| Form 1040 or Form 1040SR, Lines 23 - 24 | | | |
|--|---|----|----------------|
| Amount You Owe: | | | |
| 23 | Subtract line total payments from total tax | 23 | 1,782. |
| 24 | Estimated tax penalty (see instructions) | 24 | |
| QuickZoom to Late Penalties and Interest Worksheet | | | QuickZoom. . . |

Schedule 1 - Additional Income and Adjustments

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? (Entry is required when Schedule 1 is part of the return) Yes No

Part I Additional Income

| | | | |
|--|---|------------|--------------------------------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes (see instr.) . . . | 1 | |
| Alimony Received Smart Worksheet | | | |
| | Taxpayer | Spouse | Date of divorce/sep |
| A | _____ | _____ | _____ <input type="checkbox"/> |
| B | _____ | _____ | _____ <input type="checkbox"/> |
| * Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nontaxable | | | |
| 2 a | Alimony received. . . . Taxpayer _____ Spouse _____ | 2a | |
| b | Date of original divorce or separation agreement ▶ _____ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation (see instr.) | 7 | |
| 8 | Other income. List type and amount (see instructions). _____ _____ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and include on Form 1040 or 1040SR, line 7a ▶ Total Income. Combine Form 1040 lines 1- 6 and Schedule 1, line 9 , enter on Form 1040, line 7b ▶ <u>148,996.</u> | 9 | |
| Quickzoom to 1040 Worksheet, line 7b — Total Income ▶ | | QuickZoom. | ▶ _____ |

Part II Adjustments to Income

| | | | |
|----|--|----|--|
| 10 | Educator expenses | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | |
| 13 | Moving expenses. Attach Form 3903 | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | |
| 16 | Self-employed health insurance deduction | 16 | |
| 17 | Penalty on early withdrawal of savings. | 17 | |

| | | | | | |
|---|--|-----------------|---------------------|--------------------------|--------------|
| Alimony Paid Smart Worksheet | | | | | |
| | Recipient's name | Recipient's SSN | Date of divorce/sep | * | Alimony paid |
| A | _____ | _____ | _____ | <input type="checkbox"/> | _____ |
| B | _____ | _____ | _____ | <input type="checkbox"/> | _____ |
| * Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nondeductible | | | | | |
| 18 a | Alimony paid | 18 a | | | |
| b | Recipient's SSN ▶ _____ | | | | |
| c | Date of original divorce or separation agreement ▶ _____ | | | | |
| 19 | IRA deduction | 19 | | | |
| 20 | Student loan interest deduction | 20 | | | |
| 21 | Tuition and fees. Attach Form 8917 | 21 | | | |
| 22 | Add lines 10 through 21 These are your adjustments to income. Enter on Form 1040 or 1040-SR, line 8a | 22 | | | |

Schedule 2 - Additional Taxes

Part I Tax

| | | | |
|----------|--|----------|-------|
| 1 | Alternative minimum tax (see instructions). Attach Form 6251 | 1 | _____ |
| 2 | Excess advance premium tax credit repayment. Attach Form 8962 | 2 | _____ |
| 3 | Add lines 1 and 2. Enter here and include on Form 1040 or Form 1040SR, line 12b ▶ | 3 | _____ |

Part II Other Taxes

| | | | |
|------------|---|------------|---------|
| 4 | Self-employment tax. Attach Schedule SE | 4 | _____ |
| 5 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 Explain underreported tips | 5 | _____ |
| 6 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 6 | _____ |
| 7 a | Household employment taxes from Schedule H | 7 a | _____ |
| b | First-time homebuyer credit repayment. Attach Form 5405 if required | b | _____ |
| 8 | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) . . ▶ _____ _____ | 8 | _____ |
| 9 | Section 965 net tax liability installment from Form 965-A. 9 _____ | | _____ |
| 10 | Add lines 4 through 8. These are your total other taxes Enter here and on Form 1040 or 1040-SR, line 15 ▶ | 10 | _____ |
| | Total tax (add line 10 and Schedule 3, line 7b) | | _____ |
| | | | 0. |
| | | | 17,128. |

Schedule 3 - Additional Credits and Payments

Part I Nonrefundable Credits

Table with 7 rows for nonrefundable credits. Line 1: Foreign tax credit. Line 2: Credit for child and dependent care expenses. Line 3: Education credits. Line 4: Retirement savings contributions credit. Line 5: Residential Energy Credit. Line 6: Other credits from Form. Line 7: Total non-refundable credits (2,000). Line 8: Subtract total credits from tax (17,128). Total Tax: QuickZoom.

Part II Other Payments and Refundable Credits

Table with 14 rows for other payments and refundable credits. Line 8: 2019 estimated tax payments. Line 9: Net premium tax credit. Line 10: Amount paid with request for extension. Line 11: Excess social security and tier 1 RRTA tax withheld. Line 12: Credit for federal tax on fuels. Line 13: Credits from Form. Line 14: Total Payments (15,346) and Withholding.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [] Yes. Complete the following. [X] 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
Spouse's Signature. If joint, both must sign. Date Spouse's Occupation
Daytime Phone No. (713) 550-4276

Paid Preparer's Use Only

Print/Type Preparer's name Preparer's PTIN Check if:
Preparer's Signature Date [] 3rd Party Designee [] Self-employed
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.

| | |
|---|-------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Your SSN 838-40-1900 |
|---|-------------------------|

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 2018 for net investment tax purposes | |
| Enter additional adjustments not included above and check the box if a capital gain or loss: | |
| | <input type="checkbox"/> |
| | <input 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 15. | 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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;"> </td> <td style="width: 5%; border-bottom: 1px solid black;"> </td> <td style="width: 35%; border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </table> | | | | | | | | | | 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 12/31/2018 | (c) Suspended 12/31/2019 | (d) Used against activity | (e) Used against other passive |
|-------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------------|
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

2) Former Passive Activity Suspended Losses - Schedule D

| (a) Activity name | (b) Suspended 12/31/2018 | (c) Suspended 12/31/2019 | (d) Used against activity | (e) Used against other passive |
|-------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------------|
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

3) Former Passive Activity Suspended Losses - Form 4797

| (a) Activity name | (b) Suspended 12/31/2018 | (c) Suspended 12/31/2019 | (d) Used against activity | (e) Used against other passive |
|-------------------|-----------------------------|-----------------------------|------------------------------|-----------------------------------|
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

| | |
|---|---------------------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security Number 838-40-1900 |
|---|---------------------------------------|

| | (a) Taxpayer | (b) Spouse | | | | |
|---|-------------------|-------------------|--|--|--|--|
| 1 Child's investment income, from Form 8814 | | | | | | |
| 2 Gambling winnings: | | | | | | |
| a From Form W-2G | | | | | | |
| b Winnings (prizes, etc.) from Form 1099-MISC, box 3 | | | | | | |
| c Not reported on Form W-2G or Form 1099-MISC | | | | | | |
| 3 Taxable income from Form 1099-MISC: | | | | | | |
| a Substitute payments in lieu of interest or dividends | | | | | | |
| b Other income from box 3 | | | | | | |
| c Alaska Permanent Fund | | | | | | |
| d Tribal Gaming | | | | | | |
| e Non-Employee Compensation from Form 1099-MISC box 7 | | | | | | |
| f Rent from personal property from Form 1099-MISC box 1 | | | | | | |
| 4 Taxable income from Form 1099-Q or 1099-QA: | | | | | | |
| a Qualified tuition program distributions | | | | | | |
| b Coverdell ESA distributions | | | | | | |
| c ABLE account distributions | | | | | | |
| 5 Taxable income from Form 1099-G: | | | | | | |
| a Grants | | | | | | |
| b RTAA payments | | | | | | |
| 6 Foreign earned income and housing exclusion, from Form 2555 . | | | | | | |
| 7 Net operating loss carryover from a prior year | | | | | | |
| 8 Other income, from Schedule(s) K-1 | | | | | | |
| 9 Taxable distribution from: | | | | | | |
| a Form 8853: | | | | | | |
| 1 Taxable Archer MSA distributions MSA | | | | | | |
| 2 Taxable Medicare Advantage distributions Med MSA | | | | | | |
| 3 Taxable long term care distributions LTC | | | | | | |
| 4 Total Form 8853 | | | | | | |
| b Form 8889, Health Savings Accounts | | | | | | |
| 10 Refunds or reimbursements of deductions claimed | | | | | | |
| in a prior year: | | | | | | |
| a Reimbursement for deducted medical expenses | | | | | | |
| b Refunds of deducted taxes (not state or local income taxes) | | | | | | |
| <table border="1" data-bbox="500 1318 948 1436"> <tr> <td>Type of Tax</td> <td>State or Local ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | Type of Tax | State or Local ID | | | | |
| Type of Tax | State or Local ID | | | | | |
| | | | | | | |
| c Recapture of deducted moving expenses | | | | | | |
| d Reimbursement for deducted casualty or theft loss | | | | | | |
| e Reimbursement for deducted employee business expenses | | | | | | |
| f Other refunds or reimbursements | | | | | | |
| 11 Recoveries of bad debts deducted in a prior year | | | | | | |
| 12 Jury duty pay | | | | | | |
| 13 Bartering income not reported elsewhere | | | | | | |
| 14 Income from the rental of personal property | | | | | | |
| 15 Income from the Cancellation of Debt: | | | | | | |
| a From Form 1099-C: | | | | | | |
| 1 Amount of debt canceled from box 2 | | | | | | |
| 2 Amount of canceled debt excluded from income | | | | | | |
| 3 Taxable amount of canceled debt | | | | | | |
| b From Schedule(s) K-1 | | | | | | |
| 16 Taxable income from Form 1099-K: | | | | | | |
| a Payment Card/Third Party Network Transactions | | | | | | |
| Income from "not for profit" activities (hobbies): | | | | | | |
| 18 Limitation on business losses (Form 461) | | | | | | |
| 19 Global intangible low-taxed income (Form 8992) | | | | | | |
| 20 Section 965 deferred foreign income (Form 965) | | | | | | |

| | | | |
|-----------|---|-------|-------|
| 21 | Unemployment income and repayment | | |
| a | Union unemployment benefits | _____ | _____ |
| b | Private fund unemployment benefits | _____ | _____ |
| c | State employee unemployment benefits | _____ | _____ |
| d | Repayment of non-government unemployment benefits | _____ | _____ |
| 22 | Other taxable income: | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| 23 | Income from Community Property: | _____ | _____ |
| a | Positive community property adjustment | _____ | _____ |
| b | Negative community property adjustment (enter as positive) . . . | _____ | _____ |
| 24 | Total. Add lines 1 through 14, 15a(3), 15b, 16 through 23. Enter here and on Schedule 1, line 8 or Form 1040NR, line 21 . . | _____ | _____ |

Federal Information Worksheet

2019

▶ Keep for your records

Part I – Personal Information

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

Taxpayer:

First name GERALD
 Middle initial S Suffix
 Last name SANGALANG
 Social security no. 838-40-1900
 Occupation Nurse
 Date of birth 01/21/1987 (mm/dd/yyyy)
 Age as of 1-1-2020 32
 Daytime phone (713) 550-4276 Ext _____
 Legally blind
 Date of death _____

Spouse:

First name Katrina
 Middle initial M Suffix
 Last name Sangalang
 Social security no. 488-63-9488
 Occupation Nurse
 Date of birth 11/02/1982 (mm/dd/yyyy)
 Age as of 1-1-2020 37
 Daytime phone _____ Ext _____
 Legally blind
 Date of death _____

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, **was** taxpayer claimed as dependent on that person's return? Yes No

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . . Yes No
 If yes, **was** spouse claimed as dependent on that person's return? Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . Yes No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . Yes No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . Yes No

Part II – Address and Federal Filing Status (enter information in this section)

US Address:

Address 18231 Sorrell Oaks Ln Apt no.
 City Richmond State TX ZIP code 77407-2497

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

Print Form 1040-SR instead of Form 1040 Yes No

Federal filing status:

- 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 2017 ▶ 2018 ▶
 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 _____

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

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

| First name Last name | MI Suff | Social security number Relationship | Date of birth (mm/dd/yyyy) | | | Date of death (mm/dd/yyyy) | | E I C | Lived with taxpyr in U.S. | Not qual credit other dep Educ Tuitn and Fees | * D e p |
|--------------------------|------------|---|-------------------------------|------------------|---------------------------------------|---|--|-------------|---------------------------------------|---|------------------|
| | | | Age | C o d e | Not qual for child tax cr | Qualified child/dep care exps incurred and paid 2019 | | | | | |
| Geneo Asher Sangalang | M | 195-88-2834 Son | 01/06/2016 3 | L | | | | N | 6 | | Yes |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

* "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 2019? ... 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 2019 ...
Check if you were notified by the IRS that EIC cannot be claimed in 2019 or if you are ineligible to claim the EIC in 2019 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) ...
Check the appropriate box ... Checking Savings
Routing number ... 061000052 Account number ... 334054470380

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

Enter the payment date to withdraw from the account above ... 02/27/2020
Balance-due amount from this return ... 1,782.

Amended Returns:

Do you want to elect direct debit of federal amended balance due (e-File only)? ... Yes No
Enter the payment date to withdraw from the account above ...
Balance-due amount from this amended 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 (Form 8863)

For 2019, 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 ... USA

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 ...
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, 2019 ▶ TX

Check the appropriate box:

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

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

Date the taxpayer established residence in state above ▶ 08/01/2019

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

Spouse:

Enter the spouse’s state of residence as of December 31, 2019 ▶ TX

Check the appropriate box:

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

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

Date the spouse established residence in state above ▶ 08/01/2019

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

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 01616

Spouse's PIN used to sign the return 01616

Taxpayer:

Drivers license or state ID number 44930842

Issued by what state TX

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

Spouse

Drivers license or state ID number 44930844

Issued by what state TX

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

Personal Information Worksheet
For the Taxpayer

2019

► Keep for your records

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

Part I – Taxpayer's Personal Information

First name . . . GERALD Middle initial . S Last name . . . SANGALANG

Suffix

Social security no. . . 838-40-1900 Member of U.S. Armed Forces in 2019? . . Yes No

Date of birth 01/21/1987 (mm/dd/yyyy) age as of 1-1-2020 32

Occupation . . . Nurse Daytime phone (713) 550-4276 Ext

Marital status . . . Married

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

After 2019 ► 2019 . ► 2018 . ► 2017 . ► Before 2017 . ►

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 1-1-2020 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 2019? ► 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, 2019? ► Yes No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2019 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 ► 08/01/2019

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

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2019

Unreimbursed medical expenses paid for qualifying person in 2019

Employment taxes paid for dependent care providers in 2019

Full-time student for 5 calendar months during 2019? ► 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 No

Personal Information Worksheet
For the Spouse

2019

► Keep for your records

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

Part I – Spouse's Personal Information

First name . . . Katrina Middle initial . M Last name . . . Sangalang

Suffix

Social security no. . . . 488-63-9488 Member of U.S. Armed Forces in 2019? . . Yes No

Date of birth 11/02/1982 (mm/dd/yyyy) age as of 1-1-2020 37

Occupation Nurse Daytime phone _____ Ext _____

Marital status _____

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

After 2019 ► 2019 . ► 2018 . ► 2017 . ► Before 2017 . ►

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 1-1-2020 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 2019? ► 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, 2019? ► Yes No

Part III – Spouse's State Residency Information

Enter this person's state of residence as of December 31, 2019 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 ► 08/01/2019

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

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2019 _____

Unreimbursed medical expenses paid for qualifying person in 2019 _____

Employment taxes paid for dependent care providers in 2019 _____

Full-time student for 5 calendar months during 2019? ► 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 No

Dependent and Nondependent Information Worksheet

2019

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 . . . Geneo Asher Middle initial . M Last name . . Sangalang
Suffix

Social security no. . . 195-88-2834

Date of birth 01/06/2016 (mm/dd/yyyy) age as of 12-31-2019 3
Did this person pass away in 2019 (deceased)? . . [] Yes [] No Date of death

Relationship to taxpayer or spouse Son

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 * . L - 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 \$4,200 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? [X] Yes [] No
Is this person a resident of Canada or Mexico? [] Yes [X] 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, 2019? [] Yes [] No

Was the person placed with you for adoption after 2019, or was the adoption final in 2019 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 [X] 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 6

Qualifying for the earned income credit * . N - Non-qualifying person

*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 2019 _____
Unreimbursed medical expenses paid for qualifying person in 2019 _____
Employment taxes paid for dependent care providers in 2019 _____
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, 2019 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 – Identity Protection Pin

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

► Keep for your records

Name(s) Shown on Return
GERALD S & Katrina M SANGALANG

Social Security Number
838-40-1900

Form W-2 Summary

| Box No. | Description | Taxpayer | Spouse | Total |
|------------------|---|----------|---------|----------|
| 1 | Total wages, tips and compensation: | | | |
| | Non-statutory & statutory wages not on Sch C . . . | 59,583. | 89,413. | 148,996. |
| | Statutory wages reported on Schedule C | | | |
| | Foreign wages included in total wages. | | | |
| | Unreported tips. | 0. | 0. | 0. |
| 2 | Total federal tax withheld | 5,340. | 10,006. | 15,346. |
| 3 & 7 | Total social security wages/tips | 64,366. | 92,012. | 156,378. |
| 4 | Total social security tax withheld | 3,991. | 5,705. | 9,696. |
| 5 | Total Medicare wages and tips | 64,366. | 92,013. | 156,379. |
| 6 | Total Medicare tax withheld | 933. | 1,334. | 2,267. |
| 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 | 10,785. | 15,039. | 25,824. |
| b | Elective deferrals to qualified plans | 2,018. | 2,600. | 4,618. |
| c | Roth contrib. to 401(k), 403(b), 457(b) plans. . . | 1,050. | | 1,050. |
| 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 | 7,717. | 12,439. | 20,156. |
| 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 | | 1,193. | 1,193. |
| 16 | Total state wages and tips | 27,736. | 62,124. | 89,860. |
| 17 | Total state tax withheld | 1,265. | 3,011. | 4,276. |
| 19 | Total local tax withheld. | | | |

Name GERALD S SANGALANG Social Security Number 838-40-1900

Spouse's W-2
 Do not transfer this W-2 to next year

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

| | | |
|---|---|---|
| <p>a Employee's social security no. <u>838-40-1900</u></p> <p>b Employer ID number (EIN) <u>74-6001118</u></p> <p>c Employer's name, address, and ZIP code <u>UT MD ANDERSON CANCER CENTER</u> Street <u>1515 HOLCOMBE BLVD</u> City <u>HOUSTON</u> State <u>TX</u> ZIP Code <u>77030</u></p> <p>Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p> <p>d Control number _____</p> <p><input checked="" type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>GERALD</u> M.I. <u>S</u> Last <u>SANGALANG</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>18231 Sorrell Oaks Ln</u> City <u>Richmond</u> State <u>TX</u> ZIP Code <u>77407-2497</u></p> <p>Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p> | <p>1 Wages, tips, other compensation <u>31,847.38</u></p> <p>3 Social security wages <u>34,612.12</u></p> <p>5 Medicare wages and tips <u>34,612.12</u></p> <p>7 Social security tips _____</p> <p>▶ Enter unreported tips in Part VII on Page 2 below.</p> | <p>2 Federal income tax withheld <u>3,058.88</u></p> <p>4 Social security tax withheld <u>2,145.95</u></p> <p>6 Medicare tax withheld <u>501.88</u></p> <p>8 Allocated tips _____</p> |
| <p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p> | <p>9 _____</p> <p>10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help) _____</p> | |

| Box 12 Code | Box 12 Amount | If Box 12 code is: |
|-------------|-----------------|--|
| <u>BB</u> | <u>1,050.00</u> | A: Enter amount attributable to RRTA Tier 2 tax _____ |
| <u>DD</u> | <u>4,468.92</u> | M: Enter amount attributable to RRTA Tier 2 tax _____ |
| _____ | _____ | P: Double click to link to Form 3903, line 4. . . _____ |
| _____ | _____ | R: Enter MSA contribution for Taxpayer . . . _____ |
| _____ | _____ | Spouse _____ |
| _____ | _____ | W: Enter HSA contribution for Taxpayer . . . _____ |
| _____ | _____ | Spouse _____ |
| _____ | _____ | G: <input type="checkbox"/> Employer is not a state or local government |

| Box 15 State | Box 15 Employer's state I.D. number | Box 16 State wages, tips, etc. | Box 17 State income tax |
|--------------|-------------------------------------|--------------------------------|-------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I confirm that the state withholding identification number(s) are accurate

| Box 20 Locality name | Box 18 Local wages, tips, etc. | Box 19 Local income tax | Associated State |
|----------------------|--------------------------------|-------------------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| 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".) |
|---|--------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

