

Review your print out for checklist items.

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 Harsh	Last name Shah	Your social security number 675-82-5570
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 348 Firwood Dr	Apt. no. 0	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
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Dayton OH 45419-4156		
Foreign country name	Foreign province/state/county	Foreign postal code

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
				<input 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	2,788.
2a Tax-exempt interest	2a		b Taxable interest. Attach Sch. B if required	2b	
3a Qualified dividends	3a		b Ordinary dividends. Attach Sch. B if required	3b	
4a IRA distributions	4a		b Taxable amount	4b	
c Pensions and annuities	4c		d Taxable amount	4d	
5a Social security benefits	5a		b Taxable amount	5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here				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	2,788.
8a Adjustments to income from Schedule 1, line 22				8a	
b Subtract line 8a from line 7b. This is your adjusted gross income				8b	2,788.
9 Standard deduction or itemized deductions (from Schedule A)				9	12,200.
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A				10	
11a Add lines 9 and 10				11a	12,200.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-				11b	0.

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	0 .
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	0 .
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	0 .
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	0 .
17	Federal income tax withheld from Forms W-2 and 1099	17	94 .
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	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	94 .

• 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	94 .
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	94 .
b	Routing number 0 4 4 0 0 0 0 3 7 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 6 8 2 3 0 8 6 5		
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	
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.

Your signature	Date	Your occupation Student	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
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 address	Firm's EIN			

Tax History Report

▶ Keep for your records

2019

Name(s) Shown on Return

Harsh Shah

	Five Year Tax History:				
	2015	2016	2017	2018	2019
Filing status					Single
Total income					2,788.
Adjustments to income					
Adjusted gross income					2,788.
Tax expense					85.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					12,200.
Exemption amount . .					0.
QBI deduction					
Taxable income					0.
Tax					
Alternative min tax . .					
Total credits					
Other taxes					
Payments					94.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					94.
Effective tax rate % . .					0.00
**Tax bracket %					10.0

**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

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>Harsh</u>		<u>Shah</u>	<u>675-82-5570</u>
If Joint Return, Spouse's First Name	MI	Last Name	Spouse's Social Security No.
Home Address (No. and Street). If You Have a P.O. Box, See Instructions.			Apt. No.
<u>348 Firwood Dr</u>			<u>0</u>
City, Town or Post Office. If you have a foreign address, also complete below. State			ZIP Code
<u>Dayton</u> <u>OH</u>			<u>45419-4156</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
_____	_____	_____	_____	<input 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	<u>2,788.</u>
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	
	Pensions and annuities 4c		
	Taxable amount (see instructions)	4d	
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	<u>2,788.</u>
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	<u>2,788.</u>
	AGI including excludable Puerto Rico Income		<u>2,788.</u>

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	<u>12,200.</u> <u>-9,412.</u>
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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	12,200.
b Taxable Income. Subtract line 11a from line 8b	11b	0.

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	0.
QuickZoom to Schedule 2 - Additional Tax section		0.

Form 1040 or Form 1040-SR, Line 13 - 16		
13 a Child tax credit/credit for other dependents	13a	
b Add Schedule 3, line 7 and line 13a and enter the total.	13b	
14 Subtract line 13b from line 12b. If zero or less, enter -0-	14	0.
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	0.
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	94.
18 Other payments and refundable credits:		
a Earned income credit (EIC)		
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.	19	94.
These are your total payments		
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	94.
21 a Amount of overpayment you want refunded to you . If Form 8888 is attached, check here.	21	94.
b Routing number		044000037
c Type:		
<input checked="" type="checkbox"/> Checking		
<input type="checkbox"/> Savings		
d Account number		368230865
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	
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>2,788.</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	_____ 0.
	Total tax (add line 10 and Schedule 3, line 7b)		_____ 0.

Schedule 3 - Additional Credits and Payments

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential Energy Credit. Attach Form 5695	5	
6	Other credits from Form:		
a	<input type="checkbox"/> 3800		
b	<input type="checkbox"/> 8801		
c	<input type="checkbox"/>		
7	Add lines 1 through 6 plus child tax credit/credit for other dependents line 13a Enter here and include on Form 1040 or 1040-SR, line 13b	6	
a	Total non-refundable credits	7	
b	Subtract total credits on line 7 from tax on line 12b above		0.
Quickzoom to 1040 Worksheet, line 16 – Total Tax		QuickZoom	

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	
9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form:		
a	<input type="checkbox"/> 2439		
b	<input type="checkbox"/> Reserved		
c	<input type="checkbox"/> 8885		
d	<input type="checkbox"/>		
14	Total Payments (Part II, lines 8-13) and Withholding (Form 1040, line 17)	13	
	Other Payments and Refundable Credits (Form 1040, line 18e) ▶	14	94.

Third Party Designee

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

Designee's Name ▶ _____
 Phone No. ▶ _____ Personal Identification Number (PIN) . . . ▶ _____

Signature and Paid Preparer

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

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

Your Signature _____	Date _____	Your Occupation _____	If the IRS sent you an Identity Protection PIN, enter it here ▶ _____ ▶ _____
Spouse's Signature. If joint, both must sign. _____	Date _____	Student _____ Spouse's Occupation _____	
Daytime Phone No. _____ (929) 446-8440			

Paid Preparer's Use Only

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

Filing Address Information

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

Name(s) Shown on Return Harsh Shah	Your SSN 675-82-5570
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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%; height: 15px;"></td> <td style="width: 5%;"></td> <td style="width: 35%;"></td> </tr> <tr> <td style="height: 15px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 15px;"></td> <td></td> <td></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

Part I – Personal Information

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

Taxpayer:

First name Harsh
 Middle initial _____ Suffix _____
 Last name Shah
 Social security no. 675-82-5570
 Occupation Student
 Date of birth 03/30/1996 (mm/dd/yyyy)
 Age as of 1-1-2020 23
 Daytime phone (929) 446-8440 Ext 1
 Legally blind
 Date of death _____

Spouse:

First name _____
 Middle initial _____ Suffix _____
 Last name _____
 Social security no. _____
 Occupation _____
 Date of birth _____ (mm/dd/yyyy)
 Age as of 1-1-2020 _____
 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 348 Firwood Dr Apt no. 0
 City Dayton State OH ZIP code 45419-4156

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						

* "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) ... Chase Bank
Check the appropriate box ... Checking Savings
Routing number ... 044000037 Account number ... 368230865

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

Enter the payment date to withdraw from the account above ...
Balance-due amount from this return ...

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 ▶ OH

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 ▶ _____

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

Spouse:

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

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 ▶ _____

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

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

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

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

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

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

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

Taxpayer's Prior year PIN _____

Spouse's Prior year PIN _____

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

Taxpayer's PIN used to sign the return 50000

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number _____

Issued by what state

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

Spouse

Drivers license or state ID number _____

Issued by what state

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 . . . Harsh Middle initial . . . Last name . . . Shah

Suffix

Social security no. . . . 675-82-5570 Member of U.S. Armed Forces in 2019? . . . Yes No

Date of birth 03/30/1996 (mm/dd/yyyy) age as of 1-1-2020 23

Occupation Student Daytime phone (929) 446-8440 Ext 1

Marital status . . . Single

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 OH

Check the appropriate box:

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

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

Date this person established residence in state above ►

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

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 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

► Keep for your records

Name(s) Shown on Return
Harsh Shah

Social Security Number
675-82-5570

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	2,788.		2,788.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	94.		94.
3 & 7	Total social security wages/tips			
4	Total social security tax withheld			
5	Total Medicare wages and tips			
6	Total Medicare tax withheld			
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. . .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. . .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
16	Total state wages and tips	2,788.		2,788.
17	Total state tax withheld	15.		15.
19	Total local tax withheld.	70.		70.

▶ Keep for your records

Name Harsh Shah Social Security Number 675-82-5570

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>675-82-5570</u></p> <p>b Employer ID number (EIN) . . . <u>31-0536715</u></p> <p>c Employer's name, address, and ZIP code <u>UNIVERSITY OF DAYTON</u></p> <p>Street <u>300 COLLEGE PARK</u> City <u>DAYTON</u> State <u>OH</u> ZIP Code <u>45469</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>Harsh</u> M.I. _____ Last <u>Shah</u> Suff. _____</p> <p>f Employee's address and ZIP code Street <u>348 Firwood Dr, Apt. 0</u> City <u>Dayton</u> State <u>OH</u> ZIP Code <u>45419-4156</u></p> <p>Foreign Province _____ Foreign Postal Code _____ Foreign Country _____</p>	<p>1 Wages, tips, other compensation <u>2,788.20</u></p> <p>3 Social security wages</p> <p>5 Medicare wages and tips</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>94.05</u></p> <p>4 Social security tax withheld</p> <p>6 Medicare tax withheld</p> <p>8 Allocated tips</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>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:
		A: Enter amount attributable to RRTA Tier 2 tax _____
		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>OH</u>	<u>51064594</u>	<u>2,788.20</u>	<u>15.33</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
<u>DAYTON</u>	<u>2,788.20</u>	<u>69.72</u>	<u>OH</u>

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".)

Wages, Salaries, & Tips Worksheet

2019

▶ Keep for your records

Name(s) Shown on Return <u>Harsh Shah</u>	Social Security Number <u>675-82-5570</u>
--	--

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	2,788.		2,788.
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	2,788.		2,788.
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	2,788.		2,788.

Name(s) Shown on Return
Harsh Shah

Social Security Number
675-82-5570

		Regular Tax	Alternative Minimum Tax
<p>If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.</p>			
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
Harsh Shah

Social Security Number
675-82-5570

				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 Harsh Shah	Social Security Number 675-82-5570
---------------------------------------	---------------------------------------

1 a Enter your taxable income from Form 1040, line 11b 1 a 0.
 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 0.

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 0.

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 39,375.

16 Enter the **smaller** of line 1c or line 15 16 0.

17 Enter the **smaller** of line 14 or line 16 17 0.

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

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 0.

20 Enter the **smaller** of line 14 or line 19 20 0.

21 Enter the **larger** of line 18 or line 20 21 0.

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

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

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

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

27 Enter the smaller of line 1c or line 26 27

28 Add lines 21 and 22 28

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

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

31 Multiply line 30 by 15% (0.15) 31

32 Add lines 24 and 30 32

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

34 Multiply line 33 by 20% (0.20) 34

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	_____
45	Add lines 31, 34, 40, 43, and 44	45	_____ 0 .
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	_____
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	_____

Form 1040
Line 12a

Qualified Dividends and Capital Gain Tax Worksheet

2019

► Keep for your records

Name(s) Shown on Return
Harsh Shah

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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? <input type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	_____
	<input type="checkbox"/> No. Enter the amount from 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 <u>Harsh Shah</u>	Social Security Number <u>675-82-5570</u>
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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 type="checkbox"/>	<input 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

Harsh Shah

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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 Harsh Shah	Social Security Number 675-82-5570
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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	94.	15.	70.
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			
18 a Other withholding			
b Other withholding			
c Other withholding			
d Positive Adjustment			
e Negative Adjustment			
f Additional Medicare Tax			
19 Total Withholding Lines 10 through 18f	94.	15.	70.
20 Total Tax Payments for 2019	94.	15.	70.