▶ Keep for your records

Name **GERALD S SANGALANG** Social Security Number **838-40-1900**

Spouse's W-2
 Do not transfer this W-2 to next year

Military: Complete Part VI on Page 2 below.

| | | |
|--|---|---|
| <p>a Employee's social security no. . . <u>838-40-1900</u></p> <p>b Employer ID number (EIN) . . . <u>20-1601546</u></p> <p>c Employer's name, address, and ZIP code <u>HEALTH CAROUSEL LLC</u> Street <u>3805 EDWARDS RD #700</u> City <u>CINCINNATI</u> State <u>OH</u> ZIP Code <u>45209</u> Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p> <p>d Control number <u>531031CLEV/8EK</u></p> <p><input type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>GERALD</u> M.I. _____ Last <u>SANGALANG</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>18231 SORRELL OAKS LANE</u> City <u>RICHMOND</u> State <u>TX</u> ZIP Code <u>77407</u> Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p> | <p>1 Wages, tips, other compensation <u>27,736.26</u></p> <p>3 Social security wages <u>29,754.34</u></p> <p>5 Medicare wages and tips <u>29,754.34</u></p> <p>7 Social security tips _____</p> <p>▶ Enter unreported tips in Part VII on Page 2 below.</p> | <p>2 Federal income tax withheld <u>2,280.79</u></p> <p>4 Social security tax withheld <u>1,844.77</u></p> <p>6 Medicare tax withheld <u>431.44</u></p> <p>8 Allocated tips _____</p> |
| <p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p> | <p>9 _____</p> <p>10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help) _____</p> | |

| Box 12 Code | Box 12 Amount | If Box 12 code is: |
|-------------|-----------------|--|
| <u>D</u> | <u>2,018.08</u> | A: Enter amount attributable to RRTA Tier 2 tax _____ |
| <u>DD</u> | <u>3,248.19</u> | M: Enter amount attributable to RRTA Tier 2 tax _____ |
| _____ | _____ | P: Double click to link to Form 3903, line 4. . . _____ |
| _____ | _____ | R: Enter MSA contribution for Taxpayer . . . _____ |
| _____ | _____ | Spouse _____ |
| _____ | _____ | W: Enter HSA contribution for Taxpayer . . . _____ |
| _____ | _____ | Spouse _____ |
| _____ | _____ | G: <input type="checkbox"/> Employer is not a state or local government |

| Box 15 State | Box 15 Employer's state I.D. number | Box 16 State wages, tips, etc. | Box 17 State income tax |
|--------------|-------------------------------------|--------------------------------|-------------------------|
| <u>GA</u> | <u>2372598QX</u> | <u>27,736.26</u> | <u>1,265.47</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I confirm that the state withholding identification number(s) are accurate

| Box 20 Locality name | Box 18 Local wages, tips, etc. | Box 19 Local income tax | Associated State |
|----------------------|--------------------------------|-------------------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| 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".) |
|---|--------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

▶ Keep for your records

Name Katrina M SANGALANG Social Security Number 488-63-9488

Spouse's W-2
Do not transfer this W-2 to next year

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

| | | |
|--|---|---|
| <p>a Employee's social security no. . . <u>488-63-9488</u></p> <p>b Employer ID number (EIN) . . . <u>74-1152597</u></p> <p>c Employer's name, address, and ZIP code <u>MEMORIAL HERMANN HEALTH SYSTEM</u></p> <p>Street <u>SUITE 2103</u> City <u>HOUSTON</u> State <u>TX</u> ZIP Code <u>77024</u></p> <p>Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p> <p>d Control number _____</p> <p><input checked="" type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>Katrina</u> M.I. <u>M</u> Last <u>Sangalang</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>18231 Sorrell Oaks Ln</u> City <u>Richmond</u> State <u>TX</u> ZIP Code <u>77407-2497</u></p> <p>Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p> | <p>1 Wages, tips, other compensation <u>27,288.79</u></p> <p>3 Social security wages <u>29,888.74</u></p> <p>5 Medicare wages and tips <u>29,888.74</u></p> <p>7 Social security tips _____</p> <p>▶ Enter unreported tips in Part VII on Page 2 below.</p> | <p>2 Federal income tax withheld <u>3,138.37</u></p> <p>4 Social security tax withheld <u>1,853.10</u></p> <p>6 Medicare tax withheld <u>433.39</u></p> <p>8 Allocated tips _____</p> |
| <p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p> | <p>9 _____</p> <p>10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help) _____</p> | |

| Box 12 Code | Box 12 Amount | If Box 12 code is: |
|-------------|-----------------|--|
| <u>C</u> | <u>9.40</u> | A: Enter amount attributable to RRTA Tier 2 tax _____ |
| <u>DD</u> | <u>2,001.65</u> | M: Enter amount attributable to RRTA Tier 2 tax _____ |
| <u>E</u> | <u>2,599.95</u> | P: Double click to link to Form 3903, line 4. . . _____ |
| | | R: Enter MSA contribution for Taxpayer . . . _____ Spouse _____ |
| | | W: Enter HSA contribution for Taxpayer . . . _____ Spouse _____ |
| | | G: <input type="checkbox"/> Employer is not a state or local government |

| Box 15 State | Box 15 Employer's state I.D. number | Box 16 State wages, tips, etc. | Box 17 State income tax |
|--------------|-------------------------------------|--------------------------------|-------------------------|
| | | | |
| | | | |
| | | | |

I confirm that the state withholding identification number(s) are accurate

| Box 20 Locality name | Box 18 Local wages, tips, etc. | Box 19 Local income tax | Associated State |
|----------------------|--------------------------------|-------------------------|------------------|
| | | | |
| | | | |
| | | | |

| 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".) |
|---|--------|--|
| | | |
| | | |
| | | |

▶ Keep for your records

Name Katrina M SANGALANG Social Security Number 488-63-9488

Spouse's W-2
Do not transfer this W-2 to next year

Military: Complete Part VI on Page 2 below.

| | | |
|---|--|--|
| <p>a Employee's social security no. . . <u>488-63-9488</u></p> <p>b Employer ID number (EIN) . . . <u>58-2137993</u></p> <p>c Employer's name, address, and ZIP code <u>EMORY HEALTHCARE</u></p> <p>Street <u>WW ORR BUILDING</u></p> <p>City <u>ATLANTA</u></p> <p>State <u>GA</u> ZIP Code <u>30308</u></p> <p>Foreign Province _____</p> <p>Foreign Postal Code _____</p> <p>Foreign Country _____</p> <p>d Control number _____</p> <p><input checked="" type="checkbox"/> Transfer employee information from the Federal Information Worksheet</p> <p>e Employee's name First <u>Katrina</u> M.I. <u>M</u> Last <u>Sangalang</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>18231 Sorrell Oaks Ln</u> City <u>Richmond</u> State <u>TX</u> ZIP Code <u>77407-2497</u></p> <p>Foreign Province _____</p> <p>Foreign Postal Code _____</p> <p>Foreign Country _____</p> | <p>1 Wages, tips, other compensation <u>62,123.72</u></p> <p>3 Social security wages <u>62,123.72</u></p> <p>5 Medicare wages and tips <u>62,123.72</u></p> <p>7 Social security tips _____</p> <p>▶ Enter unreported tips in Part VII on Page 2 below.</p> <p>9 _____</p> <p>11 Nonqualified plans _____</p> <p>12 Enter box 12 below _____</p> <p>13 <input type="checkbox"/> Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay</p> <p>14 Enter box 14 below after entering boxes 18, 19, and 20. NOTE: Enter box 15 before entering box 14.</p> | <p>2 Federal income tax withheld <u>6,868.21</u></p> <p>4 Social security tax withheld <u>3,851.67</u></p> <p>6 Medicare tax withheld <u>900.79</u></p> <p>8 Allocated tips _____</p> <p>10 Dependent care benefits Distributions from sect. 457 and nonqualified plans (Important, see Help) _____</p> |
|---|--|--|

| Box 12 Code | Box 12 Amount | If Box 12 code is: |
|-------------|-----------------|--|
| <u>DD</u> | <u>9,703.26</u> | A: Enter amount attributable to RRTA Tier 2 tax _____ |
| <u>W</u> | <u>724.99</u> | M: Enter amount attributable to RRTA Tier 2 tax _____ |
| _____ | _____ | P: Double click to link to Form 3903, line 4. . . _____ |
| _____ | _____ | R: Enter MSA contribution for Taxpayer . . . _____ |
| _____ | _____ | Spouse _____ |
| _____ | _____ | W: Enter HSA contribution for Taxpayer . . . _____ |
| _____ | _____ | Spouse <u>724.99</u> |
| _____ | _____ | G: <input type="checkbox"/> Employer is not a state or local government |

| Box 15 State | Box 15 Employer's state I.D. number | Box 16 State wages, tips, etc. | Box 17 State income tax |
|--------------|-------------------------------------|--------------------------------|-------------------------|
| <u>GA</u> | <u>2167250II</u> | <u>62,123.72</u> | <u>3,011.33</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I confirm that the state withholding identification number(s) are accurate

| Box 20 Locality name | Box 18 Local wages, tips, etc. | Box 19 Local income tax | Associated State |
|----------------------|--------------------------------|-------------------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| 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".) |
|---|-----------------|--|
| <u>PRE TAX BENEFITS</u> | <u>1,192.50</u> | <u>Other (not classified)</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Form 1099-R Summary

2019

▶ Keep for your records

| | |
|---|------------------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security No. 838-40-1900 |
|---|------------------------------------|

| Traditional IRA Distributions | | | Taxpayer | Spouse |
|---|---|---|--------------------------|--------------------------|
| Gross | 1 | Total gross distributions from box 1 of Form 1099-R . . . | | |
| | a | Less: Amounts rolled over | | |
| | b | Less: Inherited and treat as own | | |
| | c | Less: Other inherited IRA amount | | |
| | d | Less: Return of contributions | | |
| | e | Less: Qualified charitable distributions | | |
| | f | Less: HSA funding distributions | | |
| | 2 | Balance of gross traditional IRA distributions | | |
| | a | Gross distribution transferred to Form 8915D, 3(a) . . . | | |
| | b | Gross distribution transferred to Form 8915C, 3(a) . . . | | |
| | c | Qualified disaster distributions | | |
| | d | Less: Amount rolled over | | |
| | e | Gross distribution transferred to Form 8915D, 3(b) . . . | | |
| | f | Gross distribution transferred to Form 8915C, 3(b) . . . | | |
| | g | Less: Amount rolled over | | |
| 3 | Amount of line 2 converted to a Roth IRA | | | |
| 4 | Net amount of line 2 converted to a Roth IRA | | | |
| 5 | Amount of line 2 not converted to a Roth IRA | | | |
| Taxable | 6 | Earnings on return of contributions | | |
| | 7 | Taxable amount of inherited IRAs on line 1c | | |
| | 8 | Taxable amount not converted to Roth IRA | | |
| | 9 | Taxable amount of Roth IRA conversions | | |
| | 10 | Taxable amount included on Form 1040, line 4b | | |
| | 11 | If checked, taxable amount calculated on Form 8606 . . | <input type="checkbox"/> | <input type="checkbox"/> |
| Roth IRA Distributions | | | | |
| Gross | 12 | Total gross distributions from box 1 of Form 1099-R . . . | | |
| | a | Less: Rollover to another Roth IRA | | |
| | b | Less: Inherited and treat as own | | |
| | c | Less: Other inherited Roth IRA amount | | |
| | d | Less: Return of contributions | | |
| | e | Qualified disaster distribution | | |
| 13 | Roth IRA distributions subject to distribution rules . . . | | | |
| Qualified | 14 | Total gross qualified distributions | | |
| | a | Less: Rollover to another Roth IRA | | |
| | b | Less: Inherited and treat as own | | |
| | c | Less: Other inherited Roth IRA amount | | |
| 15 | Qualified distributions subject to distribution rules . . . | | | |
| Taxable | 16 | Net nonqualified distributions for Form 8606 | | |
| | 17 | Earnings on return of contributions | | |
| | 18 | Taxable amount of inherited Roth IRAs on line 12c . . . | | |
| | 19 | Taxable earnings on nonqualified distributions | | |
| | 20 | Taxable amount included on Form 1040, line 4b | | |
| IRA Qualified Disaster Distributions From Form 8915A and 8915B | | | | |
| Taxable | 20 a | Qualified distributions on Form 1040, line 4b | 0. | 0. |
| Recharacterizations (See Help) | | | | |
| Gross | 21 a | 2019 form code N (included on Form 1040, line 4a) . . . | | |
| | 21 b | 2020 form code R (not included on 1040, line 4a) . . . | | |

| Pensions and Annuities | | | Taxpayer | Spouse |
|--|--|---|----------|--------|
| Gross | 22 | Total gross distributions from box 1 of Form 1099-R . . . | 4,729. | |
| | a | Less: Lump sum transferred to Form 4972 | | |
| | b | Less: Amount not reported on Form 1040, line 4c | | |
| | c | Designated Roth distribution allocated to an IRR | | |
| | 23 | Amount of line 22 converted to a Roth IRA | | |
| | 24 | Distributions from Canada RRP Wks, line 7a | | |
| | 25 | Gross distribution transferred to Form 1040, line 4c . . . | 4,729. | |
| | a | Less: Amount rolled over | 4,729. | |
| | b | Amount attributable to an in-plan Roth rollover | 4,729. | |
| | c | Gross distribution transferred to Form 8915D, 1(a) | | |
| | d | Gross distribution transferred to Form 8915C, 2(a) | | |
| | e | Qualified disaster distribution | | |
| | f | Less: Amount rolled over | | |
| | g | Gross distribution transferred to Form 8915D, 1(b) | | |
| h | Gross distribution transferred to Form 8915D, 2(b) | | | |
| Taxable | 26 | Taxable amount in box 2a, Form 1099-R | 0. | |
| | a | Taxable amount rolled over | 0. | |
| | b | Non-taxable amount rolled over | | |
| | c | Designated Roth contribution basis rolled to Roth IRA | | |
| | d | Insurance premiums for retired public safety officers | | |
| | e | Qualified disaster amount to Form 8915B | | |
| | 27 | Lump sum amount transferred to Form 4972 | | |
| | 28 | Amount transferred to Form 1040, line 1 | | |
| | a | Disability before minimum retirement age | | |
| | b | Return of contributions | | |
| | c | Insurance premiums for retired public safety officers | | |
| | 29 | Nontaxable amount from Simplified Method | | |
| | 30 | Capital gains from charitable gift annuities | | |
| | a | Capital gain subject to the 28% rate | | |
| | b | Unrecaptured section 1250 gain | | |
| | 31 | Taxable amount of Roth IRA conversions | | |
| | a | Taxable amount of in-plan Roth rollovers | 0. | |
| | 32 a | Taxable amount of distributions | 0. | |
| | b | Taxable distributions from Canada RRP Wks, line 7b | | |
| | c | Taxable disaster distributions from Form 8915 | 0. | 0. |
| d | Taxable amount transferred to Form 1040, line 4d | 0. | 0. | |
| Section 1035 Tax-free Exchange | | | | |
| Pensions IRAs | 33 | Total gross distributions from box 1 of Form 1099-R . . . | | |
| | 34 | Total gross distributions from box 1 of Form 1099-R . . . | | |
| Distributions on 2019 1099-Rs Not Reported on the 2019 Return | | | | |
| Code P Code R | 35 | Distribution reported on 2018 tax return | | |
| | 36 | Recharacterizations of prior year contributions or conversions. Need not be reported on tax return. | | |
| Tax Withholding | | | | |
| Box 4 Box 10 Box 13 | 37 | Total federal tax withheld | | |
| | 38 | Total state tax withheld | | |
| | 39 | Total local tax withheld | | |
| Nontaxable Distributions for Sales Tax Deduction | | | | |
| | 40 | Nontaxable IRA distributions | 0. | 0. |
| | 41 | Nontaxable pension distributions | 0. | 0. |
| Health Insurance Premiums | | | | |
| | 42 | Health insurance deductible on Schedule A | | |
| Taxable Distributions included in Net Investment Income | | | | |
| | 43 | Annuity payments and other distributions that may be subject to the net investment income tax | | |

Keep for your records

Name: GERALD S SANGALANG Social Security Number: 838-40-1900

Source Form: 1099-R [X] CSA-1099-R [] CSF-1099-R [] RRB-1099-R []
If Spouse's 1099-R, check this box [] Corrected []
Do not transfer this 1099-R to next year []

This section is for RRB-1099-R use only

Payer's name, street address, city, state, and ZIP code.
ADP Retirement Services
423100 Health Carousel LLC 401K
11 Northeastern Blvd
Salem NH 03079-2380
Payer's foreign province Payer's foreign postal code
Payer's country Payer's Phone No.

1 Gross distribution \$ 4,729.17
2a Taxable amount (See Help) \$ 0.00
2b Taxable amount not determined Total distribution

Payer's Federal identification number 57-1198022
Recipient's identification number 838-40-1900

3 Capital gain (included in box 2a) \$
4 Federal income tax withheld \$

Check to transfer Recipient's information from Federal Information Worksheet [X]
Recipient's name GERALD S SANGALANG
Street address (including apartment number) 18231 Sorrell Oaks Ln
City Richmond State TX ZIP code 77407-2497
Foreign Province Foreign Postal Code
Foreign Country

5 Employee contributions / Designated Roth contributions or insurance premiums \$
6 Net unrealized appreciation in employer securities \$

7 Distribn code(s) 1st code G 2nd code
IRA/SEP/SIMPLE
8 Other % \$

9a Your percentage of total distribution %
9b Total employee contributions \$

11 1st year of desig. Roth contrib.