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				
24 Other (amended returns, installment payments, etc)				

Name(s) Shown on Return Harsh Shah	Social Security Number 675-82-5570
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Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7	2,788.
(2) Nontaxable income entered elsewhere on return	
(3) Available income: 2018 refundable credits in excess of tax	0.
(4) Enter any additional nontaxable income	
(5) Total available income	2,788.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes 85.00

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). 85.00

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. _____

Name(s) Shown on Return
Harsh Shah

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State and Local Income Taxes

State income taxes:		
1	State income tax withheld	15.
2	2019 state estimated taxes paid in 2019	
3	2018 state estimated taxes paid in 2019	
4	Amount paid with 2018 state application for extension	
5	Amount paid with 2018 state income tax return	
6	Overpayment on 2018 state income tax return applied to 2019 tax	
7	Other amounts paid in 2019 (amended returns, installment payments, etc.)	
8	State estimated tax from Schedule(s) K-1 (Form 1041)	
Local income taxes:		
9	Local income tax withheld	70.
10	2019 local estimated taxes paid in 2019	
11	2018 local estimated taxes paid in 2019	
12	Amount paid with 2018 local application for extension	
13	Amount paid with 2018 local income tax return	
14	Overpayment on 2018 local income tax return applied to 2019 tax	
15	Other amounts paid in 2019 (amended returns, installment payments, etc.)	
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	
Other:		
17		
18	Total Add lines 1 through 17	85.
19	State and local refund allocated to 2019	
20	Nondeductible state income tax from line 28	
21	Total reductions Add lines 19 and 20	
22	Total state and local income tax deduction Line 18 less line 21	85.

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance	
24	Adjusted gross income	
25	Add lines 23 and 24	
26	Nondeductible percent. Line 23 divided by line 25	%
27	Hawaii state income tax included in line 18	
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	

Charitable Deduction Limits Worksheet For Current Year Contributions

2019

▶ Keep for your records

Name(s) Shown on Return Harsh Shah	Social Security Number 675-82-5570
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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	2,788.
--	---	--------

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 Harsh Shah	Social Security Number 675-82-5570
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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		2,788.
	Percentage of line 8	Used in Current Year			
a 60% AGI limit to line 9	1,673.	Less 0.	a	1,673.	
b 50% AGI limit to line 12	1,394.	Less 0.	b	1,394.	
c 30% AGI limit, Section C to line 19	836.	Less 0.	c	836.	
d 30% AGI limit, Section D to line 26	836.	Less 0.	d	836.	
e 20% AGI limit to line 35	558.	Less 0.	e	558.	

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 Harsh Shah	Social Security Number 675-82-5570
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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		N/A					
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

Name(s) Shown on Return Harsh Shah	Social Security Number 675-82-5570
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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	12,200.
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 Harsh Shah	Social Security Number 675-82-5570
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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	2,788.		2,788.
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	2,788.		2,788.
9 a Taxable dependent care benefits.			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	2,788.		2,788.
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	2,788.		2,788.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	2,788.		2,788.
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.	2,788.		2,788.

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

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	2,788.		2,788.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	2,788.		2,788.

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

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

Name(s) shown on return
Harsh Shah

Social Security No.
675-82-5570

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 Harsh Shah	Social Security Number 675-82-5570
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	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c.		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 6.	0.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			0.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return Harsh Shah	Social Security Number 675-82-5570
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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	-9,412.
2	Additions to income	2	
3	Add lines 1 and 2	3	-9,412.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	-9,412.

Taxes – Line 2a

1	Generation skipping transfer taxes included on Schedule A, line 6	1	
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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	2,788.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	2,788.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	2,509.
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	71,700.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	2,788.
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	510,300.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5	6	71,700.

► Keep for your records

Name(s) Shown on Return Harsh Shah		Social Security Number 675-82-5570
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 _____

► Keep for your records

Child's Name as Shown on Return <u>Harsh Shah</u>	Child's Social Security Number <u>675-82-5570</u>
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Line 1 - Child's Net Unearned Income

1	Enter the amount from the child's Form 1040, line 7b or Form 1040NR, line 23. <i>Note: If the child has claimed a loss from self-employment, a foreign earned income exclusion, or a net operating loss carryover to 2019, skip lines 2 and 3 and go to line 4.</i>	1	<u>2,788.</u>
2 a	Enter the total of the amount(s) reported on Form 1040, line 1, Form 1040, Schedule 1, lines 3 and 6 or Form 1040-NR, lines 8, 13, and 19	2 a	<u>2,788.</u>
b	Enter any other earned income not included on line 2a	b	_____
c	Enter any penalty on early withdrawals from savings, from Form 1040 or 1040-NR	c	_____
3	Subtract the amounts on lines 2a through 2c from the amount on line 1. Enter the result here and on Form 8615, line 1. Do not complete lines 4 through 7	3	<u>0.</u>
4	Enter the following amounts as Positive numbers:		
a	Loss from self-employment, from Schedule C or Schedule F	4 a	_____
b	Foreign housing and earned income exclusion, from Form 2555	b	_____
c	Net operating loss carryover to 2019, from Form 1040 or Form 1040-NR	c	_____
d	Add lines 4a through 4c	d	_____
5	Add lines 1 and 4d	5	_____
6 a	Enter the amount from the child's Form 1040, line 1 or 1040-NR, line 8	6 a	_____
b	Enter the amount from the child's Form 1040, Schedule 1, line 3 or 1040-NR, line 13. Enter -0- if less than zero	b	_____
c	Enter the amount from the child's Form 1040, Schedule 1, line 6 or Form 1040-NR line 19. Enter -0- if less than zero	c	_____
d	Enter any other earned income not included on lines 6a through 6c	d	_____
e	Enter any penalty on early withdrawal from savings, from Form 1040 or 1040-NR	e	_____
7	Subtract the amounts on lines 6a through 6e from the amount on line 5. Enter the result here and on Form 8615, line 1	7	_____

Line 2 - Child's Investment Deductions

8	If the child itemized deductions on Schedule A (Form 1040 or Form 1040-NR), enter the amount from Schedule A (Form 1040), line 17, or Schedule A (Form 1040-NR), line 15.	8	_____
9	Enter the portion of the amount on line 8 that is directly connected with the production of the child's investment income.	9	_____
a	Enter the child's itemized deductions directly connected with the production of the child's qualified dividends and net capital gain		_____
10	Add \$1,100 to the amount on line 9	10	_____
11	Enter the greater of the amount on line 10 or \$2,200. Also enter this amount on Form 8615, line 2	11	_____

Line 5 - Qualified Dividends and Net Capital Gain Worksheets

Form 8615 Line 5 - Worksheet 1

Use this worksheet only if line 2 of **your** Form 8615 is \$2,220 and lines 3 and 5 are the same amount

A	Enter the child's qualified dividends		
B	Enter the child's net capital gain		
C	Enter the amount from your Form 8615, line 1		
D	Divide line A by line C. Enter the result as a decimal (rounded to at least three places). Don't enter more than 1.000		
E	Divide line B by line C. Enter the result as a decimal (rounded to at least three places). Don't enter more than 1.000		
F	Multiply \$2,200 by line D		
G	Multiply \$2,200 by line E		
H	Qualified dividends on Form 8615, line 5. Subtract line F from Line A. (but do no enter less than zero or more than the amount on Form 8615, line 5)		
I	Net capital gain on Form 8615, line 5 Subtract line G from Line B. (but do no enter less than zero or more than the excess of Form 8615, line 5 over line H of this worksheet).		

Form 8615 Line 5 - Worksheet 2

Use this worksheet only if line 2 of **your** Form 8615 is **more** than \$2,200 and lines 3 and 5 of your Form 8615 are the same amount

A	Enter the child's qualified dividends		
B	Enter the child's net capital gain		
C	Add lines A and B		
D	Divide line A by line C (enter as a decimal rounded to at least three places)		
E	Enter the child's itemized deductions directly connected with the production of the child's qualified dividend's and net capital gain		
F	Multiply line D by Line E		
G	Subtract line F from line E.		
H	Subtract line G from line B		
I	Subtract line F from line A.		
J	Enter the amount from your Form 8615, line 1		
K	Divide line A by line J. Enter the result as a decimal (rounded to at least three places). Don't enter more than 1.000		
L	Divide line B by line J. Enter the result as a decimal (rounded to at least three places). Don't enter more than 1.000 minus the amount on line K.		
M	Multiply \$1,100 by line K		
N	Multiply \$1,100 by line L.		
O	Qualified dividends on Form 8615, line 5. Subtract line M from line I. (but do no enter less than zero or more than the amount on Form 8615, line 5)		
P	Net capital gain on Form 8615, line 5 Subtract line N from line H. (but do no enter less than zero or more than the excess of Form 8615, line 5 over line O of this worksheet).		

Form 8615 Line 5 - Worksheet 3

Use this worksheet only if **your** Form 8615, line 5 is **less** than line 3

A	Enter the child's qualified dividends		
B	Enter the child's net capital gain		
C	Add line A and line B		
D	Divide line A by line C Enter the result as a decimal (rounded to at least three places).		
E	If the child itemized deductions, enter the child's itemized deductions directly connected with the production of the child's income on line C		
F	Multiply line D by line E		
G	Subtract line F from line E.		
H	Subtract line G from line B		
I	Subtract line F from line A.		
J	If the child itemized deductions, enter the child's itemized deductions not directly connected with the production of the income on line C of this worksheet. Otherwise, enter the child's standard deduction.		
K	Add line J and line K.		
L	Enter the child's adjusted gross income (Form 1040, line 8b or 1040NR, line 36)		
M	Divide line C by line M.		
N	Multiply line L by line N		
O	Multiply line O by line D		
P	Subtract line P from line O		
Q	Qualified dividends on Form 8615, line 5. Subtract line P from line I. (but do no enter less than zero or more than the amount on Form 8615, line 5)		
R	Net capital gain on Form 8615, line 5 Subtract line Q from line H. (but do no enter less than zero or more than the excess of Form 8615, line 5 over line R of this worksheet).		

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Child's Name as Shown on Return