10 Amount allocable to IRR within 5 years \$

12 State tax withheld \$
13 Payer's State / state no.
14 State distribution \$

FATCA filing requirement []
Special use code for first state (See Help) []
Special use code for second state (See Help) []

I confirm that the state withholding identification number(s) are accurate []

Account number
Date of payment

15 Local tax withheld \$
16 Name of locality
17 Local distribution \$

- Check if NOT from a qualified retirement plan or IRA (see Help) []
If box 7 code is J or T, check if a qualified distribution (see Help) []
If box 7 code is J, enter amount used for first time home purchase []
If box 7 code is 2 or 5, check if this distribution is from a Roth IRA (See Help) []

- Inherited IRA If this distribution is from an inherited IRA, indicate the distribution is from the IRA of
Treat as recipient's own (this is treated as a rollover) []
Recipient, but was originally inherited from a spouse (treated as recipient's IRA) []
Spouse and not treat as recipient's own (taxable amount must be in box 2a) []
Someone other than a spouse (taxable amount must be in box 2a) []
From a traditional IRA []
From a Roth IRA []
From a SIMPLE plan (first two years of participation only) []
From a SIMPLE plan (more than two years of participation) []
From a SEP IRA []
None []
Subject to the penalty of early withdrawal []
Not subject to the penalty of early withdrawal []

Insurance Amount of insurance premiums deductible on Schedule A []
Amount of health savings account (HSA) funding distributions []
Amount of qualified insurance premiums paid subtracted from an eligible retired public safety officer's distribution []

Qualified Charitable Distribution Enter IRA distributions made directly by the trustee to a qualified charitable organization []

RMD If this is a distribution from a traditional IRA or qualified retirement plan, and if this is a Required Minimum Distribution (RMD) (See Help), Entire gross is RMD [] or the amount of gross distbn that is the RMD []

► Keep for your records

| | | |
|----------------------------|---------------------------------------|--------|
| Name GERALD S SANGALANG | Social Security Number 838-40-1900 | Page 2 |
|----------------------------|---------------------------------------|--------|

Verify Box 7 Distribution Codes (See Help)

| | | |
|------------|--|--------------------------|
| A 2 | Do not include distributions from Roth IRA or first two years of SIMPLE plans. (See Help) | <input type="checkbox"/> |
| A 3 | Check box if this is an early distribution subject to the penalty from a Roth IRA, but there is no code J in box 7. (See Help) | <input type="checkbox"/> |
| A 4 | Check box if this is an early distribution subject to the penalty from a SIMPLE plan in first two years, but there is no code S in box 7. (See Help) | <input type="checkbox"/> |
| A 5 | Check box if this is the withdrawal before tax return due date of a contribution to a traditional IRA, Roth IRA, or a corrective distribution of an excess deferral, excess contribution, or excess aggregate contribution taxable in 2019, but there is no code 8 in box 7. (See Help) | <input type="checkbox"/> |
| A 5 | Check box if there is a code P or R in box 7 and this is a year 2020 Form 1099-R. (See Help) | <input type="checkbox"/> |

Rollovers, Roth Conversions, Roth Rollovers, and Recharacterizations

| | | |
|------------|--|-------------------------------------|
| B 1 | Rollover: Enter traditional IRA or pension distribution that was rolled over to a pension or traditional IRA. Enter Roth IRA rollover or conversion on lines B5 or B6 below. Check this box if the entire distribution rolled over | <input type="checkbox"/> |
| B 2 | If only part was rolled over, enter the amount of the partial rollover | _____ |
| B 3 | If box 7 code is B or H , check if the designated Roth distribution was rolled over into a Roth IRA | <input type="checkbox"/> |
| B 4 | Roth IRA Rollover or Roth IRA Conversion: Enter distribution, other than from a designated Roth, that was rolled or converted to a Roth IRA | _____ |
| B 5 | Amount of this distribution that may be rolled or converted to a Roth IRA | _____ |
| B 6 | Check this box if the entire amount on line B4 above was converted to a Roth IRA | <input type="checkbox"/> |
| B 7 | If only part of the amount on line B4 above was rolled or converted to a Roth IRA, enter the amount that was converted to a Roth IRA | _____ |
| B 8 | If box 7 code is G , check if an in-plan Roth rollover (IRR) to a designated Roth plan | <input checked="" type="checkbox"/> |
| B 8 | Previously taxed contributions, if different than box 5, for rollover from a qualified retirement plan to Roth IRA or an in-plan Roth rollover (IRR) to a designated Roth plan. | 4,729.17 |

Pension and Annuity Distributions Only

| | | |
|------------|---|--|
| D 1 | Lump-Sum Distributions - Special Averaging Election Check if using 10-year averaging or making capital gain election for this distribution | <input type="checkbox"/> |
| D 2 | Enter any federal estate taxes paid on this distribution (see Help) | _____ |
| D 3 | Enter any death benefit exclusion for which you are eligible (see Help) | _____ |
| E | Disability Payments - Minimum Retirement Age Recipient was under the minimum retirement age when this distribution was received | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| F 1 | Charitable Gift Annuities - Capital Gains If the code in box 7 is F and there is a capital gain in box 3: Enter the amount of box 3 that is taxed at the maximum 28% rate. | _____ |
| F 2 | Enter the amount of box 3 that is unrecaptured section 1250 gain. | _____ |

Distributions from an HSA, Archer MSA, or Medicare Advantage MSA

Keep for your records

Name: Katrina M SANGALANG; Social Security Number: 488-63-9488

Check if for spouse [X] See below for additional distribution information; Corrected amount []; Void []

Payer's name, street address, city, state, and Zip code: Payflex Systems USA, INC, 11819 Miami Street, Suite 200, Omaha NE 68164

Payer's TIN: 91-1774434; Recipient's TIN: 488-63-9488; 1 Gross distribution: \$ 598.95; 2 Earnings on excess contributions: \$

Check to transfer Recipient's information from Federal Information Worksheet []; 3 Distribution code: 1; 4 FMV on date of death: \$

Recipient's Name: Katrina M SANGALANG; Street address: 4305 Paxton LN; City: Lilburn GA; ZIP Code: 30047; 5 HSA [X], Archer MSA [], MA MSA []

Additional Distribution Information

Recipient's Age

A Check this box if the recipient was age 65 or over at time of distribution []

Medical Expenses See Help for important information

B Check this box if the entire amount in box 1 was used to pay qualified medical expenses and can be treated as tax free [X]

C If less than the amount in box 1 was used to pay medical expenses, enter the amount that was used to pay qualified medical expenses and can be treated tax free

Rollover

D Enter the amount in box 1 that was rolled over

Return of Excess Contribution

E Check this box if this is the return of excess contributions made by the employer (See Help) []

Death Distribution (Box 3 - Code 4)

F Was the MSA or HSA inherited from a spouse who died? [] Yes [] No

- QuickZoom to Form 8853, p1
QuickZoom to Form 8889T
QuickZoom to Form 8889S

Wages, Salaries, & Tips Worksheet

2019

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security Number 838-40-1900 |
|---|---------------------------------------|

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 | 59,583. | 89,413. | 148,996. |
| 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 2019 | | | |
| b _____ | | | |
| _____ | | | |
| _____ | | | |
| 10 Subtotal. Add lines 1 through 9 | 59,583. | 89,413. | 148,996. |
| 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 | 59,583. | 89,413. | 148,996. |

| | |
|---|------------------------------------|
| Name as Shown on Return GERALD S & Katrina M SANGALANG | Social Security No. 838-40-1900 |
|---|------------------------------------|

- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2019 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>1</u> X \$2,000. Enter the result | 1 | 2,000. | |
| 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 | 2,000. | |
| 4 | Enter the amount from Form 1040 or 1040-SR, line 8b | 4 | 148,996. | |
| 5 | 1040 filers: enter the total of any — <ul style="list-style-type: none"> 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. | 5 | 0. | |
| 6 | 1040NR filers: Enter -0- | 6 | 148,996. | |
| 7 | Add lines 4 and 5. Enter the total Enter the amount shown below for your filing status. <ul style="list-style-type: none"> Married filing jointly — \$400,000 All other filing statuses — \$200,000 | 7 | 400,000. | |
| 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 | 0. | |
| 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 or 1040-SR, line 13a. You also cannot take the additional child tax credit on Form 1040 or 1040-SR, line 18b, or Form 1040-NR, line 64. <input checked="" type="checkbox"/> Yes. Subtract line 9 from line 3. Enter the result. <i>Go to Part 2</i> | 10 | 2,000. | |

Part 2

| | | | |
|----|---|----|---------|
| 11 | Enter the amount from Form 1040 or 1040-SR, line 12b | 11 | 19,128. |
| 12 | Add the amounts from — Schedule 3, line 1 Schedule 3, line 2 + Schedule 3, line 3 + Schedule 3, line 4 + Form 5695, line 30 + Form 8910, line 15 + Form 8936, line 23 + Schedule R, line 22 + Enter the total | 12 | 0. |
| 13 | Subtract line 12 from line 11 | 13 | 19,128. |
| 14 | Are you claiming any of the following credits? <ul style="list-style-type: none"> 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 -0-. Otherwise, Complete the <i>Line 14 Worksheet</i> below to figure the amount to enter here. | 14 | 0. |
| 15 | Subtract line 14 from line 13. Enter the result | 15 | 19,128. |
| 16 | Is the amount on line 10 of this worksheet more than the amount on line 15? <input checked="" type="checkbox"/> No. Enter the amount from line 10 <input type="checkbox"/> Yes. Enter the amount from line 15. See the TIP below. | 16 | 2,000. |

Enter this amount on
Form 1040, line 13a
Form 1040-SR, line 13a
Form 1040NR, line 49

- TIP:** You may be able to take the **additional child tax credit** on Form 1040 or 1040-SR, line 18b, only if you answered 'Yes' on line 16 and line 1 is more than zero.
- First, complete your Form 1040 or 1040-SR through line 18a (also complete Schedule 3, line 11)
 - Then, use Schedule 8812 to figure any additional child tax credit.

Name(s) Shown on Return
GERALD S & Katrina M SANGALANG

Social Security Number
838-40-1900

| | | 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. | | |
| 2 | Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1 | | |
| 3 | Subtract line 2 from line 1 | | |
| 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 | | |
| 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". | | |
| 6 | Add lines 3 through 5 | | |
| 7 | Enter the smaller of line 6 or the gain from Form 4797, line 7 | | |
| 8 | Enter the amount, if any, from Form 4797, line 8 | | |
| 9 | Subtract line 8 from line 7. If zero or less, enter -0- | | |
| 10 | Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain. | | |
| 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 | | |
| | | 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 | | |
| 13 | Add lines 9 through 12. | | |
| 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- | 0. | 0. |
| 15 | Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0- | 0. | 0. |
| 16 | Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C | | |
| | a Enter your capital gain excess, if you are filing Form 2555 | | 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- | 0. | 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. | | |

**Schedule D
Line 18**

28% Rate Gain Worksheet

2019

► Keep for your records

Name(s) Shown on Return
GERALD S & Katrina M SANGALANG

Social Security Number
838-40-1900

| | | | | 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. | | | | |
| | | 50 % Exclusion | 60 % Exclusion | 75% Exclusion | |
| 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: | | Regular | AMT | |
| 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: | | Regular | AMT | |
| 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 |
| 9 | Subtract line 8 from line 7. If zero or less, enter -0-. | | | | 9 |
| | Enter this amount on Schedule D Tax Worksheet, line 11a | | | | 9 |
| | | | | 0. | 0. |

| | |
|---|---------------------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security Number 838-40-1900 |
|---|---------------------------------------|

1 a Enter your taxable income from Form 1040, line 11b 1 a 124,596.
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 124,596.

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- 14 124,596.

15 Enter:
• \$39,375 if single or married filing separately,
• \$78,750 if married filing jointly or qualifying widow(er), or
• \$52,750 if head of household.] 15 78,750.

16 Enter the **smaller** of line 1c or line 15 16 78,750.

17 Enter the **smaller** of line 14 or line 16 17 78,750.

18 Subtr ln 10 from ln 1c. If zero or less, enter -0- 18 124,596.

19 Enter the **smaller** of line 1c or:
• \$160,725 if single or married filing sep,
• \$321,450 if MFJ or qual widow(er), or
• \$160,700 if head of household.] 19 124,596.

20 Enter the **smaller** of line 14 or line 19 20 124,596.

21 Enter the **larger** of line 18 or line 20 21 124,596.

22 Subtract line 17 from line 16. This amount is taxed at 0% 22 0.
If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.

23 Enter the **smaller** of line 1c or line 13 23 0.

24 Enter the amount from line 22 (if line 22 is blank, enter -0-) 24 0.

25 Subtract line 24 from line 23. If zero or less, enter -0- 25 0.

26 Enter:
• \$434,550 if single,
• \$244,425 if married filing separately,
• \$488,850 if married filing jointly or qualifying widow(er), or
• \$461,700 if head of household.] 26 488,850.

27 Enter the smaller of line 1c or line 26 27 124,596.

28 Add lines 21 and 22 28 124,596.

29 Subtract line 28 from line 27. If zero or less, enter -0- 29 0.

30 Enter the **smaller** of line 25 or line 29 30 0.

31 Multiply line 30 by 15% (0.15) 31 0.

32 Add lines 24 and 30 32 0.
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33

33 Subtract line 32 from line 23 33 0.

34 Multiply line 33 by 20% (0.20) 34 0.
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.

35 Enter the **smaller** of line 9c above or Schedule D, line 19 35 _____

36 Add lines 10 and 21 36 _____

37 Enter the amount from line 1c above 37 _____

| | | | |
|--|--|-----------|----------------|
| 38 | Subtract line 37 from line 36. If zero or less, enter -0- | 38 | _____ |
| 39 | Subtract line 38 from line 35. If zero or less, enter -0- | 39 | _____ |
| 40 | Multiply line 39 by 25% (0.25) | 40 | _____ |
| If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41. | | | |
| 41 | Add lines 21, 22, 30, 33, and 39 | 41 | _____ |
| 42 | Subtract line 41 from line 1c | 42 | _____ |
| 43 | Multiply line 42 by 28% (0.28) | 43 | _____ |
| 44 | Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet | 44 | <u>19,128.</u> |
| 45 | Add lines 31, 34, 40, 43, and 44 | 45 | <u>19,128.</u> |
| 46 | 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 | 46 | <u>19,128.</u> |
| 47 | Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also include this amount on Form 1040, line 12a | 47 | <u>19,128.</u> |

Form 1040 Qualified Dividends and Capital Gain Tax Worksheet

2019

Line 12a

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security Number 838-40-1900 |
|---|---------------------------------------|

1 Enter the amount from Form 1040 or 1040-SR, line 11b **1** _____

2 Enter the amount from Form 1040 or 1040-SR, line 3a **2** _____

3 Are you filing Schedule D?
 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** _____
 No. Enter the amount from Form 1040 or 1040-SR, line 6.

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- **5** _____

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:
 \$39,375 if single or married filing separately,
 \$78,750 if married filing jointly or qualifying widow(er),
 \$52,750 if head of household.] **8** _____

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:
 \$434,550 if single,
 \$244,425 if married filing separately,
 \$488,850 if married filing jointly or qualifying widow(er),
 \$461,700 if head of household.] **15** _____

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. **24** _____

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. **26** _____

27 **Tax on all taxable income.** Enter the **smaller** of line 25 or line 26 here and on Form 1040 or 1040-SR, line 12a. **27** _____

IRA Contributions Worksheet

2019

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security Number 838-40-1900 |
|---|---------------------------------------|

Traditional IRA Contributions

| Regular Traditional IRA Contributions | | Taxpayer | Spouse |
|--|---|-------------------------------------|-------------------------------------|
| 1 | Enter traditional IRA contributions made for 2019, including any made between 1/1/2020 and 7/15/2020, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan | | |
| 2 | Contributions recharacterized from a Roth IRA (from line 24) . . . | | |
| 3 | Traditional IRA contributions, from Schedule(s) K-1 | | |
| 4 | Contributions recharacterized (not converted) to a Roth IRA . . . | | |
| ▶ | If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return. | | |
| 5 | Traditional IRA contributions. Combine lines 1 through 4 | | |
| 6 | Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i> | | |
| 7 | Excess traditional IRA contribution credit. | | |
| 8 | Repayments of qualified reservist distributions | | |
| 9 | Total traditional IRA contributions. | | |
| Additional Traditional IRA Contribution Information | | Taxpayer | Spouse |
| 10 | Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . . | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11 | Enter any contributions included on line 9 that were made during 1/1/2020 to 7/15/2020 (<i>See Help</i>). | | |
| 12 | Age 70-1/2 or older in tax year | — | — |
| Deductible and Non-deductible Traditional IRA Contributions | | Taxpayer | Spouse |
| 13 | Deductible traditional IRA contributions from worksheet | | |
| 14 | Nondeductible traditional IRA contributions from worksheet. | | |
| | QuickZoom to worksheet indicated by the check: ___ IRA deduction worksheet ▶ ___ Worksheet for social security recipients ▶ | | |
| 15 | Amount on line 13 you elect to make nondeductible | | |
| 16 | Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 16 before due date of return, including extensions. | | |
| 17 | Deductible traditional IRA contributions, to Schedule 1 (Form 1040), Line 19. | | |
| 18 | Qualified reservist repayments | | |
| 19 | Nondeductible traditional IRA contributions, to Form 8606, ln 1. . . | | |

IRA Contributions Worksheet

2019

▶ Keep for your records

GERALD S & Katrina M SANGALANG

838-40-1900 Page 2

Roth IRA Contributions

| Regular Roth IRA Contributions | | Taxpayer | Spouse |
|---------------------------------------|--|-----------------|---------------|
| 20 | Enter regular Roth IRA contributions made for 2019, including any made between 1/1/2020 and 7/15/2020, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan. | _____ | _____ |
| 21 | Contributions recharacterized from a traditional IRA, (from In 4). . . | _____ | _____ |
| 22 | Roth IRA contributions, from Schedule(s) K-1. | _____ | _____ |
| 23 | Enter contributions recharacterized to a traditional IRA. | _____ | _____ |
| ▶ | If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return. | | |
| 24 | Disallowed Roth IRA conversions | _____ | _____ |
| 25 | Roth IRA contributions. Combine lines 20 through 24 | _____ | _____ |
| 26 | Enter any contribution included on line 25 withdrawn before the due date of the tax return. <i>See Help</i> | _____ | _____ |
| 27 | Excess Roth IRA contribution credit | _____ | _____ |
| 28 | Total Roth IRA contributions | _____ | _____ |
| 29 | Repayments of qualified Roth reservist distributions | _____ | _____ |

| Roth IRA Contributions After Limitations | | Taxpayer | Spouse |
|---|---|-----------------|---------------|
| 30 | Roth IRA contributions after limitation | _____ | _____ |
| 31 | Excess Roth IRA contributions, to Form(s) 5329, line 23 | _____ | _____ |
| | Note: <i>You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.</i> | | |

Coverdell Education Savings Account (Education IRA) Contributions

| Excess Coverdell Education Savings Account Contributions | | Taxpayer | Spouse |
|---|---|-----------------|---------------|
| 32 | Enter any excess contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary. | _____ | _____ |
| | Note: <i>You do not need to report any Coverdell ESA contributions which are not excess contributions..</i> | | |

Tax Payments Worksheet

2019

▶ Keep for your records

Name(s) Shown on Return
GERALD S & Katrina M SANGALANG

Social Security Number
838-40-1900

Estimated Tax Payments for 2019 (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 | 04/15/19 | 04/15/19 | | | 04/15/19 | | |
| 2 | 06/17/19 | 06/17/19 | | | 06/17/19 | | |
| 3 | 09/16/19 | 09/16/19 | | | 09/16/19 | | |
| 4 | 01/15/20 | 01/15/20 | | | 01/15/20 | | |
| 5 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Tot Estimated Payments . . . | | | | | | | |

| Tax Payments Other Than Withholding (If multiple states, see Tax Help) | | Federal | State | ID | Local | ID |
|---|---|---------|-------|----|-------|----|
| 6 | Overpayments applied to 2019 | | | | | |
| 7 | Credited by estates and trusts | | | | | |
| 8 | Totals Lines 1 through 7 | | | | | |
| 9 | 2019 extensions | | | | | |

| Taxes Withheld From: | | | | Federal | State | Local |
|----------------------|---|----|-----|---------|--------|-------|
| 10 | Forms W-2 | | | 15,346. | 4,276. | |
| 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 | | | 15,346. | 4,276. | |
| 20 | Total Tax Payments for 2019 | | | 15,346. | 4,276. | |

| Prior Year Taxes Paid In 2019 (If multiple states or localities, see Tax Help) | | State | ID | Local | ID |
|---|--|-------|----|-------|----|
| 21 | Tax paid with 2018 extensions | | | | |
| 22 | 2018 estimated tax paid after 12/31/2018 | | | | |
| 23 | Balance due paid with 2018 return | 282. | GA | | |
| 24 | Other (amended returns, installment payments, etc) | | | | |

► Keep for your records

Name(s) Shown on Return
GERALD S & Katrina M SANGALANG

Social Security Number
838-40-1900

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

| | |
|--|----------|
| (1) Income from Form 1040, line 7 | 148,996. |
| (2) Nontaxable income entered elsewhere on return | 0. |
| (3) Available income: 2018 refundable credits in excess of tax | 0. |
| (4) Enter any additional nontaxable income | _____ |
| (5) Total available income | 148,996. |

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) S t a t e | (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 |
|------------------------------|--|--|---|---|---|---|--|---------------------------------------|
| TX | 07/21/19 | 12/31/19 | 6.2500 | 6.2500 | 0.0000 | 1,356.00 | 0.00 | 609.27 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

c Total general sales tax using tables 609.27

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 |
|-----------|--|--------------------|-------------|-------------|-----------------------------|--|--------------------------------------|
| TX | 8.2500 | Toyota Highlander | D | 38,420.00 | 6.2500 | 2,401.25 | 2,401.25 |
| TX | 6.2500 | Toyota Highlander | D | 38,420.04 | 6.2500 | 2,401.25 | 2,401.25 |
| | | | | | | | |
| | | | | | | | |

e Total sales tax deduction on specific items 4,802.50

f Total general sales tax per tables plus sales tax on specific items 5,411.77

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 4,558.00

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). 5,411.77

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 propety 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.
 2018 Amount Enter 2019 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.
 2018 Amount Enter 2019 description:
 _____ _____
 _____ _____
 _____ _____
 - f Foreign real propety 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