Child's Social Security Number

Line 7 Tax Computation Worksheet

1	Add Form 8615, line 6, and \$2,600.	1	_____
2	Enter the smaller of Form 8615, line 4, or line 1 *	2	_____
3	Enter the smaller of line 2 or the amount listed below for your filing status. ● Single or married filing separately—\$9,700. ● Head of household—\$13,850	3	_____
4	Multiply line 3 by 10% (0.10)	4	_____
5	Enter the smaller of line 2 or the amount listed below for your filing status. ● Single or married filing separately—\$39,475. ● Head of household—\$52,850	5	_____
6	Subtract line 3 from line 5. If zero or less, enter -0-	6	_____
7	Multiply line 6 by 12% (0.12)	7	_____
8	Enter the smaller of line 2 or \$84,200	8	_____
9	Subtract line 5 from line 8. If zero or less, enter -0-	9	_____
10	Multiply line 9 by 22% (0.22)	10	_____
11	Add Form 8615, line 6, and \$9,300.	11	_____
12	Enter the smaller of Form 8615, line 4, or line 11 *	12	_____
13	Enter the smaller of line 12 or \$160,725 ● Single or married filing separately—\$160,725 ● Head of household—\$160,700.	13	_____
14	Subtract line 8 from line 13. If zero or less, enter -0-	14	_____
15	Multiply line 14 by 24% (0.24)	15	_____
16	Enter the smaller of line 12 or \$204,100	16	_____
17	Subtract line 13 from line 16. If zero or less, enter -0-	17	_____
18	Multiply line 17 by 32% (0.32)	18	_____
19	Add Form 8615, line 6, and \$12,750	19	_____
20	Enter the smaller of Form 8615, line 4, or line 19 *	20	_____
21	Enter the smaller of line 20 or the amount listed below for your filing status. ● Single or head of household—\$510,300. ● Married filing separately—\$306,175.	21	_____
22	Subtract line 16 from line 21. If zero or less, enter -0-	22	_____
23	Multiply line 22 by 35% (0.35)	23	_____
24	Subtract line 21 from Form 8615, line 4. If zero or less, enter -0- *	24	_____
25	Multiply line 24 by 37% (0.37)	25	_____
26	Add lines 4, 7, 10, 15, 18, 23, and 25. Stop. If the Qualified Dividends and Capital Gain Tax Worksheet, Schedule D Tax Worksheet, or Schedule J (Form 1040) is used to figure your tax, see the instructions, earlier. Otherwise, enter the result here and on Form 8615, line 7	26	_____

* If this worksheet is for the Schedule D or Qualified Dividends and Capital Gains Worksheet tax calculation, see cross-reference for calculation changes.

Federal Carryover Worksheet

2019

▶ Keep for your records

Name(s) Shown on Return <u>Harsh Shah</u>	Social Security Number <u>675-82-5570</u>
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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
Totals . .						

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

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

2018 Locality Tax Refund Information

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

Harsh Shah

675-82-5570

Other Tax and Income Information			2018	2019
1	Filing status	1		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3		85.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5		2,788.
6	Tax liability for Form 2210 or Form 2210-F	6		0.
7	Alternative minimum tax.	7		
8	Federal overpayment applied to next year estimated tax.	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

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

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

► Keep for your records

Name(s) Shown on Return Harsh Shah	Social Security Number 675-82-5570
---------------------------------------	---------------------------------------

Description	Amount
Income	
Wages	2,788.
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	2,788.
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	2,788.

Two-Year Comparison

2019

Name(s) Shown on Return Harsh Shah	Social Security Number
---------------------------------------	------------------------

Income	2018	2019	Difference	%
Wages, salaries, tips, etc		2,788.	2,788.	
Interest and dividend income				
State tax refund				
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income		2,788.	2,788.	
Adjustments to Income				
Adjusted Gross Income		2,788.	2,788.	
Itemized Deductions				
Medical and dental				
Income or sales tax		85.	85.	
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	0.	85.	85.	
Standard or Itemized Deduction		12,200.	12,200.	
Qualified Business Income Deduction				
Taxable Income		0.	0.	
Income tax				
Income tax		0.	0.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes		0.	0.	
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes				
Total Tax After Credits		0.	0.	
Withholding		94.	94.	
Estimated and extension payments				
Earned income credit				
Additional child tax credit				
Other payments				
Total Payments		94.	94.	
Form 2210 penalty				
Applied to next year's estimated tax				
Refund		94.	94.	
Balance Due				

Current year effective tax rate 0.00 %

Tax Summary
▶ Keep for your records

2019

Name (s)
Harsh Shah

Total income	2,788.
Adjustments to income	
Adjusted gross income	2,788.
Itemized/standard deduction	12,200.
Qualified business income deduction	
Taxable income	0.
Tentative tax	0.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	0.
Total payments	94.
Estimated tax penalty	
Amount Overpaid	94.
Refund	94.
Amount Applied to Estimate	
Balance due	0.

Compare to U. S. Averages

▶ Keep for your records

2019

Name(s) Shown on Return <u>Harsh Shah</u>	Social Security No <u>675-82-5570</u>
--	--

Your 2019 adjusted gross income (AGI) 2,788.
 National adjusted gross income range used below from 0. to 14,999.

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	2,788.	8,927.
Taxable interest		1,243.
Tax-exempt interest		6,370.
Dividends		2,632.
Business net income		8,185.
Business net loss		25,054.
Net capital gain		10,357.
Net capital loss		2,359.
Taxable IRA		6,176.
Taxable pensions and annuities		7,410.
Rent and royalty net income		7,308.
Rent and royalty net loss		16,591.
Partnership and S corporation net income		21,408.
Partnership and S corporation net loss		117,548.
Taxable social security benefits		2,727.
<hr/>		
Medical and dental expenses deduction		9,604.
Taxes paid deduction	85.	3,920.
Interest paid deduction		6,508.
Charitable contributions deduction		1,625.
Total itemized deductions	85.	16,454.
<hr/>		
Child care credit		96.
Education tax credits		248.
Child tax credit		232.
Retirement savings contributions credit		153.
Earned income credit		1,935.
<hr/>		
Other Information	Actual Per Return	National Average
<hr/>		
Adjusted gross income	2,788.	1,698.
Taxable income	0.	2,749.
Income tax	0.	311.
Alternative minimum tax		29,540.
Total tax liability	0.	539.