Locality for Sales Tax Deduction

2019

► Keep for your records

Name(s) Shown on Return

GERALD S & Katrina M SANGALANG

Social Security Number

838-40-1900

1 For the state and period of residency of TX (07/21/2019 - 12/31/2019)

2 Check the applicable locality:

a All cities

b Not applicable

c Not applicable

| | |
|---|---------------------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security Number 838-40-1900 |
|---|---------------------------------------|

State and Local Income Taxes

| | | |
|----------------------------|--|-----------|
| State income taxes: | | |
| 1 | State income tax withheld | 1 4,276. |
| 2 | 2019 state estimated taxes paid in 2019 | 2 |
| 3 | 2018 state estimated taxes paid in 2019 | 3 |
| 4 | Amount paid with 2018 state application for extension | 4 |
| 5 | Amount paid with 2018 state income tax return | 5 282. |
| 6 | Overpayment on 2018 state income tax return applied to 2019 tax | 6 |
| 7 | Other amounts paid in 2019 (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 | 2019 local estimated taxes paid in 2019 | 10 |
| 11 | 2018 local estimated taxes paid in 2019 | 11 |
| 12 | Amount paid with 2018 local application for extension | 12 |
| 13 | Amount paid with 2018 local income tax return | 13 |
| 14 | Overpayment on 2018 local income tax return applied to 2019 tax | 14 |
| 15 | Other amounts paid in 2019 (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 4,558. |
| 19 | State and local refund allocated to 2019 | 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 4,558. |

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

2019

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security Number 838-40-1900 |
|---|---------------------------------------|

Step 1 – Enter your other charitable contributions made during the year.

| | | |
|--|---|--|
| 1 Enter your cash contributions for qualified disaster relief | 1 | |
| 2 Enter your contributions of capital gain property "for the use of" any qualified organization | 2 | |
| 3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line | 3 | |
| 4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line | 4 | |
| 5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line. | 5 | |
| 6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line | 6 | |
| 7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line | 7 | |

Step 2 – Figure your deduction for the year (if any result is zero or less, enter -0-)

| | | |
|--|---|----------|
| 8 Enter your adjusted gross income (AGI) | 8 | 148,996. |
|--|---|----------|

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

| | | |
|---|----|--|
| 9 Multiply line 8 by 0.6 | 9 | |
| 10 Deductible amount. Enter the smaller of line 7 or line 9. | 10 | |
| 11 Carryover. Subtract line 10 from line 7. | 11 | |

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

| | | |
|---|----|--|
| 12 Multiply line 8 by 0.5 | 12 | |
| 13 Subtract line 10 from line 12 | 13 | |
| 14 Deductible amount. Enter the smaller of line 6 or line 13 | 14 | |
| 15 Carryover. Subtract line 14 from line 6. | 15 | |

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

| | | |
|---|----|--|
| 16 Multiply line 8 by 0.5 | 16 | |
| 17 Add lines 5, 6, and 7 | 17 | |
| 18 Subtract line 17 from line 16 | 18 | |
| 19 Multiply line 8 by 0.3 | 19 | |
| 20 Add lines 3 and 4 | 20 | |
| 21 Deductible amount. Enter the smallest of line 18, 19, or 20 | 21 | |
| 22 Carryover. Subtract line 21 from line 20 | 22 | |

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

| | | |
|--|----|--|
| 23 Multiply line 8 by 0.5 | 23 | |
| 24 Add lines 6 and 7 | 24 | |
| 25 Subtract line 24 from line 23 | 25 | |
| 26 Multiply line 8 by 0.3 | 26 | |
| 27 Deductible amount. Enter the smallest of line 5, 25, or 26 | 27 | |
| 28 Carryover. Subtract line 27 from line 5. | 28 | |

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

| | | |
|---|----|--|
| 29 Multiply line 8 by 0.5 | 29 | |
| 30 Add lines 10, 14, 21, and 27 | 30 | |

| | | | | |
|----|--|----|--|--|
| 31 | Subtract line 30 from line 29 | 31 | | |
| 32 | Multiply line 8 by 0.3 | 32 | | |
| 33 | Subtract line 21 from line 32 | 33 | | |
| 34 | Subtract line 27 from line 32 | 34 | | |
| 35 | Multiply line 8 by 0.2 | 35 | | |
| 36 | Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35 | 36 | | |
| 37 | Carryover. Subtract line 36 from line 2. | 37 | | |

F Qualified contributions for certain disaster relief efforts

(If line 1 is zero, leave lines 38 through 42 blank)

| | | | | |
|----|--|----|--|--|
| 38 | Enter the amount from line 8 | 38 | | |
| 39 | Add lines 10, 14, 21, 27, and 36 | 39 | | |
| 40 | Subtract line 39 from line 38 | 40 | | |
| 41 | Deductible amount. Enter the smaller of line 1 or line 40 | 41 | | |
| 42 | Carryover. Subtract line 41 from line 1. | 42 | | |

G Deduction for the year

| | | | | |
|----|--|----|--|--|
| 43 | Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space. | 43 | | |
| 44 | Carryover to next year. Add lines 11, 15, 22, 28 and 37 | 44 | | |

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Deduction Limits Worksheet For Carryover Contributions

2019

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security Number 838-40-1900 |
|---|---------------------------------------|

Step 1 — Enter your other charitable contributions made during the year.

| | | |
|--|---|----|
| 1 Enter your cash contributions for qualified disaster relief | 1 | |
| 2 Enter your contributions of capital gain property "for the use of" any qualified organization | 2 | |
| 3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line | 3 | |
| 4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line | 4 | |
| 5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line. | 5 | |
| 6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line | 6 | 0. |
| 7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line | 7 | 0. |

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

| | | | | | |
|--|-------------------------|-------------------------|----|---|----------|
| 8 Enter your adjusted gross income (AGI) | | | 8 | | 148,996. |
| | Percentage of line 8 | Used in Current Year | | | |
| a 60% AGI limit to line 9 | 89,398. | Less | 0. | a | 89,398. |
| b 50% AGI limit to line 12 | 74,498. | Less | 0. | b | 74,498. |
| c 30% AGI limit, Section C to line 19 | 44,699. | Less | 0. | c | 44,699. |
| d 30% AGI limit, Section D to line 26 | 44,699. | Less | 0. | d | 44,699. |
| e 20% AGI limit to line 35 | 29,799. | Less | 0. | e | 29,799. |

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

| | | |
|--|----|--|
| 9 Multiply line 8 by 0.6 | 9 | |
| 10 Deductible amount. Enter the smaller of line 7 or line 9 | 10 | |
| 11 Carryover. Subtract line 10 from line 7 | 11 | |

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

| | | |
|---|----|--|
| 12 Multiply line 8 by 0.5 | 12 | |
| 13 Subtract line 10 from line 12 | 13 | |
| 14 Deductible amount. Enter the smaller of line 6 or line 13 | 14 | |
| 15 Carryover. Subtract line 14 from line 6 | 15 | |

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

| | | |
|---|----|--|
| 16 Multiply line 8 by 0.5 | 16 | |
| 17 Add lines 5, 6, and 7 | 17 | |
| 18 Subtract line 17 from line 16 | 18 | |
| 19 Multiply line 8 by 0.3 | 19 | |
| 20 Add lines 3 and 4 | 20 | |
| 21 Deductible amount. Enter the smallest of line 18, 19, or 20 | 21 | |
| 22 Carryover. Subtract line 21 from line 20 | 22 | |

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

| | | |
|--|----|--|
| 23 Multiply line 8 by 0.5 | 23 | |
| 24 Add lines 6 and 7 | 24 | |
| 25 Subtract line 24 from line 23 | 25 | |
| 26 Multiply line 8 by 0.3 | 26 | |
| 27 Deductible amount. Enter the smallest of line 5, 25, or 26 | 27 | |
| 28 Carryover. Subtract line 27 from line 5 | 28 | |

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

| | | |
|---|----|--|
| 29 Multiply line 8 by 0.5 | 29 | |
| 30 Add lines 10, 14, 21, and 27 | 30 | |

| | | | | |
|----|--|----|--|--|
| 31 | Subtract line 30 from line 29 | 31 | | |
| 32 | Multiply line 8 by 0.3 | 32 | | |
| 33 | Subtract line 21 from line 32 | 33 | | |
| 34 | Subtract line 27 from line 32 | 34 | | |
| 35 | Multiply line 8 by 0.2 | 35 | | |
| 36 | Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35 | 36 | | |
| 37 | Carryover. Subtract line 36 from line 2. | 37 | | |

F Qualified contributions for certain disaster relief efforts (Not applicable for carryovers)

(If line 1 is zero, leave lines 38 through 42 blank)

| | | | | |
|----|--|----|--|--|
| 38 | Enter the amount from line 8 | 38 | | |
| 39 | Add lines 10, 14, 21, 27, and 36 | 39 | | |
| 40 | Subtract line 39 from line 38 | 40 | | |
| 41 | Deductible amount. Enter the smaller of line 1 or line 40 | 41 | | |
| 42 | Carryover. Subtract line 41 from line 1. | 42 | | |

G Deduction for the year

| | | | | |
|----|--|----|--|--|
| 43 | Add lines 10, 14, 21, 27 and 36. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate. Also, enter the amount from line 41 on the dotted line next to the line 11 entry space. | 43 | | |
| 44 | Carryover to next year. Add lines 11, 15, 22, 28 and 37 | 44 | | |

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Contributions Summary

2019

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security Number 838-40-1900 |
|---|---------------------------------------|

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 2020

| | 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 2019 contributions | | | | | | | |
| 2 2019 contributions allowed | | | | | | | |
| 3 Carryovers from: | | | | | | | |
| a 2018 tax year | 0. | N/A | 0. | 0. | | | |
| b 2017 tax year | | N/A | | | | | |
| c 2016 tax year | | N/A | | | | | |
| d 2015 tax year | | N/A | | | | | |
| e 2014 tax year | | N/A | | | | | |
| 4 Carryovers allowed in 2019 | | N/A | | | | | |
| 5 Carryovers disallowed in 2019 | | N/A | | | | | |
| 6 Carryovers to 2020: | | | | | | | |
| a From 2019. | | | | | | | |
| b From 2018. | | N/A | | | | | |
| c From 2017. | | N/A | | | | | |
| d From 2016. | | N/A | | | | | |
| e From 2015. | | N/A | | | | | |
| f From 2014. | | N/A | | | | | |

Part IV Special Situations in Your Return for Current Year Donations

- 1 Was the **entire interest** given for all property donated to all charities? Yes No
- 2 Were **restrictions** attached to any charities's right to use or dispose of any property donated to any charity? ▶ Yes 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? ▶ Yes No
- 4 Was any charity other than a 60%/50% charity? Yes No

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security Number 838-40-1900 |
|---|---------------------------------------|

FOR STATE USE ONLY: Employee Business Expenses – Subject to 2% Limitation

| | | |
|--|----|--|
| 1 Deductible expenses from Form 2106, line 10 less deductions for performing artists and armed forces reservists claimed elsewhere | 1 | |
| 2 a Qualified Educator Expenses (from Educator Expenses Worksheet) | 2a | |
| b Educator Expense Deduction (from 1040, line 23) | 2b | |
| c Excess Educator Expenses (line 2a less line 2b). | 2c | |
| 3 Union and professional dues | 3 | |
| 4 Professional subscriptions | 4 | |
| 5 Uniforms and protective clothing | 5 | |
| 6 Job search costs | 6 | |
| 7 Tax preparation fees. | 7 | |
| 8 Entertainment expenses | 8 | |
| 9 Other: _____ _____ _____ | 9 | |
| 10 Combine lines 1 through 9 | 10 | |

FOR STATE USE ONLY:
Miscellaneous Expenses – Subject to 2% Limitation
Check the box in investment column if an investment expense

Investment
Expense ↓

| | | | |
|---|--|----|--|
| 11 Depreciation and amortization deductions | <input checked="" type="checkbox"/> | 11 | |
| 12 Casualty/theft losses of property used in services as an employee | <input type="checkbox"/> | 12 | |
| 13 REMIC expenses, from Schedule E | <input checked="" type="checkbox"/> | 13 | |
| 14 Investment expenses related to interest and dividend income | <input checked="" type="checkbox"/> | 14 | |
| 15 Expenses related to portfolio income, from Schedule(s) K-1 | <input checked="" type="checkbox"/> | 15 | |
| 16 Miscellaneous deductions, from Schedule(s) K-1 | <input type="checkbox"/> | 16 | |
| 17 Excess deductions on termination, from Schedule(s) K-1 | <input type="checkbox"/> | 17 | |
| 18 Investment counsel and advisory fees | <input checked="" type="checkbox"/> | 18 | |
| 19 Certain attorney and accounting fees | <input checked="" type="checkbox"/> | 19 | |
| 20 Safe deposit box rental fees | <input checked="" type="checkbox"/> | 20 | |
| 21 IRA custodial fees | <input checked="" type="checkbox"/> | 21 | |
| 22 Loss incurred from total distribution of all traditional IRAs | <input type="checkbox"/> | 22 | |
| 23 Loss incurred from total distribution of all Roth IRAs | <input type="checkbox"/> | 23 | |
| 24 Loss incurred from final distribution of a QTP investment | <input type="checkbox"/> | 24 | |
| 25 Hobby expense (limited to hobby income) | <input type="checkbox"/> | 25 | |
| 26 Other: a Prior year government unemployment benefits repaid in 2019 | <input type="checkbox"/> | 26 | |
| b _____ _____ _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | |
| 27 Combine lines 11 through 26 | <input type="checkbox"/> | 27 | |

FOR FEDERAL AND STATE USE:
Other Miscellaneous Deductions – Not Subject to 2% Limitation

| | | | |
|--|-------------------------------------|----|--|
| 28 Expenses related to portfolio income, from Schedule(s) K-1 | <input checked="" type="checkbox"/> | 28 | |
| 29 Federal estate tax paid on decedent's income reported on this return | <input type="checkbox"/> | 29 | |
| 30 Impairment-related expenses of a handicapped employee, from Form 2106 | <input type="checkbox"/> | 30 | |
| 31 Amortizable bond premiums on bonds acquired before 10/23/86 | <input type="checkbox"/> | 31 | |
| 32 Gambling losses | <input type="checkbox"/> | 32 | |
| 33 Deduction for repayment of amounts under claim of right if over \$3,000 | <input type="checkbox"/> | 33 | |
| 34 Casualty/theft losses of income-producing property | <input type="checkbox"/> | 34 | |
| 35 Unrecovered investment in annuity. | <input type="checkbox"/> | 35 | |
| 36 Ordinary loss attributable to certain debt instruments. | <input type="checkbox"/> | 36 | |
| 37 Net Qualified Disaster Loss | <input type="checkbox"/> | 37 | |
| 38 Combine lines 28 through 37 (to Schedule A, line 16) | <input type="checkbox"/> | 38 | |

| | |
|---|---------------------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security Number 838-40-1900 |
|---|---------------------------------------|

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 \$750? <input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total <input type="checkbox"/> No. Enter \$1,100 | _____ | ► . . . | 1 | _____ |
| 2 | Enter the amount shown below for your filing status. • Single or married filing separately — \$12,200 • Married filing jointly — \$24,400 • Head of household — \$18,350 | _____ | ► . . . | 2 | 24,400. |
| 3 | Standard deduction. | | | | |
| 3 a | Enter the smaller of line 1 or line 2. If born after January 1, 1955, and not blind, stop here and enter this amount on Form 1040 or 1040-SR, line 9. Otherwise, go to line 3b | | | 3 a | _____ |
| 3 b | If born before January 2, 1955, or blind, multiply the number claimed on top of page 2 of Form 1040 Wkst by \$1,300 (\$1,650 if single or head of household) | | | 3 b | _____ |
| 3 c | Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, ln 9 | | | 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 or 1040-SR, line 1, and Schedule 1, lines 3 and 6, minus the amount, if any, on Schedule 1, line 14. Earned income, for the purpose of figuring your standard deduction, doesn't include qualified disability trust distributions.*

Earned Income Worksheet

2019

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security Number 838-40-1900 |
|---|---------------------------------------|

Part I – Earned Income Credit Worksheet Computation

| | Taxpayer | Spouse | Total |
|--|----------|--------|-------|
| 1 If filing Schedule SE: | | | |
| a Net self-employment income | | | |
| b Optional Method and Church Employee income | | | |
| c Add lines 1a and 1b | | | |
| d One-half of self-employment tax | | | |
| e Subtract line 1d from line 1c | | | |
| 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 as a statutory employee, enter the amount from line 1 of that Schedule C | | | |
| 4 Add lines 1e, 2c and 3. To EIC Wks, line 5 | | | |

Part II – Form 2441 and Standard Deduction Worksheet Computations

| | | | |
|--|---------|---------|----------|
| 5 Net self-employment earnings (line 4 above) | | | |
| 6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc | 59,583. | 89,413. | 148,996. |
| 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 | 59,583. | 89,413. | 148,996. |
| 9 a Taxable dependent care benefits | | | |
| b Nontaxable combat pay | | | |
| 10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5 | 59,583. | 89,413. | 148,996. |
| 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 | 59,583. | 89,413. | 148,996. |

Part III – IRA Deduction Worksheet Computation

| | | | |
|--|---------|---------|----------|
| 15 Net self-employment income or (loss) | | | |
| 16 Wages, salaries, tips, etc | 59,583. | 89,413. | 148,996. |
| 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, In 2. | 59,583. | 89,413. | 148,996. |

Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

| | | | |
|--|---------|---------|----------|
| 23 Self-employed, church and statutory employees | | | |
| 24 Wages, salaries, tips, etc | 59,583. | 89,413. | 148,996. |
| 25 Nontaxable combat pay | | | |
| 26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2. | 59,583. | 89,413. | 148,996. |

► Keep for your records

Name(s) Shown on Return
GERALD S & Katrina M SANGALANG

Social Security Number
838-40-1900

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 | |

► Keep for your records

Name(s) Shown on Return
GERALD S & Katrina M SANGALANG

Social Security Number
838-40-1900

- 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. ►

| | | |
|---|---|--|
| <p>1 Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes</p> <p>2 Adjustments to line 1 amount:</p> <p style="margin-left: 20px;">a Income reported as wages and as self-employment income.</p> <p style="margin-left: 20px;">b Other income entered as wages that is not considered earned income</p> <p style="margin-left: 20px;">c Distributions from section 457 and other nonqualified plans reported on W-2</p> <p>3 Subtract lines 2a, 2b and 2c from line 1</p> <p>4 a Taxpayer's nontaxable combat pay election for EIC</p> <p style="margin-left: 100px;">b Spouse's nontaxable combat pay election for EIC</p> <p style="margin-left: 20px;">c Total nontaxable combat pay election</p> <p>5 If you were self-employed or used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4</p> <p>6 Medicaid Waiver Payments reported as nontaxable</p> <p>7 Earned income. Add lines 3, 4, 5, and 6</p> <p>8 Enter the credit, from the EIC Table, for the amount on line 7. Be sure to use the correct column for filing status and number of children.</p> <p style="margin-left: 20px;">If line 8 is zero, stop. You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 18a.</p> <p>9 Enter your AGI from Form 1040, line 8b</p> <p>10 If you have:</p> <ul style="list-style-type: none"> • No qualifying children, is the amount on line 9 less than \$8,650 (\$14,450 if married filing jointly)? • 1 or more qualifying children, is the amount on line 9 less than \$19,050 (\$24,850 if married filing jointly)? <p><input checked="" type="checkbox"/> Yes. Go to line 11 now.</p> <p><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</p> <p>11 Earned income credit.</p> <ul style="list-style-type: none"> • If 'Yes' on line 10, enter the amount from line 8 • If 'No' on line 10, enter the smaller of line 8 or line 10 | <p>1</p> <p>2 a</p> <p>b</p> <p>c</p> <p>3</p> <p>4 a</p> <p>b</p> <p>4 c</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10</p> <p>11</p> | <p>148,996.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>148,996.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>148,996.</p> <p>_____</p> <p>0.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|---|--|

Enter line 11 amount on Form 1040, line 18a.