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Harsh Shah

Primary SSN: 675-82-5570

Federal Return Submitted: March 08, 2020 12:19 PM PDT

Federal Return Acceptance Date: 03/08/2020

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."

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

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of 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:

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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: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Tax Smart Worksheet	
A Tax	_____ 0.
Check if from:	
1 Tax table	<input checked="" type="checkbox"/>
2 Tax Computation Worksheet (see instructions)	<input type="checkbox"/>
3 Schedule D Tax Worksheet	<input type="checkbox"/>
4 Qualified Dividends and Capital Gain Tax Worksheet	<input type="checkbox"/>
5 Schedule J	<input type="checkbox"/>
6 Form 8615	<input type="checkbox"/>
7 Foreign Earned Income Tax Worksheet	<input type="checkbox"/>
B Additional tax from Form 8814	_____
C Additional tax from Form 4972	_____
D Tax from additional Form(s) 4972	_____
E Recapture tax from Form 8863	_____
F IRC Section 197(f)(9)(B)(ii) election for an additional tax	_____
G Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative	_____
H Additional tax from Form 8621	_____
I Tax. Add lines A through G. Enter the result here and include in tax below.	_____ 0.

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	_____ 0.

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

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 No

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

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: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet

If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines **A**, **B**, and **C** below:

- The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or
- You had home debt that was **not** used to buy, build or substantially improve your home that secures the loan

QuickZoom to Deductible Home Mortgage Interest Worksheet ▶

Does your mortgage interest need to be limited: Yes . . . No . . .

A Home mortgage interest and points reported on Form 1098:

- 1 Sum of lines 5a through 5d below _____
- 2 Limited amount to report on Sch A, line 8a _____

B Home mortgage interest not reported on Form 1098:

- 1 Sum of lines 6a and 6b below _____
- 2 Limited amount to report on Sch A, line 8b _____

C Points not reported on Form 1098:

- 1 Sum of lines 7a through 7c below _____
- 2 Limited amount to report on Sch A, line 8c. _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet

QuickZoom to enter nontaxable combat pay on Form W-2 ▶

A Taxpayer:

1 Taxpayer, nontaxable combat pay _____

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 _____ 94 . Amount due _____

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 _____

D Current year earned income for EIC _____ 2,788 .

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 _____ 94 . Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet

A Taxable and tax exempt interest _____

B Dividend income _____

C Capital gain net **income** _____

D Royalty and rental of personal property net **income** _____

E Passive activity net **income**:

1 Rental real estate net income or loss _____

2 Farm rental net income or loss _____

3 Partnerships and S corporations net income or loss _____

4 Estates and trusts net income or loss _____

5 Total of lines 1 through 4 _____

6 Total passive activity net **income**, line 5 if greater than zero _____

F Interest and dividends from Forms 8814 _____

G Adjustments _____

H **Total investment income**, add lines A through G _____ **0.**

Is line H, **total investment income** over \$3,600?

No. You may take the credit.

Yes. Stop. You **cannot** take the credit.



2019 Ohio IT 1040 Individual Income Tax Return



04 14 20

Use only black ink/UPPERCASE letters.

Check here if this is an amended return. Include the Ohio IT RE (do NOT include a copy of the previously filed return).

Check here if claiming a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Primary taxpayer's SSN (required) 675 82 5570 If deceased Spouse's SSN (if filing jointly) If deceased Enter school district # for this return (see instructions).

First name HARSH M.I. Last name SHAH check box SD# 5703

Spouse's first name (only if married filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box 348 FIRWOOD DR

Address line 2 (apartment number, suite number, etc.) APT 0

City DAYTON State OH ZIP code 45419 Ohio county (first four letters) MONT

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Residency Status - Check only one for primary. Filing Status - Check one (as reported on federal income tax return). Ohio Nonresident Statement - See instructions for required criteria.

Do not staple or paper clip.

Table with 3 columns: Line number, Description, Amount. Includes Federal adjusted gross income, Additions, Deductions, Exemption amount, Ohio income tax base, Taxable business income.



MM-DD-YY Code

2019 Ohio IT 1040 Individual Income Tax Return

SSN 675 82 5570



19000233 Sequence No. 2

Table with 2 columns: Description and Amount. Rows include 7a. Amount from line 7 on page 1, 8a. Nonbusiness income tax liability, 8b. Business income tax liability, 8c. Income tax liability before credits, 9. Ohio nonrefundable credits, 10. Tax liability after nonrefundable credits, 11. Interest penalty on underpayment of estimated tax, 12. Use tax due on Internet, mail order or other out-of-state purchases, 13. Total Ohio tax liability, 14. Ohio income tax withheld, 15. Estimated and extension payments, 16. Refundable credits, 17. Amended return only, 18. Total Ohio tax payments, 19. Amended return only, 20. Line 18 minus line 19, 21. Tax liability, 22. Interest and penalty due on late filing or late payment of tax, 23. TOTAL AMOUNT DUE, 24. Overpayment, 25. Original return only, 26. Original return only (a-f), 27. REFUND.

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature _____ Phone number (929) 446-8440
Spouse's signature _____ Date (MM/DD/YY) _____

Check here to authorize your preparer to discuss this return with the Department
Preparer's printed name SELF-PREPARED Phone number _____

Preparer's TIN (PTIN) P

If your refund is \$1.00 or less, no refund will be issued.
If you owe \$1.00 or less, no payment is necessary.

NO Payment Included - Mail to:
Ohio Department of Taxation
P.O. Box 2679
Columbus, OH 43270-2679

Payment Included - Mail to:
Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057

2019 Ohio Schedule of Credits

Use only black ink/UPPERCASE letters.
 Primary taxpayer's SSN



19280133

Sequence No. 7

04 14 20

675 82 5570

Nonrefundable Credits

Do not staple or paper clip.