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:
- \$15,570 (\$21,370 if married filing jointly) without a qualifying child.
- \$41,094 (\$46,884 if married filing jointly) with one qualifying child.
- \$46,703 (\$52,493 if married filing jointly) with two qualifying children.
- \$50,162 (\$55,952 if married filing jointly) with more than two qualifying children.
- 2 The Adjusted Gross Income (line 8 above) is equal to or more than:
- \$15,570 (\$21,370 if married filing jointly) without a qualifying child.
- \$41,094 (\$46,884 if married filing jointly) with one qualifying child.
- \$46,703 (\$52,493 if married filing jointly) with two qualifying children.
- \$50,162 (\$55,952 if married filing jointly) with more than two qualifying children.
- 3 Investment income is more than \$3,600.
(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 qualifying children of another person, or
- b invalid social security numbers for EIC purposes.
(Information Worksheet, Part III)
- 11 Disallowed by IRS to claim Earned Income Credit in 2019.
(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 2019?

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 2019?

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 2019.

| | | | | |
|--|-------------------------------------|------------|--------------------------|-----------|
| Compliance and Due Diligence Indicator | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Disqualified from Earned Income Credit. | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |

| | | |
|--|---|----------|
| Potential qualifying child count | ▶ | <u>1</u> |
| Non dependent potential qualifying child count | ▶ | <u>0</u> |
| Qualifying child count (max 3) | ▶ | <u>0</u> |

Schedule SE Adjustments Worksheet

2019

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security Number 838-40-1900 |
|---|---------------------------------------|

| | (a) Taxpayer | (b) Spouse |
|---|--------------------------|--------------------------|
| QuickZoom to the Short Schedule SE (Schedule SE, page 1) ▶ | <input 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| D QuickZoom to the Explanation statement for any adjustment to SE income/loss shown on a partnership K-1. (See Help). | <input type="checkbox"/> | <input type="checkbox"/> |
| Part I Farm Profit or (Loss) Schedule SE, line 1 | | |
| 1 Total Schedules F | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Farm partnerships, Schedules K-1 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Other SE farm profit or (loss) (See Help) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Less SE exempt farm profit or (loss) (See Help) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Total for Schedule SE, line 1 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Conservation Reserve Program payments not subject to self-employment tax reported on: | | |
| a Schedule F, line 4b | <input type="checkbox"/> | <input type="checkbox"/> |
| b Schedule K-1 (Form 1065), box 20, code AH | <input type="checkbox"/> | <input type="checkbox"/> |
| c Total CRP payments not subject to SE tax | <input type="checkbox"/> | <input type="checkbox"/> |
| Part II Nonfarm Profit or (Loss) Schedule SE, line 2 | | |
| 1 a Total Schedules C | <input type="checkbox"/> | <input type="checkbox"/> |
| b Less SE exempt Schedules C (approved Form 4361) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Nonfarm partnerships, Schedules K-1 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Forms 6781 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Other SE income reported as income on Form 1040, line 7 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 a Clergy Form W-2 wages | <input type="checkbox"/> | <input type="checkbox"/> |
| b Clergy housing allowance | <input type="checkbox"/> | <input type="checkbox"/> |
| c Less clergy business deductions | <input type="checkbox"/> | <input type="checkbox"/> |
| d QuickZoom to the Explanation statement for entry on line 5c | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Other SE nonfarm profit or (loss) (See Help) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Less other SE exempt nonfarm profit or (loss) (See Help) | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Total for Schedule SE, line 2 | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Exempt Notary Public income for Schedule SE, line 3 (See Help) | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Gross farming or fishing income from partnership Schedules K-1 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Other gross farming or fishing self-employment income | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Total gross income for Farm Optional Method | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Gross nonfarm income from partnership Schedules K-1 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Other gross nonfarm self-employment income | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Total gross income for Nonfarm Optional Method | <input type="checkbox"/> | <input type="checkbox"/> |

Use a separate worksheet for each casualty or theft event.
Keep for your records

Name(s) shown on return
GERALD S & Katrina M SANGALANG

Social Security No.
838-40-1900

Part I Casualty or Theft Event Information

- 1 Description of this casualty or theft event
2 Date of casualty or theft event
3 Use of property, check one if not a Ponzi loss (line 5c):
a Personal (includes home office deducted under simplified method, see tax help)
b Business, employment, or income-producing
4 If box 3a is checked, check one:
a This event qualifies as a Hurricane Harvey or Tropical Storm Harvey Disaster.
b This event qualifies as a Hurricane Irma Disaster
c This event qualifies as a Hurricane Maria Disaster
d This event qualifies as a 2017 California Wildfire Disaster (01/01/2017-01/18/2018)
e This event is a qualified federally declared major disaster
f This event is a federally declared disaster (not "qualified")
g This event qualifies as a 2016 federally declared disaster area
h This event does not qualify as a federally declared disaster.
i Enter the FEMA disaster decl. number if any line 4a-g is checked (ex. DR-1234)
5 If box 3b is checked, check one:
a Check if the property was used in a passive activity
b Check if the property was not used in a passive activity
c Check if this is a Rev Proc 2009-20 Ponzi-Type loss
6 Worksheet Copy Number 1

Part II Property Information for All Properties Damaged or Stolen in the Casualty or Theft Event

- a Description including type of property
b For personal use property, enter the address, city, state and ZIP code
c Date acquired
d Cost or other basis
e Insurance or other reimbursement
f FMV before event
g FMV after event
h Was this a total loss? Yes/No
i If personal use, is this a collectible? Yes/No
j If business use, check one: Business/Employ Income
k If home office (standard method) enter: Sch C/No Sch C Ln 27

- a Description including type of property
b For personal use property, enter the address, city, state and ZIP code
c Date acquired
d Cost or other basis
e Insurance or other reimbursement
f FMV before event
g FMV after event
h Was this a total loss? Yes/No
i If personal use, is this a collectible? Yes/No
j If business use, check one: Business/Employ Income
k If home office (standard method) enter: Sch C/No Sch C Ln 27

**Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax**

2019

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security Number 838-40-1900 |
|---|---------------------------------------|

| | (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. | 37,296. | | |
| 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.

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security Number 838-40-1900 |
|---|---------------------------------------|

Taxable Income – Line 1

| | | | |
|---|---|---|----------|
| 1 | Enter the amount from Form 1040 or 1040-SR, line 11b, if more than zero. If Form 1040 or 1040-SR, line 11b, is zero, subtract lines 9 and 10 of Form 1040 or 1040-SR from line 8b of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.) | 1 | 124,596. |
| 2 | Additions to income | 2 | |
| 3 | Add lines 1 and 2 | 3 | 124,596. |
| 4 | Subtractions from income | 4 | |
| 5 | Subtract line 4 from line 3. Enter on Form 6251, line 1 | 5 | 124,596. |

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 | 148,996. |
| 2 | Enter adjustments | 2 | |
| 3 | Adjustment for domestic production activities deduction | 3 | |
| 4 | Adjusted AMTI without ATNOLD. Add lines 1-3 | 4 | 148,996. |
| 5 | ATNOLD limitation. Multiply line 4 by 90%. | 5 | 134,096. |
| 6 | Enter ATNOL carried to 2018 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 \$733,700: | | |
| 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 \$55,850 | 5 |
| 6 | Add line 1 and line 5. Enter on Form 6251, line 4 | 6 |

Exemption – Line 5

| | | | |
|---|---|---|-------------------|
| 1 | Enter \$71,700 if single or head of household, \$111,700 if married filing jointly or qualifying widow(er), \$55,850 if married filing separately | 1 | <u>111,700.</u> |
| 2 | Enter your alternative minimum taxable income from Form 6251, line 4 | 2 | <u>148,996.</u> |
| 3 | Enter \$510,300 if single or head of household, \$1,020,600 if married filing jointly or qualifying widow(er), \$510,300 if married filing separately | 3 | <u>1,020,600.</u> |
| 4 | Subtract line 3 from line 2. If zero or less, enter -0- | 4 | <u>0.</u> |
| 5 | Multiply line 4 by 25% (.25) | 5 | <u>0.</u> |
| 6 | Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5 | 6 | <u>111,700.</u> |

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security Number 838-40-1900 |
| 1 Enter the amount from Form 6251, line 6 | 1 |
| 2 a Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50. | 2a |
| b Enter the total amount of any itemized deductions or exclusions you couldn't 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 | 3 |
| 4 Tax on the amount on line 3. <ul style="list-style-type: none"> ● If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 6; or you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), 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 <i>Form 2555</i>, later, 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 \$194,800 or less (\$97,400 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result. | 4 |
| 5 Tax on amount on line 2c. If line 2c is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result | 5 |
| 6 Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7. | 6 |

Federal Carryover Worksheet

2019

▶ Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security Number 838-40-1900 |
|---|---------------------------------------|

2018 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 |
|-----------------------------|-------------------------------|------------------------------------|---------------------------------|----------------------------|-------------------------------|--------------------------|
| GA | | | 1,735. | 282. | | |
| | | | | | | |
| | | | | | | |
| Totals . . | | | 1,735. | 282. | | |

2018 State Extension Information

| (a) State | (b) Paid With Extension |
|--------------|----------------------------|
| | |
| | |
| | |

2018 Locality Extension Information

| (a) Locality | (b) Paid With Extension |
|-----------------|----------------------------|
| | |
| | |
| | |

2018 State Estimates Information

| (a) State | (c) Estimates Paid After 12/31 |
|--------------|-----------------------------------|
| | |
| | |
| | |

2018 Locality Estimates Information

| (a) Locality | (c) Estimates Paid After 12/31 |
|-----------------|-----------------------------------|
| | |
| | |
| | |

2018 State Taxes Due Information

| (a) State | (e) Paid With Return |
|--------------|-------------------------|
| GA | 282. |
| | |
| | |

2018 Locality Taxes Due Information

| (a) Locality | (e) Paid With Return |
|-----------------|-------------------------|
| | |
| | |
| | |

2018 State Refund Applied Information

| (a) State | (g) Applied Amount |
|--------------|-----------------------|
| | |
| | |
| | |

2018 Locality Refund Applied Information

| (a) Locality | (g) Applied Amount |
|-----------------|-----------------------|
| | |
| | |
| | |

2018 State Tax Refund Information

| (a) State | (d) Total Withheld/Pmts | (f) Total Overpayment |
|--------------|-------------------------------|-----------------------------|
| GA | 1,735. | |
| | | |
| | | |

2018 Locality Tax Refund Information

| (a) Locality | (d) Total Withheld/Pmts | (f) Total Overpayment |
|-----------------|-------------------------------|-----------------------------|
| | | |
| | | |
| | | |

| Other Tax and Income Information | | 2018 | 2019 |
|----------------------------------|---|--------------------------|--------------------------|
| 1 | Filing status | 2 MFJ | 2 MFJ |
| 2 | Number of exemptions for blind or over 65 (0 - 4) | | |
| 3 | Itemized deductions | 1,755. | 5,412. |
| 4 | Check box if required to itemize deductions | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Adjusted gross income | 54,333. | 148,996. |
| 6 | Tax liability for Form 2210 or Form 2210-F | 1,070. | 17,128. |
| 7 | Alternative minimum tax. | | |
| 8 | Federal overpayment applied to next year estimated tax. | | |

QuickZoom to the IRA Information Worksheet for IRA information ►

| Excess Contributions | | 2018 | 2019 |
|----------------------|---|------|------|
| 9 a | Taxpayer's excess Archer MSA contributions as of 12/31 | | |
| b | Spouse's excess Archer MSA contributions as of 12/31 | | |
| 10 a | Taxpayer's excess Coverdell ESA contributions as of 12/31 | | |
| b | Spouse's excess Coverdell ESA contributions as of 12/31. | | |
| 11 a | Taxpayer's excess HSA contributions as of 12/31 | | |
| b | Spouse's excess HSA contributions as of 12/31 | | |

| Loss and Expense Carryovers | | 2018 | 2019 |
|--|---|------|-----------|
| Note: Enter all entries as a positive amount | | | |
| 12 a | Short-term capital loss. | | |
| b | AMT Short-term capital loss | | |
| 13 a | Long-term capital loss | | |
| b | AMT Long-term capital loss. | | |
| 14 a | Net operating loss available to carry forward | | |
| b | AMT Net operating loss available to carry forward | | |
| 15 a | Investment interest expense disallowed | | |
| b | AMT Investment interest expense disallowed | | |
| 16 | Nonrecaptured net Section 1231 losses from: | a | 2019. . . |
| | | b | 2018. . . |
| | | c | 2017. . . |
| | | d | 2016. . . |
| | | e | 2015. . . |
| | | f | 2014. . . |
| 17 | AMT Nonrecap'd net Sec 1231 losses from: | a | 2019. . . |
| | | b | 2018. . . |
| | | c | 2017. . . |
| | | d | 2016. . . |
| | | e | 2015. . . |
| | | f | 2014. . . |

| Credit Carryovers | | | 2018 | 2019 |
|-------------------|--|------------------|------|------|
| 18 | General business credit | | 18 | |
| 19 | Adoption credit from: | a 2019 | 19 a | |
| | | b 2018 | b | |
| | | c 2017 | c | |
| | | d 2016 | d | |
| | | e 2015 | e | |
| | | f 2014 | f | |
| 20 | Mortgage interest credit from: | a 2019 | 20 a | |
| | | b 2018 | b | |
| | | c 2017 | c | |
| | | d 2016 | 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 | | | 2018 | 2019 |
|------------------|--|---|------|------|
| 24 | Section 179 expense deduction disallowed | | 24 | |
| 25 | Excess foreign housing deduction: | a Taxpayer (Form 2555, line 46) | 25 a | |
| | | b Taxpayer (Form 2555, line 48) | b | |
| | | c Spouse (Form 2555, line 46) | c | |
| | | d Spouse (Form 2555, line 48) | d | |

Charitable Contribution Carryovers

| 26 | 2018 Carryover of charitable contributions from: | Other Property | | Capital Gain | | Cash | Qualified |
|----|--|----------------|---------|--------------|---------|---------|-----------|
| | | (a) 50% | (b) 30% | (c) 30% | (d) 20% | (e) 60% | (f) 100% |
| a | 2018 | 0. | | | | | 0. |
| b | 2017 | | | | | | |
| c | 2016 | | | | | | |
| d | 2015 | | | | | | |
| e | 2014 | | | | | | |

| 27 | 2019 Carryover of charitable contributions from: | Other Property | | Capital Gain | | Cash | Qualified |
|----|--|----------------|---------|--------------|---------|---------|-----------|
| | | (a) 50% | (b) 30% | (c) 30% | (d) 20% | (e) 60% | (f) 100% |
| a | 2019 | | | | | | |
| b | 2018 | | | | | | |
| c | 2017 | | | | | | |
| d | 2016 | | | | | | |
| e | 2015 | | | | | | |

28 Amount overpaid less earned income credit 4,285.

| Qualified Business Income Deduction (Section 199A) carryovers | | | 2018 | 2019 |
|---|--|--|------|------|
| 29 | Qualified business loss carryforward | | 29 | |
| 30 | Qualified PTP loss carryforward | | 30 | |

2018 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 |
|----------|-----------------------------------|---------------------------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

► Keep for your records

| | |
|---|---------------------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security Number 838-40-1900 |
|---|---------------------------------------|

| Description | Amount |
|---|-----------------|
| Income | |
| Wages | 148,996. |
| Interest income before Series EE bond exclusion | _____ |
| Dividend income | _____ |
| Tax refund | _____ |
| Alimony received | _____ |
| Nonpassive business income or loss | _____ |
| 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 | 148,996. |
| 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 | 148,996. |

Two-Year Comparison

2019

| | |
|---|------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security Number |
|---|------------------------|

| Income | 2018 | 2019 | Difference | % |
|--|---------|----------|------------|---------|
| Wages, salaries, tips, etc | 54,333. | 148,996. | 94,663. | 174.23 |
| Interest and dividend income | | | | |
| State tax refund | | | | |
| Business income (loss) | | | | |
| Capital and other gains (losses) | | | | |
| IRA distributions | | 0. | 0. | |
| Pensions and annuities | | 0. | 0. | |
| Rents and royalties | | | | |
| Partnerships, S Corps, etc | | | | |
| Farm income (loss) | | | | |
| Social security benefits | | | | |
| Income other than the above | | | | |
| Total Income | 54,333. | 148,996. | 94,663. | 174.23 |
| Adjustments to Income | | | | |
| Adjusted Gross Income | 54,333. | 148,996. | 94,663. | 174.23 |
| Itemized Deductions | | | | |
| Medical and dental | | | | |
| Income or sales tax | 1,735. | 5,412. | 3,677. | 211.93 |
| Real estate taxes | | | | |
| Personal property and other taxes | 20. | | -20. | -100.00 |
| Interest paid | | | | |
| Gifts to charity | | | | |
| Casualty and theft losses | | | | |
| Miscellaneous | | | | |
| Total Itemized Deductions | 1,755. | 5,412. | 3,657. | 208.38 |
| Standard or Itemized Deduction | 24,000. | 24,400. | 400. | 1.67 |
| Qualified Business Income Deduction | | | | |
| Taxable Income | 30,333. | 124,596. | 94,263. | 310.76 |
| Income tax | 3,258. | 19,128. | 15,870. | 487.11 |
| Additional income taxes | | | | |
| Alternative minimum tax | | | | |
| Total Income Taxes | 3,258. | 19,128. | 15,870. | 487.11 |
| Nonbusiness credits | 2,188. | 2,000. | -188. | -8.59 |
| Business credits | | | | |
| Total Credits | 2,188. | 2,000. | -188. | -8.59 |
| Self-employment tax | | | | |
| Other taxes | 0. | | 0. | |
| Total Tax After Credits | 1,070. | 17,128. | 16,058. | 999.00 |
| Withholding | 5,355. | 15,346. | 9,991. | 186.57 |
| Estimated and extension payments | | | | |
| Earned income credit | | | | |
| Additional child tax credit | | | | |
| Other payments | | | | |
| Total Payments | 5,355. | 15,346. | 9,991. | 186.57 |
| Form 2210 penalty | | | | |
| Applied to next year's estimated tax | | | | |
| Refund | 4,285. | | -4,285. | -100.00 |
| Balance Due | | 1,782. | 1,782. | |

Current year effective tax rate 11.50 %

Tax Summary
▶ Keep for your records

2019

Name (s)
GERALD S & Katrina M SANGALANG

| | |
|--|----------|
| Total income | 148,996. |
| Adjustments to income | |
| Adjusted gross income | 148,996. |
| Itemized/standard deduction | 24,400. |
| Qualified business income deduction | |
| Taxable income | 124,596. |
| Tentative tax | 19,128. |
| Additional taxes | |
| Alternative minimum tax | |
| Total credits | 2,000. |
| Other taxes | |
| Total tax | 17,128. |
| Total payments | 15,346. |
| Estimated tax penalty | |
| Amount Overpaid | 0. |
| Refund | 0. |
| Amount Applied to Estimate | 0. |
| Balance due | 1,782. |

Compare to U. S. Averages

▶ Keep for your records

2019

| | |
|---|-----------------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security No 838-40-1900 |
|---|-----------------------------------|

Your 2019 adjusted gross income (AGI) 148,996.
 National adjusted gross income range used below from 100,000. to 199,999.

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 | 148,996. | 121,430. |
| Taxable interest | | 1,276. |
| Tax-exempt interest | | 7,537. |
| Dividends | | 6,419. |
| Business net income | | 27,576. |
| Business net loss | | 7,552. |
| Net capital gain | | 14,441. |
| Net capital loss | | 2,348. |
| Taxable IRA | 0. | 28,656. |
| Taxable pensions and annuities | 0. | 43,741. |
| Rent and royalty net income | | 14,020. |
| Rent and royalty net loss | | 9,066. |
| Partnership and S corporation net income | | 42,600. |
| Partnership and S corporation net loss | | 13,512. |
| Taxable social security benefits | | 24,734. |
| Medical and dental expenses deduction | | 11,992. |
| Taxes paid deduction | 5,412. | 12,003. |
| Interest paid deduction | | 9,172. |
| Charitable contributions deduction | | 4,581. |
| Total itemized deductions | 5,412. | 27,269. |
| Child care credit | | 624. |
| Education tax credits | | 1,459. |
| Child tax credit | 2,000. | 1,414. |
| Retirement savings contributions credit | | 0. |
| Earned income credit | | 0. |
| Other Information | Actual Per Return | National Average |
| Adjusted gross income | 148,996. | 142,091. |
| Taxable income | 124,596. | 107,423. |
| Income tax | 19,128. | 18,038. |
| Alternative minimum tax | | 2,438. |
| Total tax liability | 17,128. | 18,780. |

Estimated Taxes and Form W-4 Worksheet

Name: GERALD S & Katrina M SANGALANG
SSN: 838-40-1900

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

Choose the Method You Will Use to Pay Your 2020 Federal Income Taxes

By withholding from my paychecks. (You will also need to complete the **Additional Information for Form W-4 Worksheet**. QuickZoom below.)

By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2020 withholding will be _____.

Overpayment from my 2019 return. 0.

Amount of my 2019 overpayment to apply to 2020 instead of refunding it _____.

Enter Your Filing Status and Other Information for Your 2020 Tax Return

Choose your filing status 2 - Married filing jointly

Taxpayer age as of the end of 2020 33
 Spouse age as of the end of 2020 38

Do you qualify for an additional standard deduction?
Taxpayer: _____ **Total** 0
Spouse: _____

Check if you must itemize in 2020. (See Tax Help.)

Dependent of Another

Check if you will be the dependent of another person (but not if married filing jointly).

Dependents on return:

| | 2019 | 2020 |
|---|----------|----------|
| Number of qualifying children dependents age 16 and under | <u>1</u> | <u>1</u> |
| Number of qualifying children dependents age 17 to 23 | <u>0</u> | <u>0</u> |
| Number of other dependents on return | <u>0</u> | <u>0</u> |

| Enter Your 2020 Income and Deductions in 2nd column | 2019 Actual | 2020 Expected |
|---|----------------|---------------|
| Compensation: | | |
| Annual wages and salary for taxpayer | <u>59,583.</u> | |
| Medicare wages for taxpayer (W-2 box 5) | <u>64,366.</u> | |
| Annual wages and salary for spouse | <u>89,413.</u> | |
| Medicare wages for spouse (W-2 box 5) | <u>92,013.</u> | |
| Self-employment Income: | | |
| Schedule C income for taxpayer | | |
| Schedule C income for spouse | | |
| Schedule F & K-1 income for taxpayer | | |
| Schedule F & K-1 income for spouse | | |
| Conservation Reserve Program Payments for taxpayer | | |
| Conservation Reserve Program Payments for spouse | | |
| Annual net income from self-employment for taxpayer | | |
| Annual net income from self-employment for spouse | | |

W-2: Check to populate W-2 table from 2019 return

| Employer | Owner | Wages | 2019 Withholding | 2020 Wages | 2020 Withholding |
|----------|-------|-------|------------------|------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Schedule C: Check to populate Schedule C table from 2019 return

| Name | Owner | 2019 Income | 2019 Expenses | 2020 Income | 2020 Expenses |
|------|-------|-------------|---------------|-------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |

| | | |
|---|----------|----------|
| Other Tax Information: | | |
| Note: Include this income in the Other Income section below. | | |
| Net Investment Income for 3.8% tax | 0 . | |
| Qualified dividends | | |
| Maximum Capital Gains Rate Tax Information: | | |
| Net short-term capital gains or losses | | |
| Net long-term capital gains or losses | | |
| Net 28%-rate capital gains included in long-term | | |
| Unrecap'd Sec 1250 gains incl in long-term (<i>see Tax Help</i>) | | |
| Investment income election (<i>see Tax Help</i>) | | |
| Other Income: | | |
| Total of your other taxable income and losses (<i>see Tax Help</i>) | 0 . | |
| Foreign income or housing exclusions | | |
| Adjustments: | | |
| Deductible IRA contributions, alimony, etc | | |
| Itemized Deductions: | | |
| Total medical expenses | | |
| State and local property and income taxes (or sales tax) | 5,412 . | |
| Deductible foreign income taxes | | |
| Deductible mortgage interest | | |
| Cash charitable contributions | | |
| Other charitable contributions | | |
| Deductible investment interest expense, casualty or theft losses (<i>see Tax Help</i>) | | |
| Other itemized deductions | | |
| Net qualified disaster loss (<i>see Tax Help</i>) | | |
| Standard Deduction: | | |
| Standard deduction | 24,400 . | 24,800 . |

| | | |
|---|---------|---------|
| Deduction Allowed: | | |
| Deduction (<i>greater of standard+qual'd disaster loss or item'd</i>) | 24,400. | 24,800. |
| Other Deduction: | | |
| Qualified business income deduction (<i>see Tax Help</i>) | | |
| Credits: | | |
| Earned Income Tax Credit | | |
| Child Tax Credit | 2,000. | 0. |
| Child and Dependent Care Credit | | |
| Education Credits | | |
| Other Credits. | 0. | |

| Income Tax Calculation for Your 2020 Tax Return | 2019 Actual | 2020 Expected |
|--|-------------|---------------|
| Taxable income | 124,596. | 0. |
| Income tax | 19,128. | |
| Alternative minimum tax (Enter Alt Min tax expected in 2020) . . . | | |
| Premium tax credit repayment (Enter amt expected for 2020) . . . | | |
| Total credits (Enter credits expected in 2020) | 2,000. | 0. |
| Tax on self-employment income and add'l 0.9% Medicare tax . . . | | 0. |
| Net investment income tax (3.8%) | | 0. |
| Other taxes (Enter other taxes expected in 2020) | 0. | |
| Total federal income tax | 17,128. | 0. |

| Enter the Tax Payments You've Already Made for Your 2020 Tax Return | |
|--|----|
| The federal income tax actually withheld from your paychecks to date | |
| Taxpayer | |
| Spouse | |
| Federal estimated tax payments you've already made | |
| Payment number 1 (July 15, 2020) | |
| Payment number 2 (July 15, 2020) | |
| Payment number 3 (September 15, 2020) | |
| 2019 federal overpayment credited to 2020 (<i>from page 1 above</i>) | |
| Total taxes paid to date | |
| Balance of payments needed or (expected refund) | 0. |

| Summary of Taxes to be Paid for 2020 | |
|---|--------|
| Federal income taxes to be withheld from your paychecks | |
| Your 2019 federal overpayment you applied to 2020 | |
| Your 2020 federal estimated taxes, | |
| based on <u>100% of your 2019 actual tax</u> | 1,784. |
| Estimate of total payments you will need to make for 2020 | 1,784. |

Estimated Tax Payment Options

| | |
|--------------|---|
| Name: | <u>GERALD S & Katrina M SANGALANG</u> |
| SSN: | <u>838-40-1900</u> |

| Prepare My 2020 Estimated Taxes Based on | Tax Amount |
|--|------------|
| <input type="checkbox"/> 90% of tax on your 2020 estimated taxable income | 0. |
| <input type="checkbox"/> 100% of tax on your 2020 estimated taxable income | 0. |
| <input type="checkbox"/> 66-2/3% of tax on your 2020 estimated taxable income (for farmers and fishermen only, see Tax Help) | 0. |
| <input checked="" type="checkbox"/> 100% (110%) of your 2019 taxes (prior-year exception) Note: If your 2019 taxes were less than \$1000, see Tax Help | 17,128. |

| Amount of Estimated Taxes to Pay in 2020 | |
|--|---------|
| Taxes based on method above | 17,128. |
| Expected withholding for 2020 . . .(.2019 actual withholding). | 15,346. |
| Taxes due after withholding | 1,782. |
| Estimates you've already paid | _____ |
| Last year's overpayment you applied to this year | _____ |
| Balance of estimated taxes due | 1,782. |

| |
|--|
| Round My Payments Up |
| <input type="checkbox"/> To the next \$10 |
| <input type="checkbox"/> To the next \$100 |

| |
|---|
| Prepare Estimated Tax Payment Vouchers |
| <input checked="" type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help) |
| <input type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000 |
| <input type="checkbox"/> No, do not prepare estimated tax payment vouchers |

| Schedule of Estimated Tax Payments for 2020 | |
|--|------|
| Check the box for the payment date due next. We will prepare your vouchers based on your choice. | |
| <input type="checkbox"/> Payment number 1, due July 15, 2020 | 446. |
| <input type="checkbox"/> Payment number 2, due July 15, 2020 | 446. |
| <input type="checkbox"/> Payment number 3, due September 15, 2020 | 446. |
| <input type="checkbox"/> Payment number 4, due January 15, 2021 | 446. |

| | |
|---|--------|
| Total estimated tax payments for 2020 | 1,784. |
|---|--------|

| |
|---|
| Print Estimated Tax Vouchers |
| <input checked="" type="checkbox"/> Yes, print those prepared by program |
| <input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts |

Additional Information for Form W-4

| | |
|--------------|---|
| Name: | <u>GERALD S & Katrina M SANGALANG</u> |
| SSN: | <u>838-40-1900</u> |

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

| | | |
|---|-----------------|---------------|
| <input type="checkbox"/> This box will be checked if your entries on the Estimated Taxes and Form W-4 Worksheet indicate that this worksheet and Form W-4 are necessary for your next year's plan. | | |
| Enter Salary and Pay Periods for 2020 | Taxpayer | Spouse |
| Your annual salary for this year | _____ | _____ |
| Salary you have already received in 2020 | _____ | _____ |
| Your remaining salary for this year | _____ 0. | _____ |
| Number of paychecks you have remaining this year | | |
| How often you are paid | _____ | _____ |
| Your gross salary per pay period | _____ | _____ |

| | | |
|--|-----------------|---------------|
| Form W-4 Personal Withholding Adjustments | Taxpayer | Spouse |
| Withholding status | _____ | _____ |
| Additional withholding per pay period | _____ | _____ |
| Estimated future withholding per pay period | _____ | _____ |
| Estimated future withholding through remainder of year | _____ | _____ |
| Top tax rate being withheld | _____ % | _____ % |

| | | |
|--|-----------------|---------------|
| Change in Federal Income Tax Withholding per Pay Period | Taxpayer | Spouse |
| See tax help for more information. | | |
| Current withholding per pay period | _____ | _____ |
| Estimated future withholding per pay period | _____ | _____ |
| Increase/(decrease) in net pay per pay period | _____ | _____ |

| | |
|---|-------|
| Summary of Federal Income Taxes to be Withheld in 2020: Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above. | |
| Taxpayer's withholding | _____ |
| Spouse's withholding | _____ |
| Total withholding | _____ |

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: GERALD S & Katrina M SANGALANG

Primary SSN: 838-40-1900

Federal Return Submitted: February 27, 2020 08:35 AM PST

Federal Return Acceptance Date: 02/27/2020

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 July 15, 2020. 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 July 15, 2020, your Intuit electronic postmark will indicate July 15, 2020, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before July 15, 2020, and a corrected return is submitted and accepted before July 20, 2020. If your return is submitted after July 20, 2020, 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 October 15, 2020. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2020, and the corrected return is submitted and accepted by October 20, 2020.

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.

| |
|-------------------------|
| <hr/> <hr/> <hr/> <hr/> |
|-------------------------|

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:

"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.

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 a 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 IDNotify, provided by CSIdentity Corp., an Experian company. 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 February 15, 2020.

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 February 15, 2020.

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.

This Agreement requires all disputes to be resolved by way of binding arbitration. The terms of the arbitration provision appear in section 10.

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 debit 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 debit card if you select to have your tax refund loaded on a debit card.

²This fee consists of a TurboTax Fee, the cost of TurboTax Premium Services or TurboTax MAX and any fees for additional products and services purchased. Note that the cost of TurboTax Premium Services and TurboTax MAX ranges depending on the edition of TurboTax purchased. See Section 4 of the Refund Processing Service 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 February 15, 2020.

Questions? Call 877-908-7228

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

Original Returns:

- File **federal** return electronically
- File **state** returns electronically

Select state returns to file electronically:

| State(s) |
|----------|
| |
| |
| |
| |

Amended Returns:

- File **federal** amended return(s) electronically
 - File **state** amended return(s) electronically
- Select state amended return(s) 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

Smart Worksheets from your 2019 Federal Tax Return

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Spouse)

| Line 3 Smart Worksheet | | | | | | |
|---|-----------------------|-------------------------------|---|--|--|--------|
| A Select your coverage for each month below. Select Family for any month you had Self-only coverage and your spouse had family coverage. Select None for for any month you were covered by Medicare. | | | | | | |
| 1 | January ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family | | 7,000. |
| 2 | February ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family | | 7,000. |
| 3 | March ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family | | 7,000. |
| 4 | April ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family | | 7,000. |
| 5 | May ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family | | 7,000. |
| 6 | June ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family | | 7,000. |
| 7 | July ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family | | 7,000. |
| 8 | August ▶ | <input type="checkbox"/> None | <input type="checkbox"/> Self-only | <input checked="" type="checkbox"/> Family | | 7,000. |
| 9 | September ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | | 3,500. |
| 10 | October ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | | 3,500. |
| 11 | November ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | | 3,500. |
| 12 | December ▶ | <input type="checkbox"/> None | <input checked="" type="checkbox"/> Self-only | <input type="checkbox"/> Family | | 3,500. |
| B Maximum allowable contribution. | | | | | | 5,833. |
| <i>Greater of: Sum of Lines A1 through A12 divided by 12, OR Line A12</i> | | | | | | |

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Spouse)

| Line 6 Smart Worksheet | |
|--|--------|
| A Enter the amount from Line 3 which is related to Family Coverage Plan(s) and both taxpayer and spouse had HSAs during the year | 0. |
| B Portion of Line 5 attributed to both taxpayer and spouse having coverage under high deductible health plans and each making an HSA contribution during the year. (Line 6A minus Line 4) | 0. |
| C Portion of Line B amount to be carried to Line 6 of spouse's form | 0. |
| QuickZoom to Form 8889T ▶ | |
| D Remainder to be carried to Line 6 (Line 5 minus Line C).. | 5,833. |

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Spouse)

| Line 9 Employer Contribution Smart Worksheet | |
|---|------|
| A Enter the employer contributions reported in Box 12 of Form W-2 (code W) | 725. |
| B Enter employer contributions made in 2019 for the tax year 2018 | 725. |
| C Subtract line B from line A | 0. |
| D Enter employer contributions made in 2020 for the tax year 2019 | |
| E Other employer contributions for 2019 not reported above | |
| F Employer contributions for 2019. Add lines C, D and E. Enter on line 9 | 0. |

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Spouse)

| Line 14 Smart Worksheet | | |
|--|--|-------|
| A | Gross distributions | 599 . |
| B | Rollovers | |
| C | Return of excess contributions | |
| D | Subtract lines B and C from line A. | 599 . |
| E | Taxable earnings on excess contributions | |
| Non-surviving spouse beneficiaries who received no distribution this year use lines F & G | | |
| F | FMV of inherited HSA assets if no distribution received. | |
| G | Qualified medical expenses | |

SMART WORKSHEET FOR: Form 8889: Health Savings Accounts (Spouse)

| Line 18 Smart Worksheet | | |
|---|---|-------|
| Check here if failure to maintain HDHP coverage in 2019 was due to death or disability <input type="checkbox"/> | | |
| A 1 | Total HSA contribution in 2018 | 300 . |
| 2 | Excess contribution in 2018 | |
| 3 | Net HSA contribution in 2018 | 300 . |
| B | Check the box below to indicate the type of coverage you had for each month of 2018. Select Family for any month that you had self only coverage and were married to a spouse with family coverage. Select None for any month you were covered by Medicare. | |
| 1 | January ▶ <input checked="" type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family | |
| 2 | February ▶ <input checked="" type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family | |
| 3 | March ▶ <input checked="" type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family | |
| 4 | April ▶ <input checked="" type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family | |
| 5 | May ▶ <input checked="" type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family | |
| 6 | June ▶ <input checked="" type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family | |
| 7 | July ▶ <input checked="" type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family | |
| 8 | August ▶ <input checked="" type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family | |
| 9 | September ▶ <input checked="" type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family | |
| 10 | October ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family | |
| 11 | November ▶ <input type="checkbox"/> None <input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family | |
| 12 | December ▶ <input checked="" type="checkbox"/> None <input type="checkbox"/> Self-only <input type="checkbox"/> Family | |
| C 1 | Total maximum allowable contribution for 2018 | |
| 2 | Amount allocated to spouse in 2018 | 0 . |
| 3 | Net maximum allowable contribution for 2018 | |

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

| Tax Smart Worksheet | |
|----------------------------|---|
| A | Tax <u>19,128.</u> |
| | Check if from: |
| 1 | Tax table <input type="checkbox"/> |
| 2 | Tax Computation Worksheet (see instructions) <input checked="" 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 | Additional tax from Form 8621 _____ |
| I | Tax. Add lines A through G. Enter the result here and include in tax below. <u>19,128.</u> |

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

| Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet | |
|--|--|
| <p>The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.</p> | |
| A | Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit <u>0.</u> |

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 . . . | <input type="checkbox"/> |
| Marital Status | _____ |
| Filing Status Selected | _____ |

SMART WORKSHEET FOR: Federal Information Worksheet

| |
|---|
| <p style="text-align: center;">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, 2017? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>IMPORTANT NOTE: The Coronavirus Aid, Relief, and Economic Security (CARES) Act signed into law on March 27, 2020 has retroactively made qualified improvement property 15-year property. Refer to Tax Help</p> |
|---|

SMART WORKSHEET FOR: Dependent Information Worksheet (Geneo Asher)

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 [X]
Taxpayer []
Spouse []

C Did this person provide more than 1/2 of their own support? [] Yes [X] No

D Was this person married on December 31, 2019 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, 2019 [] 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 \$4,200? [X] 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?

[X] 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? [X]

Other parent in different return? []

Someone else in different return? []

SMART WORKSHEET FOR: Dependent Information Worksheet (Geneo Asher)

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 \$4,200 or more or
- * They filed a joint return

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Qualified Business Income Deduction Smart Worksheet

Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III line 3).

A Is this activity a qualified trade or business under Section 199A?

B QBI worksheet to report. ▶

C Specified Service Trade or Business (SSTB)?

D I am not a statutory employee

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: Form W-2 : Wage & Tax Statement (Copy 2)

Qualified Business Income Deduction Smart Worksheet

Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III line 3).

A Is this activity a qualified trade or business under Section 199A?

B QBI worksheet to report. ▶

C Specified Service Trade or Business (SSTB)?

D I am not a statutory employee

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 2)

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: Form W-2 : Wage & Tax Statement (Copy 3)

Qualified Business Income Deduction Smart Worksheet

Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III line 3).

A Is this activity a qualified trade or business under Section 199A?

B QBI worksheet to report. ▶

C Specified Service Trade or Business (SSTB)?