1. Tax liability before credits (from Ohio IT 1040, line 8c)	1.	0	00
2. Retirement income credit (see instructions for table; include 1099-R forms)	2.	00	
3. Lump sum retirement credit (see instructions for worksheet; include a copy)	3.	00	
4. Senior citizen credit (must be 65 or older to claim this credit)	4.	00	
5. Lump sum distribution credit (see instructions for worksheet; include a copy)	5.	00	
6. Child care & dependent care credit (see instructions for worksheet; include a copy)	6.	00	
7. Displaced worker training credit (see instructions for all required documentation; include copies)	7.	00	
8. Campaign contribution credit for Ohio statewide office or General Assembly	8.	0	00
9. Income-based exemption credit (\$20 times the number of exemptions)	9.	20	00
10. Total (add lines 2 through 9)	10.	20	00
11. Tax less credits (line 1 minus line 10; if less than zero, enter zero)	11.	0	00
12. Joint filing credit (see instructions for table). % times the amount on line 11	12.	0	00
13. Earned income credit	13.	00	
14. Ohio adoption credit	14.	00	
15. Nonrefundable job retention credit (include a copy of the credit certificate)	15.	00	
16. Credit for eligible new employees in an enterprise zone (include a copy of the credit certificate) ...	16.	00	
17. Credit for purchases of grape production property	17.	00	
18. InvestOhio credit (include a copy of the credit certificate)	18.	00	
19. Opportunity zone investment credit (include a copy of the credit certificate)	19.	00	
20. Technology investment credit carryforward (include a copy of the credit certificate)	20.	00	
21. Enterprise zone day care & training credits (include a copy of the credit certificate)	21.	00	
22. Research & development credit (include a copy of the credit certificate)	22.	00	
23. Nonrefundable Ohio historic preservation credit (include a copy of the credit certificate)	23.	00	
24. Total (add lines 12 through 23)	24.	0	00
25. Tax less additional credits (line 11 minus line 24; if less than zero, enter zero)	25.	0	00



2019 Ohio Schedule of Credits

Primary taxpayer's SSN

675 82 5570



19280233

Sequence No. 8

Nonresident Credit

Date of nonresidency	to	State of residency	
26. Nonresident Portion of Ohio adjusted gross income - Ohio IT NRC Section I, line 18 (include a copy)		26.	00
27. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)		27.	00
28. Divide line 26 by line 27 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 25 to calculate your nonresident credit		28.	00

Resident Credit

Do not staple or paper clip.

29. Enter the portion of Ohio adjusted gross income (Ohio IT 1040, line 3) subjected to tax by other states or the District of Columbia while you were an Ohio resident	29.	00
30. Enter the Ohio adjusted gross income (Ohio IT 1040, line 3)	30.	00
31. Divide line 29 by line 30 and enter the result here (four digits; do not round). Multiply this factor by the amount on line 25 and enter the result here	31.	00
32. Enter the 2019 income tax, less all credits other than withholding and estimated tax payments and overpayment carryforwards from previous years, paid to other states or the District of Columbia	32.	00
33. Enter the lesser of line 31 or line 32. This is your Ohio resident tax credit. Enter the two-letter state abbreviation in the boxes below for each state in which income was subject to tax.....	33.	00
34. Total nonrefundable credits (add lines 10, 24, 28 and 33; enter here and on Ohio IT 1040, line 9) ..	34.	20 00

Refundable Credits

35. Refundable Ohio historic preservation credit (include a copy of the credit certificate)	35.	00
36. Refundable job creation credit & job retention credit (include a copy of the credit certificate)	36.	00
37. Pass-through entity credit (include a copy of the Ohio IT K-1s)	37.	00
38. Motion picture & Broadway theatrical production credit (include a copy of the credit certificate)	38.	00
39. Financial Institutions Tax (FIT) credit (include a copy of the Ohio IT K-1s)	39.	00
40. Venture capital credit (include a copy of the credit certificate)	40.	00
41. Total refundable credits (add lines 35 through 40; enter here and on Ohio IT 1040, line 16)	41.	00

**Federal Pell/Ohio College Opportunity Taxable Grants
Used to Pay Room and Board for Line 32**

2019

► Keep for your records — Do not file

Name Harsh Shah	Social Security Number 675-82-5570
--------------------	---------------------------------------

<p>1 Enter the amount of Pell Grant(s) and/or Ohio College Opportunity Grant(s) you received in 2019. This is reported on a letter from your educational institution.</p> <p>a Scholarships, fellowships and grants (from Federal Return) . . . _____</p> <p>b Other scholarships (from Federal Return) _____</p> <p>c Totals from lines 1a and 1b above _____</p> <p>Note: <i>The amounts shown above on line 1c are the total scholarship(s) and grant(s) amounts from the federal return. Adjust the amount to reflect only the Pell Grant(s) and/or Ohio College Opportunity Grant(s) on line 1 below.</i></p> <p>Enter the Pell Grant and/or Ohio College Opportunity Grant amount used from line 1c. _____</p>	1	_____
<p>2 Enter the portion of the worksheet line 1 used to pay qualified education expenses, including tuition and fees, course-related expenses such as books, supplies, equipment and any special fees required for a course.</p>	2	_____
<p>3 Enter here worksheet line 1 minus line 2. If -0-, you are not eligible for the Pell Grant and/or Ohio College Opportunity deduction. If greater than -0- go to line 4</p>	3	_____
<p>4 Enter here the portion of the worksheet line 3 that you reported as a taxable amount on line 1 of the federal form 1040. If -0-, you are not eligible for the Pell Grant and/or Ohio College Opportunity Grant deduction. If greater than 0, go to line 5</p>	4	_____
<p>5 Enter here the portion of the worksheet line 4 applied to room and board expenses only. Also enter this amount on Line 32 of Schedule A, Income Adjustments Enter room and board amount from fed student wkst</p>	5	_____