D I am not a statutory employee

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 3)

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: Form W-2 : Wage & Tax Statement (Copy 4)

| | |
|---|---|
| <p>Qualified Business Income Deduction Smart Worksheet</p> <p><i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III line 3).</i></p> | |
| <p>A Is this activity a qualified trade or business under Section 199A?</p> <p>B QBI worksheet to report. ▶</p> <p>C Specified Service Trade or Business (SSTB)?</p> <p>D I am not a statutory employee</p> | <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> |

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 4)

| | |
|--|---------------------------------|
| <p>Substitute Form W-2 Smart Worksheet</p> | |
| <p>A Treat as substitute W-2 and generate a form 4852</p> <p>B Linked substitute W-2 Form 4852 ▶ _____</p> <p>C Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>D Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>E QuickZoom to completed Form 4852 for reference ▶ _____</p> | <p><input type="checkbox"/></p> |

SMART WORKSHEET FOR: Form 1099-R : Pension/IRA Distributions (Copy 1)

| | |
|---|--|
| <p>Qualified Disaster Distribution Smart Worksheet</p> | |
| <p>A If this is a Qualified Disaster distribution, indicate which year the distribution qualifies under</p> <p style="padding-left: 100px;">2018 Disaster Distribution ▶ <input type="checkbox"/></p> <p style="padding-left: 100px;">2019 Disaster Distribution ▶ <input type="checkbox"/></p> <p>B Amount of Qualified Disaster distribution Entire distribution is qualified . . ▶ <input type="checkbox"/></p> <p style="padding-left: 100px;">or amount that is qualified _____</p> <p>C Indicate amount, if any, of this Qualified Disaster distribution that was repaid before filing the 2019 tax return</p> <p style="padding-left: 100px;">Entire distribution repaid ▶ <input type="checkbox"/></p> <p style="padding-left: 100px;">or amount of partial repayment _____</p> <p>D If this Qualified Disaster distribution was received for the purchase or construction of a new home and the new home was not purchased or constructed due to a qualified disaster enter any amount repaid</p> <p style="padding-left: 100px;">Entire distribution repaid ▶ <input type="checkbox"/></p> <p style="padding-left: 100px;">or amount of partial repayment _____</p> | |

SMART WORKSHEET FOR: Form 1099-R : Pension/IRA Distributions (Copy 1)

| Nonstandard or Substitute Form 1099-R Smart Worksheet | |
|---|--------------------------|
| A Treat as substitute 1099-R and generate a form 4852 | <input type="checkbox"/> |
| B If substitute Form 1099-R needed, double-click to link to Form 4852 | <input type="checkbox"/> |
| 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 complete Form 4852 | |
| F Check box if this 1099-R is 'non-standard' (handwritten, typewritten, or altered in any way) . . . | |
| <input type="checkbox"/> | |

SMART WORKSHEET FOR: Form 1099-R : Pension/IRA Distributions (Copy 1)

| Explanation Statement Smart Worksheet | | |
|---|--------------------------|--------------------------|
| If a box is checked on a line below, an explanation statement is required for the situation described on that line. Highlight the checkbox and select the help to see the required information. Then QuickZoom to the appropriate explanation statement. | Taxpayer | Spouse |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Return of IRA contribution before due date of tax return | | |
| <input type="checkbox"/> Return of prior year excess traditional IRA contributions | | |

SMART WORKSHEET FOR: Form 1099-R : Pension/IRA Distributions (Copy 1)

| Simplified Method Smart Worksheet | |
|---|--|
| A If the annuity starting date is after December 31, 1997, is the annuity payable based on the life of more than one individual? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| B If line A is 'No', enter the age of the annuitant at the annuity starting date. If line A is 'Yes', enter the age of the primary annuitant at the annuity starting date. (If there is no primary annuitant, enter the age of the oldest survivor annuitant) | _____ |
| C If line A is "Yes", enter the age of the youngest survivor annuitant at the annuity starting date | _____ |
| Note: If the annuity starting date is before January 1, 1998, enter the age of the recipient at the annuity starting date on line B above. | |

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) <u>9,696.</u> |
| B | Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. <u>2,267.</u> |
| C | Enter any amount from Form 8959, line 7 <u>0.</u> |
| D | Add line A, B, and C <u>11,963.</u> |
| E | Enter the Additional Medicare Tax withheld (Form 8959 line 22) <u>0.</u> |
| F | Subtract line E from line D. <u>11,963.</u> |
| 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) _____ |
| 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). <u>0.</u> |
| I | Enter the Medicare Tax (Form(s) W-2, box 14) <u>0.</u> |
| 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 <u>0.</u> |
| L | Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2019). _____ |
| M | Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2019). _____ |
| 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. <u>11,963.</u> |

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: Misc Itemized Deductions Wks

Depreciation Smart Worksheet

A Enter Section 179 carryover from prior year _____

B QuickZoom to the Asset Entry Worksheet ▶

C QuickZoom to the Depreciation/Amortization Reports ▶

D QuickZoom to Form 4562 for Schedule A. ▶

E Treat all MACRS assets for activity as qualified Indian reservation property? . . . Yes No

F Treat all assets acquired after Aug. 27, 2005 as
qualified GO Zone property? Regular Extension No

G Treat all assets acquired after May 4, 2007 as
qualified Kansas Disaster Zone property? Yes No

H Was this property located in a Qualified Disaster Area? Yes No

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 _____

1a Taxpayer, prior year nontaxable combat pay from 2018 _____

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 _____

1a Spouse, prior year nontaxable combat pay from 2018 _____

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 _____ Amount due 1,782.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Eligible Hurricane and Wildfire Victims Smart Worksheet

Election to use 2018 earned income for EIC and Additional Child Tax Credit

The "Yes" box must be marked on Line A and Line B for 2018 earned income to be used for EIC and Additional Child Tax Credit calculations.

A Elect to use 2018 earned income for EIC and Additional Child Tax Credit. ▶ Yes No

B Taxpayer is eligible to elect to use 2018 earned income (see Publication 4492 for details) ▶ Yes No

C Earned income for EIC from your 2018 return 54,333.

D Current year earned income for EIC 148,996.

If Line D is equal to or greater than Line C the taxpayer is not eligible to use 2018 earned income for EIC and Additional Child Tax Credit calculations.

E You may compare the tax benefit of electing to use 2019 Earned Income by checking the boxes on line A and B

Overpayment _____ Amount due 1,782.

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 \$3,600? | |
| <input checked="" type="checkbox"/> | No. You may take the credit. |
| <input type="checkbox"/> | Yes. Stop. You cannot take the credit. |

SMART WORKSHEET FOR: Estimated Tax Payment Options

| | |
|--|--|
| For Residents of Guam or the U.S. Virgin Islands Only | |
| <input type="checkbox"/> | Permanent resident of Guam or U.S. Virgin Islands |
| <input type="checkbox"/> | Nonpermanent resident of Guam or U.S. Virgin Islands |



2000411519



Georgia Form 500 (Rev. 06/20/19)

Individual Income Tax Return

Georgia Department of Revenue

2019 (Approved software version)

Page 1

Fiscal Year Beginning

STATE TX ISSUED

Fiscal Year Ending

YOUR DRIVER'S LICENSE/STATE ID

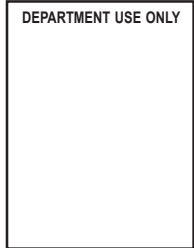
44930842

YOUR FIRST NAME MI YOUR SOCIAL SECURITY NUMBER
1. GERALD S 838-40-1900

LAST NAME (For Name Change See IT-511 Tax Booklet) SUFFIX
SANGALANG

SPOUSE'S FIRST NAME MI SPOUSE'S SOCIAL SECURITY NUMBER
KATRINA M 488-63-9488

LAST NAME SUFFIX
SANGALANG



ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number) CHECK IF ADDRESS HAS CHANGED
2. 18231 SORRELL OAKS LN

CITY (Please insert a space if the city has multiple names) STATE ZIP CODE
3. RICHMOND TX 774072497

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number
1. FULL-YEAR RESIDENT 2. PART-YEAR RESIDENT 01/01/2019 TO 07/19/2019 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)
A. Single B. Married filing joint C. Married filing separate (Spouse's social security number must be entered above) D. Head of Household or Qualifying Widow(er)

6. Number of exemptions (Check appropriate box(es) and enter total in 6c.) 6a. Yourself 6b. Spouse 6c. 2
7a. Number of Dependents (Enter details on Line 7b., and DO NOT include yourself or your spouse) 7a. 1

ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING



YOUR SOCIAL SECURITY NUMBER
 838-40-1900

7b. Dependents (If you have more than 4 dependents, attach a list of additional dependents)

| | |
|--|-----------------------------------|
| First Name, MI. GENEO ASHER M | Last Name SANGALANG |
| Social Security Number 195-88-2834 | Relationship to You SON |

| | |
|-------------------------------|----------------------------|
| First Name, MI. | Last Name |
| Social Security Number | Relationship to You |

| | |
|-------------------------------|----------------------------|
| First Name, MI. | Last Name |
| Social Security Number | Relationship to You |

| | |
|-------------------------------|----------------------------|
| First Name, MI. | Last Name |
| Social Security Number | Relationship to You |

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3,456.

- 8. Federal adjusted gross income (From Federal Form 1040)..... 8. 148996
 (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.
- 9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) 9.
- 10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.
- 11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11a.
 (See IT-511 Tax Booklet)
 - b. Self: 65 or over? Blind? Total x 1,300=..... 11b.
 - Spouse: 65 or over? Blind?
 - c. Total Standard Deduction (Line 11a + Line 11b)..... 11c.
 Use EITHER Line 11c OR Line 12c (Do not write on both lines)
- 12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, you must include Federal Schedule A.
 - a. Federal Itemized Deductions (Schedule A-Form 1040) 12a.
 - b. Less adjustments: (See IT-511 Tax Booklet) 12b.
 - c. Georgia Total Itemized Deductions..... 12c.
- 13. Subtract either Line 11c or Line 12c from Line 10; enter balance..... 13.



2000411539

YOUR SOCIAL SECURITY NUMBER
838-40-1900

2019 (Approved software version)

Page 3

| | | |
|---|------|-------|
| 14a. Enter the number from Line 6c. Multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C | 14a. | |
| 14b. Enter the number from Line 7a. Multiply by \$3,000..... | 14b. | |
| 14c. Add Lines 14a. and 14b. Enter total..... | 14c. | |
| 15a. Income before GA NOL (Line 13 less Line 14c or Schedule 3, Line 14)..... | 15a. | 79969 |
| 15b. Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information).... | 15b. | |
| 15c. Georgia Taxable Income (Line 15a less Line 15b)..... | 15c. | 79969 |
| 16. Tax (Use the Tax Table in the IT-511 Tax Booklet) | 16. | 4362 |
| 17. Low Income Credit 17a. 17b. | 17c. | |
| 18. Other State(s) Tax Credit (Include a copy of the other state(s) return) | 18. | |
| 19. Credits used from IND-CR Summary Worksheet | 19. | |
| 20. Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically) | 20. | |
| 21. Total Credits Used (sum of Lines 17-20) cannot exceed Line 16 | 21. | 0 |
| 22. Balance (Line 16 less Line 21) if zero or less than zero | 22. | 4362 |

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12 or 13; Form G2-LP Line 11, or for Form G2-FL enter zero.**

| (INCOME STATEMENT A) | (INCOME STATEMENT B) | (INCOME STATEMENT C) |
|---|---|--|
| 1. WITHHOLDING TYPE: <input checked="" type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP | 1. WITHHOLDING TYPE: <input checked="" type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP | 1. WITHHOLDING TYPE: <input type="checkbox"/> W-2 <input type="checkbox"/> G2-A <input type="checkbox"/> G2-LP <input type="checkbox"/> 1099 <input type="checkbox"/> G2-FL <input type="checkbox"/> G2-RP |
| 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN <input type="checkbox"/> | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input checked="" type="checkbox"/> SSN <input type="checkbox"/> | 2. EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) <input type="checkbox"/> SSN <input type="checkbox"/> |
| 201601546 | 582137993 | |
| 3. EMPLOYER/PAYER STATE WITHHOLDING ID | 3. EMPLOYER/PAYER STATE WITHHOLDING ID | 3. EMPLOYER/PAYER STATE WITHHOLDING ID |
| 2372598QX | 2167250II | |
| 4. GA WAGES / INCOME | 4. GA WAGES / INCOME | 4. GA WAGES / INCOME |
| 27736 | 62124 | |
| 5. GA TAX WITHHELD | 5. GA TAX WITHHELD | 5. GA TAX WITHHELD |
| 1265 | 3011 | |

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.
ALL PAGES (1-5) ARE REQUIRED FOR PROCESSING

REV 09/11/20 INTUIT.CG.CFP.SP



YOUR SOCIAL SECURITY NUMBER
 838-40-1900

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
 W-2 G2-A G2-LP
 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**

3. **EMPLOYER/PAYER STATE WITHHOLDING ID** 3. **EMPLOYER/PAYER STATE WITHHOLDING ID** 3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME** 4. **GA WAGES / INCOME** 4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD** 5. **GA TAX WITHHELD** 5. **GA TAX WITHHELD**

| | | |
|---|-----|------|
| 23. Georgia Income Tax Withheld on Wages and 1099s | 23. | 4276 |
| (Enter Tax Withheld Only and include W-2s and/or 1099s) | | |
| 24. Other Georgia Income Tax Withheld | 24. | |
| (Must include G2-A, G2-FL, G2-LP and/or G2-RP) | | |
| 25. Estimated Tax paid for 2019 and Form IT-560 | 25. | |
| 26. Schedule 2B Refundable Tax Credits..... | 26. | |
| (Cannot be claimed unless filed electronically) | | |
| 27. Total prepayment credits (Add Lines 23, 24, 25 and 26)..... | 27. | 4276 |
| 28. If Line 22 exceeds Line 27, subtract Line 27 from Line 22 and enter balance due..... | 28. | 86 |
| 29. If Line 27 exceeds Line 22, subtract Line 22 from Line 27 and enter overpayment | 29. | |
| 30. Amount to be credited to 2020 ESTIMATED TAX | 30. | |
| 31. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)..... | 31. | |
| 32. Georgia Fund for Children and Elderly (No gift of less than \$1.00)..... | 32. | |
| 33. Georgia Cancer Research Fund (No gift of less than \$1.00) | 33. | |
| 34. Georgia Land Conservation Program (No gift of less than \$1.00)..... | 34. | |
| 35. Georgia National Guard Foundation (No gift of less than \$1.00) | 35. | |
| 36. Dog & Cat Sterilization Fund (No gift of less than \$1.00)..... | 36. | |
| 37. Saving the Cure Fund (No gift of less than \$1.00)..... | 37. | |
| 38. Realizing Educational Achievement Can Happen (REACH) Program | 38. | |
| (No gift of less than \$1.00) | | |



2000411559

YOUR SOCIAL SECURITY NUMBER
838-40-1900

39. Public Safety Memorial Grant (No gift of less than \$1.00)..... 39.

40. Form 500 UET (Estimated tax penalty) 500 UET exception attached 40.

41. (If you owe) Add Lines 28, 31 thru 40
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE.. 41.

86

Amount Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740399
ATLANTA, GA 30374-0399

42. (If you are due a refund) Subtract the sum of Lines 30 thru 40 from Line 29
THIS IS YOUR REFUND..... 42.

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

42a. Direct Deposit (U.S. Accounts Only)

Type: Checking Routing Number
Savings Account Number

Refund Due Mail To:
GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER, PO BOX 740380
ATLANTA, GA 30374-0380

INCLUDE ALL ITEMS IN ENVELOPE, **DO NOT STAPLE YOUR CHECK, W-2s, OTHER WITHHOLDING DOCUMENTS, OR TAX RETURN.**
I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Date

Date

Taxpayer's Phone Number

713-550-4276

I authorize DOR to discuss this return with the named preparer.

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

REV 09/11/20 INTUIT.CG.CFP.SP

Preparer's Phone Number

Signature of Preparer

Name of Preparer Other Than Taxpayer
SELF-PREPARED

Preparer's FEIN

Preparer's Firm Name

Preparer's SSN/PTIN/SIDN



2007411519

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.

Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See IT-511 Tax Booklet.

| FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A) | INCOME NOT TAXABLE TO GEORGIA (COLUMN B) | GEORGIA INCOME (COLUMN C) |
|--|--|--|
| 1. WAGES, SALARIES, TIPS, etc 148996 | 1. WAGES, SALARIES, TIPS, etc 59136 | 1. WAGES, SALARIES, TIPS, etc 89860 |
| 2. INTEREST AND DIVIDENDS | 2. INTEREST AND DIVIDENDS | 2. INTEREST AND DIVIDENDS |
| 3. BUSINESS INCOME OR (LOSS) | 3. BUSINESS INCOME OR (LOSS) | 3. BUSINESS INCOME OR (LOSS) |
| 4. OTHER INCOME OR (LOSS) | 4. OTHER INCOME OR (LOSS) | 4. OTHER INCOME OR (LOSS) |
| 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 148996 | 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 59136 | 5. TOTAL INCOME: TOTAL LINES 1 THRU 4 89860 |
| 6. TOTAL ADJUSTMENTS FROM FORM 1040 | 6. TOTAL ADJUSTMENTS FROM FORM 1040 | 6. TOTAL ADJUSTMENTS FROM FORM 1040 |
| 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 | 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 | 7. TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1 |
| 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 148996 | 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 59136 | 8. ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 89860 |
| 9. RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage..... | 9. | 60.31 % Not to exceed 100% |
| 10a. Itemized <input type="checkbox"/> or Standard Deduction <input checked="" type="checkbox"/> (See IT-511 Tax Booklet)..... | 10a. | 6000 |
| 10b. Additional Standard Deduction Self: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Spouse: 65 or over? <input type="checkbox"/> Blind? <input type="checkbox"/> Total x 1,300= | 10b. | |
| 11. Personal Exemption from Form 500 (See IT-511 Tax Booklet) | | |
| 11a. Enter the number on Line 6c. from Form 500 or 500X 2 multiply by \$2,700 for filing status A or D or multiply by \$3,700 for filing status B or C | 11a. | 7400 |
| 11b. Enter the number on Line 7a. from Form 500 or 500X 1 multiply by \$3,000... | 11b. | 3000 |
| 12. Total Deductions and Exemptions: Add Lines 10a, 10b, 11a, and 11b..... | 12. | 16400 |
| 13. Multiply Line 12 by Ratio on Line 9 and enter result | 13. | 9891 |
| 14. Income before GA NOL: Subtract Line 13 from Line 8, Column C Enter here and on Line 15a, Page 3 of Form 500 or Form 500X..... | 14. | 79969 |

Georgia Information Worksheet

2019

▶ Keep for your records

Part I – Personal Information

Taxpayer:

First Name GERALD
 Middle Initial S Suffix _____
 Last Name SANGALANG
 Social Security No. . . 838-40-1900
 Occupation Nurse
 Date of Birth 01/21/1987
 Date of Death _____
 Daytime Phone (713)550-4276
 Home Phone _____
 Print phone number on Form 500 Home

Spouse:

First Name Katrina
 Middle Initial M Suffix _____
 Last Name Sangalang
 Social Security No. . . 488-63-9488
 Occupation Nurse
 Date of Birth 11/02/1982
 Date of Death _____
 Daytime Phone _____
 Taxpayer work Spouse work

Street Address . . . 18231 Sorrell Oaks Ln Apartment No. . . . _____
 City Richmond State . TX ZIP Code . . 77407-2497
 Country, if foreign . . _____ Foreign Zip Code _____
 Taxpayer email address _____

Part II – Main Form

- Form 500: Resident Tax Return (Long form) ▶ _____
- Form 500: Nonresident Tax Return ▶ _____
- Form 500: Part-Year Resident Tax Return From 01/01/2019 To 07/19/2019
- Schedule 3: Enter Nonresident and Part-year resident allocations ▶ _____

Part III – Filing Status

- Single
- Married filing joint return
- Married filing separate return
- Head of household
- Qualifying widow(er)

Part IV – Other Information

- Taxpayer and/or Spouse's name changed from last year
- The address above is different than last year
- I authorize the Georgia Department of Revenue to electronically notify me by e-mail address regarding any updates to my account(s).

Form 500UET calculations (Underpayment of Estimated Tax Penalty):

- You want the GA Dept of Revenue to figure the underpayment penalty Form 500 UET
- At least 2/3 of your total gross income is from fishing or farming
- Last year's Georgia return did not cover a twelve month period or show a tax liability

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

| Description | Filename |
|-------------|----------|
| | |
| | |
| | |

Part V – Direct Deposit Information or Direct Debit Information

****Note: Georgia does not allow direct deposit of refunds for first time filers or taxpayers who have not filed a Georgia tax return within the last five years.**

Yes No
 Is this your first time filing a Georgia income tax return?

** Check "Yes" if you have not filed a Georgia tax return within the last five years.

Yes No
 Elect direct deposit of **state** tax refund
 Use direct debit for state tax payments (EF Only)
 Use electronic funds withdrawal of Georgia tax payment for the **amended return?** (EF Only)

Bank Information

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

Name of Financial Institution (optional) _____
Account type Checking Savings
Routing number 061000052
Account number. 334054470380

Electronic funds withdrawal amount due with return information:

Payment date to withdraw from the account above . . . 02/27/2020
State balance-due amount from this return 86.

Electronic funds withdrawal amount due with amended return information:

Payment date to withdraw from the account above _____
State balance-due amount paid with this amended return _____

International ACH Transactions

Yes No
 Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Note: If, for any reason, the scanning equipment at the Georgia Department of Revenue fails to read your direct deposit information (from the barcode on Form 500), you will receive a paper check instead.

Part VI – Extension Status

Yes No
 Tax return due date extended?
Extended due date . . . _____

QuickZoom to Form IT-303: Application for Extension of Time for Filing ► _____
QuickZoom to Form IT-560: Extension Payment Voucher ► _____

Part VII – Amended Return

Filing a Georgia amended return
Enter the tax year you are amending _____
Previous Georgia payment(s) made _____
Previous Georgia refund received _____

QuickZoom to Form 500X. ► _____

QuickZoom to Form 500: Income Tax Return (Long form) ► _____

Income and Retirement Worksheets

2019

▶ Keep for your records

| | |
|--|---------------------------------------|
| Name GERALD S & Katrina M SANGALANG | Social Security Number 838-40-1900 |
|--|---------------------------------------|

| | Georgia Amounts | | Other State Amounts | |
|---|----------------------|--------------------|----------------------|--------------------|
| | Column A Taxpayer | Column B Spouse | Column C Taxpayer | Column D Spouse |
| Income | | | | |
| 1 Wages | 27,736. | 62,124. | 31,847. | 27,289. |
| 2 Federal Interest | | | | |
| - Georgia Adjustments to federal taxable Interest | | | | |
| 3 Dividends | | | | |
| - Georgia Adjustments to federal taxable Dividends | | | | |
| 4 Capital/other gains or (losses) | | | | |
| 5 Income from federal Schedules C and F | | | | |
| 6 a Rental/K-1 etc. income | | | | |
| b - income above subject to FICA or S.E. tax, or S corp income in which you materially participated | | | | |
| 7 a Pension/Annuity and IRA/SEP distributions | | | | |
| b Lump-sum distributions | | | | |
| c RRB-1099-R | | | | |
| d Other Subtraction #2, withdrawals with GA/Fed tax difference | | | | |
| e Other Subtraction #7, income exempt from state tax | | | | |
| f Other Subtraction # 8, teachers retirement contributions already taxed by Georgia | | | | |
| 8 Alimony received | | | | |
| 9 Social security | | | | |
| 10 a State income tax refund | | | | |
| b Unemployment compensation | | | | |
| 11 Other income | | | | |
| - Gambling winnings | | | | |
| - Home mortgage debt forgiveness relief | | | | |
| - NOL Carryover | | | | |
| - Other | | | | |
| Federal Form 8814 income included in other income | | | | |
| Adjustments | | | | |
| 12 IRA deductions | | | | |
| 13 Educator expenses | | | | |
| 14 Reserved | | | | |
| 15 Other federal adjustments | | | | |

| | |
|---|---------------------------------------|
| Name(s) Shown on Return GERALD S & Katrina M SANGALANG | Social Security Number 838-40-1900 |
|---|---------------------------------------|

Part I 2019 Credits without a carryforward provision

The following credits have no carryforward (or carry back) provision. Since total credits cannot exceed your income tax liability, the following credits are deemed to have been claimed first. Credits that have carryforward provisions will be claimed after the following credits have been exhausted so that unused credits are available in future years.

| Description | (a) Full 2019 credit | (b) Amount used | (c) Remaining tax liability |
|---|----------------------------|-----------------------|-----------------------------------|
| Total 2019 Income Tax Liability | | | 4362 |
| 1 Child and Dependent Care Expense Credit (IND-CR 202) | | | |
| 2 Qualified Caregiving Expense Credit (IND-CR 204) | | | |
| 3 Rural Physicians Credit (IND-CR 207) | | | |
| 4 Community Based Faculty Preceptor Credit (IND-CR 212) | | | |
| 5 Other state(s) tax credit | | | |
| 6 Low Income Credit | | | |
| Total | | | |
| Remaining balance of 2019 tax liability available to enable credits below | | | 4362 |

Part II Credits (from any year) with a defined carryforward provision

The following credits have a specific carryforward provision (they expire after so many years). Entries for prior year credits are made in Part V. Reduce column d if a Pass Through Credit has further limitations based on a percentage of your 2019 income tax liability. Only make adjustments after this table is otherwise complete. See Tax Help for details.

2019 Qualified Education Expense Credit (Individual/Non pass through) - **Credit Code 125** ▶
Credit Certificate Number ▶

****Note: The Georgia Department of Revenue requires electronic filing for income tax in which series 100 tax credits are generated, allocated, claimed, utilized, or included in any manner.**

2019 Clean Energy Property Credit (Individual/Non pass through) - **Credit Code 127** ▶
Credit Certificate Number ▶

****Note: The Georgia Department of Revenue requires electronic filing for income tax in which series 100 tax credits are generated, allocated, claimed, utilized, or included in any manner.**

| Credit Description | Credit Code | (a) Remaining life (yrs) | (b) Remaining credit | (c) Limited to tax of | (d) 2019 net credit | (e) Carryfwd to 2020 |
|---|-------------|--------------------------------|----------------------------|-----------------------------|---------------------------|----------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total allowable 2019 credits with a defined carryforward provision | | | | | | |
| Remaining balance of 2019 tax liability available to enable credits below | | | | | | 4362 |

Part III Credits (from any year) with an unlimited carryforward provision

| Description | Credit Code | (a) Full credit | (b) Limited to tax of | (c) 2019 net credit | (d) Carryfwd to 2020 |
|---|-------------|-----------------------|-----------------------------|---------------------------|----------------------------|
| 1 2019 Georgia/Air National Guard Credit | | | | | |
| 2 2019 Disaster Assistance Credit | | | | | |
| 3 2019 Adoption of a Foster Child Credit | | | | | |
| 4 Eligible Single-Family Residence Credit | | | | | |
| - 4a additional unused Credit from IND-CR209 | | | | | |
| 5 Credits from 2018 and prior yrs. (from Part V) or credits from Part IV with carryforwards | Credit Code | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total allowable 2019 credits with an unlimited carryforward provision | | | | | |

Total 2019 credits after all prior year carryforwards and tax liability limitations ▶

Low Income Credit Worksheet

2019

▶ Keep for your records

| | |
|-------------------------|------------------------|
| Name as Shown on Return | Social Security Number |
|-------------------------|------------------------|

Important: Do not fill out this worksheet if your federal adjusted gross income is over \$19,999 or if you are claimed or eligible to be claimed as a dependent by another taxpayer on their federal or Georgia individual income tax return. A part-year resident can only claim the credit if they are a resident of Georgia at the end of the tax year. **You cannot claim this credit if you are an inmate in a correctional facility.**

***Disable Low Income Credit calculations**
 Were you (**and** your spouse if Married filing joint) an inmate in a correctional facility?
 If so, you cannot claim this credit. Yes No

***Married filing separate only**
 Enter your **spouse's** income from line 8 of GA Form 500 (If zero or less enter zero) _____

| | | |
|--|----------|--|
| 1 Enter your income from line 8 of GA Form 500 or line 1 of Form 500EZ. (If zero or less enter zero) | 1 | |
| 2 Enter the number of exemptions. Exemptions are self, spouse and natural or legally adopted children (Adjust if necessary) | 2 | |
| 3 Enter 1 if you or your spouse is 65 or older; enter 2 if you and your spouse are 65 or older | 3 | |
| 4 Add lines 2 and 3; enter on line 17a of Form 500, or Line 5a of Form 500EZ | 4 | |
| 5 Find the credit that corresponds to your income in the table below and enter on line 17b of Form 500, or Line 5b of Form 500EZ | 5 | |
| 6 Multiply Line 4 by Line 5; enter the total on line 17c of Form 500 or Line 5c of Form 500EZ | 6 | |

Base Credit Table

| Federal Adjusted Gross Income | Base Credit |
|---|-------------|
| Under \$6,000.00 | \$26.00 |
| \$ 6,000.00 but not more than 7,999.00 | \$20.00 |
| \$ 8,000.00 but not more than 9,999.00 | \$14.00 |
| \$10,000.00 but not more than 14,999.00 | \$8.00 |
| \$15,000.00 but not more than 19,999.00 | \$5.00 |

Name as Shown on Return
GERALD S & Katrina M SANGALANG

Social Security Number
838-40-1900

** Line numbers below correspond to Georgia Instructions for Schedule 1 Subtractions:

| | | | |
|-----------|--|-----------|--|
| 4 | Salaries and wages reduced from federal taxable income because of the federal jobs tax credit | 4 | |
| 5 | Individual Retirement Account, Keogh, SEP and SUB-S plan withdrawals where tax has been paid to Georgia because of the difference between Georgia and federal law for tax years 1981 through 1986. | 5 | |
| 6 | Depreciation because of differences in Georgia and federal law for tax years 1981 through 1986 | 6 | |
| 7 | Dependents' unearned income included in parent's federal adjusted gross income | 7 | |
| 8 | Income tax refunds from other states included in federal adjusted gross income. Identify state: | 8 | |
| 9 | Income from any fund, program or system which is exempted from state tax by federal law or treaty | 9 | |
| 10 | Income taxed at corporate level by other states because of non-recognition of S corporation status | 10 | |
| 11 | Teachers retirement contributions already taxed by the state of Georgia | 11 | |
| 12 | Amount claimed by employers in food and beverage establishments who took a credit instead of a deduction on the Federal return for FICA tax paid on employee cash tips | 12 | |
| 13 | Payments to certified minority subcontractors from state contracts (10% of payments or \$100,000, whichever is less) | 13 | |
| 16 | Depreciation Adjustment (if negative) for differences in federal and Georgia law | 16 | |
| 16 | Combat Zone Pay exclusion | 16 | |
| 17 | Expenses Related to Organ Donation | 17 | |
| 19 | Deduction of high deductible health plans | 19 | |
| 20 | Federally taxable interest received on Georgia municipal bonds designated as or considered "Build America Bonds" | 20 | |
| 21 | Other federally taxable interest exempt from Georgia tax | 21 | |
| 22 | Federal mortgage interest reduction on Form 8396 | 22 | |
| | Other: | | |
| a | _____ | a | |
| b | _____ | b | |
| c | _____ | c | |
| 23 | Payment received for death or disability of first responder | 23 | |
| 24 | Firefighter payments received from certain insurance benefits related to cancer to the extent the amounts were included in Federal Adjusted Gross Income | 24 | |
| 25 | Firefighter premiums paid for continued coverage that were not already deducted from the Federal Adjusted Gross Income | 25 | |
| 26 | Surviving family member's income received based on the service record of a deceased veteran | 26 | |
| | Total other subtractions from federal adjusted gross income to Schedule 1 . . . ▶ | | |

Section 179 Worksheet

2019

Name as Shown on Return
GERALD S & Katrina M SANGALANG

Social Security Number
838-40-1900

Section 179 Limitation

This worksheet calculates the allowable state Section 179 deduction. If the deduction is limited then the allowable Section 179 (Line 7) must be allocated back to the individual activities using the State Allowed columns below. The Section 179 amounts for Schedules C, E, F, K-1 Partnership, K-1 S Corporation, and Form 4835 are on the Activity Worksheet(s).

| | | | |
|---------------------------|--|-----------|-------|
| 1 | Federal taxable income computed for the Section 179 limitation | 1 | _____ |
| State adjustments: | | | |
| 2 | Depreciation adjustment (without Section 179) | 2 | _____ |
| 3 | Section 1231 gain adjustment | 3 | _____ |
| 4 | Other additions or subtractions to taxable income | 4 | _____ |
| 5 | State taxable income for the Section 179 limitation (line 1 plus lines 2 - 4) | 5 | _____ |
| 6 | Total Section 179 before limitation | 6 | _____ |
| 7 | Section 179 allowable, if different | 7 | _____ |
| 8 | Federal Section 179 allowed | 8 | _____ |
| 9 | State Section 179 adjustment | 9 | _____ |
| 10 | Carryover to next year | 10 | _____ |

QuickZoom to Activity Worksheet

| Form 2106 | P/Y Copy # | (A) Fed Total Section 179 Before Limitation | (B) Federal Net Section 179 After Limitation | (C) State Current Year Expense | (D) State Carryover From Prior Year | (E) State Total Section 179 Before Limitation |
|------------------|-------------------|--|---|---|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Form 2106 Section 179 Carryovers | | | (F) State Total Section 179 Before Limitation | (G) State Section 179 Allowed | (H) Carryover |
|---|--|--|--|---|-------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Total Form 2106 Section 179 Adjustment (Column B minus Column G) _____

Schedule A

| (A) Federal Total Section 179 Before Limitation | (B) Federal Net Section 179 After Limitation | (C) State Current Year Expense | (C) State Carryover From Prior Year | (D) State Total Section 179 Before Limitation | (E) State Section 179 Allowed | (F) State Section 179 Carryover To Next Year |
|--|---|---|--|--|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Total Schedule A Section 179 Adjustment (Column B minus Column E) _____

► Keep for your records

Name(s) Shown on Return
GERALD S & Katrina M SANGALANG

Your Social Security Number
838-40-1900

Part I 2020 Estimated Tax Amount Options

1 Select One of Six Ways to Calculate the Required Annual Payment for 2020 Estimates:

- a 100% of **2019** taxes (default, see Tax Help) 4,362.
- b 100% of tax on **2020** estimated taxable income 4,126.
- c 90% of tax on **2020** estimated taxable income 3,714.
- d 66-2/3% of tax on **2020** estimated taxable income (farmers and fishermen) 2,751.
- e Equal to 100% of overpayment (no vouchers) 0.
- f Enter total amount you want to use for estimates and check box _____

2 Selected estimated tax amount:

- a 2020 Required Annual Payment based on your choice above 4,362.
- b Estimated amount of 2020 state income tax withholding 4,276.
- c **Total of estimated tax payments required for 2020** (line 2a less line 2b) 86.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$500 or more (default)
- b Calculate estimates if _____ (specify amount) or more
- c Calculate estimates regardless of amount
- d Do **not** calculate estimates

Part II Overpayment Application Options

1 Amount of overpayment available (Form 500, line 24 less lines 26-34) 0.

2 Select Overpayment Application Amount Option:

- a Apply none (refund entire overpayment)
- b Apply all (increase estimate if required)
- c Apply to extent of total estimated tax and refund excess
- d Apply to extent of first quarter amount and refund excess
- e Enter amount you want to apply
- f Amount applied to 2020 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 0.

3 Select Overpayment Application Sequence:

- a ◀ Consecutively b ◀ Evenly

Part III Rounding and Printing Options

1 Select Rounding Option:

- a ◀ Round up to next \$1 b ◀ Round up to next \$10 c ◀ Round up to next \$100 d ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ◀ Print (per Part I, lines 3a - c) b ◀ Print only name, etc. c ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

| | 1 7/15/2020 | 2 7/15/2020 | 3 9/15/2020 | 4 1/15/2021 | Total |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------|
| 1 If you have already made payments, enter amounts | | | | | |
| 2 Indicate which payment is due next. (e.g. if it is now April 25, 2020, check col. 2) . . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 Required Payment | | | | | |
| 4 Overpayment applied | | | | | |
| 5 Net payment due | | | | | |
| 6 Voucher amounts | | | | | |

Part V Changes to Income, Deductions and Withholding for 2020

2019 income and deductions are shown in the '2019 Actual' column below.

***Caution:** For each line in the '2020 Estimated' column, enter the estimated 2020 amount if different from 2019. Otherwise, the '2019 Actual' amount will be used. If zero, you **must** enter zero.

| | 2019 Actual | *2020 Estimated |
|--|-------------|-----------------|
| 1 Adjusted gross income | 89,860. | |
| 2 Adjustments and Deductions | 3,619. | |
| 3 Applicable retirement exclusion (See Tax Help) | | |
| 4 Georgia tax withholding | 4,276. | |
| 5 Other credits | 0. | |

Part VI Filing Status and Personal Exemptions for 2020

- 1 Choose 2020 filing status: (Default = last year's filing status)
 Single Married filing jointly
 Married filing separately Head of household Qualifying Widow(er)
- 2 Enter the number of exemptions in 2020 2
- 3 Enter the number of dependents in 2020 1

Part VII 2020 Estimated Taxable Income and Tax

| | | |
|---|-----------|---------|
| 1 Adjusted gross income expected during the current year | 1 | 89,860. |
| 2 Less: Adjustments and Deductions | 2 | 3,619. |
| 3 Balance (line 1 less line 2) | 3 | 86,241. |
| 4 Less: Deduction for exemptions/dependents | 4 | 10,400. |
| 5 Balance (line 3 less line 4) | 5 | 75,841. |
| 6 Applicable retirement exclusion (see worksheet) | 6 | |
| 7 Taxable income (line 5 less line 6) | 7 | 75,841. |
| 8 Tax on amount on line 7 (see tax rate schedule) | 8 | 4,126. |
| 9 Less: Credits | 9 | 0. |
| 10 Line 8 less line 9. This is your 2020 tax based on your estimate of 2020 income | 10 | 4,126. |

Tax Payments Worksheet

2019

► Keep for your records

| | |
|--|---------------------------------------|
| Name GERALD S & Katrina M SANGALANG | Social Security Number 838-40-1900 |
|--|---------------------------------------|

Tax Payments for the Current Year

| | | State | |
|----------------------------|--|-------|---------|
| | | Date | Payment |
| 1 | First Payment | | |
| 2 | Second Payment | | |
| 3 | Third Payment | | |
| 4 | Fourth Payment | | |
| Additional Payments | | | |
| 5 | Payment | | |
| | Payment | | |
| | Payment | | |
| | Payment | | |
| | Payment | | |
| 6 | Overpayment from previous year applied to current year | 6 | |
| 7 | Amount paid with current year extension | 7 | |
| 8 | Total tax payments | 8 | |

Income Taxes Withheld for the Current Year

| | | | |
|------|--|------|--------|
| 9 | State withholding on Forms W-2 | 9 | 4,276. |
| 10 | State withholding on Forms W-2G | 10 | |
| 11 | State withholding on Forms 1099-R | 11 | |
| 12 a | State withholding on Forms 1099-MISC | 12 a | |
| b | State withholding on Forms 1099-G | b | |
| c | State withholding on Forms 1099-K | c | |
| 13 | Other state tax withholding | 13 | |
| 14 | Total income tax withheld | 14 | 4,276. |
| 15 | Date return will be filed and balance paid | 15 | |

Tax Summary
 ▶ Keep for your records

2019

| | |
|--|----------|
| Name(s) GERALD S & Katrina M SANGALANG | |
| Federal adjusted gross income | 148,996. |
| Adjustments to income | -59,136. |
| Georgia adjusted gross income | 89,860. |
| Deductions and exemptions | 9,891. |
| Taxable income | 79,969. |
| Total Georgia tax | 4,362. |
| Total prepayments and credits | 4,276. |
| Amount due | 86. |
| Amount of overpayment | |
| Amount applied to ES | |
| Contributions | |
| Amount of penalty | |
| Balance due | 86. |
| Refund | |

| | | | | | |
|------------|--|------------|---------|---------|--|
| 12a | Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 12a | 19,128. | | |
| b | Add Schedule 2, line 3, and line 12a and enter the total | 12b | | 19,128. | |
| 13a | Child tax credit or credit for other dependents | 13a | 2,000. | | |
| b | Add Schedule 3, line 7, and line 13a and enter the total | 13b | | 2,000. | |
| 14 | Subtract line 13b from line 12b. If zero or less, enter -0- | 14 | | 17,128. | |
| 15 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 15 | | 0. | |
| 16 | Add lines 14 and 15. This is your total tax | 16 | | 17,128. | |
| 17 | Federal income tax withheld from Forms W-2 and 1099 | 17 | | 15,346. | |
| 18 | Other payments and refundable credits: | | | | |
| a | Earned income credit (EIC) NO | 18a | | | |
| b | Additional child tax credit. Attach Schedule 8812 | 18b | | | |
| c | American opportunity credit from Form 8863, line 8 | 18c | | | |
| d | Schedule 3, line 14 | 18d | | | |
| e | Add lines 18a through 18d. These are your total other payments and refundable credits | 18e | | | |
| 19 | Add lines 17 and 18e. These are your total payments | 19 | | 15,346. | |

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

| | | | | | |
|------------|---|------------|--|--|--|
| 20 | If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid | 20 | | | |
| 21a | Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 21a | | | |
| b | Routing number <u>X X X X X X X X X</u> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | | | |
| d | Account number <u>X X X X X X X X X X X X X X X X</u> | | | | |
| 22 | Amount of line 20 you want applied to your 2020 estimated tax | 22 | | | |

Direct deposit? See instructions.

Amount You Owe

| | | | | | |
|-----------|---|-----------|--|--------|--|
| 23 | Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions | 23 | | 1,782. | |
| 24 | Estimated tax penalty (see instructions) | 24 | | | |

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. **Yes.** Complete below. **No**

(Other than paid preparer) Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and 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 Nurse | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/> |
| | Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation Nurse | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/> |
| | Phone no. | Email address | | |

Paid Preparer Use Only

| | | | | |
|------------------------------------|----------------------|------|--------------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed |
| Firm's name ▶ Self-Prepared | Phone no. | | Firm's EIN ▶ | |
| Firm's address ▶ | | | | |