Ohio Information Worksheet

2019

Keep for your records — Do not file

Part I — Personal Information

Taxpayer:

First Name Harsh
Middle Initial Suffix
Last Name Shah
Social Security No . . 675-82-5570
Date of Birth 03/30/96
Date of Death
Daytime Phone (929) 446-8440

Spouse:

First Name
Middle Initial Suffix
Last Name
Social Security No
Date of Birth
Date of Death
Daytime Phone

Home Phone
Print this phone number on the forms [] Home [X] Taxpayer daytime [] Spouse daytime

Street Address 348 Firwood Dr Apartment 0
City Dayton State . OH ZIP Code . . 45419-4156
County Montgomery School District Number 5703

Note: Non-resident choose Franklin as County

Address has been reviewed and verified? [X]

Foreign country Foreign postal code
Foreign code
E-Mail address . HAZ.AU16@GMAIL.COM

Part II — Main Form

Ohio State Tax Return

[X] Form IT 1040: Individual Income Tax Return (Long form)
[] Form IT 10: Ohio Information Notice Form IT 10 - Taxpayer/Spouse

Ohio School District Tax Return

Form SD 100: School District Tax Return

Ohio Commercial Activity Tax (CAT) Return

[] Form CAT 1: Commercial Activity Tax Registration

Ohio Municipal Tax Return

[] CCA - Exemption Certificate, Form 120-16-EC
[] CCA - City Tax Form, Form 120-16-IR
[] Generic City, Form R
[] R.I.T.A., Individual Declaration of Exemption
[] R.I.T.A., Form 37: Individual Municipal Tax Return

Part III — Residency Status

TP SP (TP - Taxpayer, SP - Spouse)

[X] [] Full-Year Resident of OH
[] [] Nonresident of OH State of Residency, or TP SP
Country of Residency TP SP
[] [] Part-Year Resident of OH From: 2019 To: 2019

Enter Nonresident or Part-Year resident information and allocation on Form IT NRC

Part IV — Filing Status

[X] 1 Single or head of household or qualifying widow(er)
[] 2 Married filing joint (even if only had one income)
[] 3 Married filing separate returns Spouse's SSN:

Part V – Lump Sum Distribution and Retirement Credits

TP **SP** (TP - Taxpayer, SP - Spouse)

Did you receive retirement benefits, annuities, or distributions made from a pension, retirement or profit-sharing plan and are **Not** retired?

You (or your spouse if married filing joint) have claimed the Ohio Lump Sum **Retirement** Credit in a prior year

Yes **No**
 Did you (or your spouse if married filing joint) claim the Ohio Lump Sum **Distribution** Credit for the current year or have you claimed this credit in a prior year?

Part VI – Other Information

Farmer/Fisherman

At least 2/3 of your current year gross income was from farming or fishing

Above farmer box is checked and return will be filed and tax due paid by: April 15, 2020.

Pay by Credit Card - Have paid or will pay with a credit card:

Form IT 1040

Form SD 100

Sales/Use Tax

Enter total out-of-state purchases on which you paid **no** sales tax or OH use tax ▶ _____

County use tax percentage rate _____

Amount of tax that you owe on out-of-state purchases _____

Nonresidents: Use Tax County _____

Part VII – Electronic Filing Information

Perjury Statement Acceptance

Before you can transmit your return to the Intuit Electronic Filing Center, you must read and accept the following Ohio Department of Taxation 'Perjury Statement.'

Under penalties of perjury, I declare that to the best of my knowledge and belief, the Ohio income tax return and if applicable, the Ohio school district income tax return are true, correct and complete. I also declare under penalties of perjury that if I am filing a return with my spouse, I am authorized to make this declaration on his/her behalf and to file the return for both of us.

Taxpayer's acceptance of the above Perjury Statement

Spouse's acceptance of the above Perjury Statement

Harsh Shah _____

675-82-5570 _____

Page 3

Part VIII – Direct Deposit Information or Direct Debit Information

Form IT 1040, Income Tax Return

Yes **No**
 Do you want to elect direct deposit of state tax refund (Electronic Filing Only)?

Do you want direct debit of state tax payment (Electronic Filing Only)?

International ACH Transaction:

Yes No

Will the funds for this refund (or payment) go to (or come from) and account outside the U.S.?

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

Name of Financial Institution (optional) Chase Bank
Account type Checking Savings
Routing number 044000037
Account number 368230865
Enter the payment date to withdraw from the account above _____
Form IT 1040, balance-due amount from this return _____

Form SD 100, School District Income Tax Return(s)

Yes No

Do you want to elect direct deposit of SD tax refund (Electronic Filing Only)?

Do you want direct debit of SD tax payment (Electronic Filing Only)?

International ACH Transaction:

Yes No

Will the funds for this refund (or payment) go to (or come from) and account outside the U.S.?

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

Name of Financial Institution (optional) _____
Account type Checking Savings
Routing number _____
Account number _____
Enter the payment date to withdraw from the account above _____

Form(s) SD 100, School District number
Form(s) SD 100, balance-due amount from this return

Part IX — Extension Status

If you need more time to file Form IT 1040 or SD 100, you must first qualify for an IRS extension of time to file. Ohio does not have an extension form, but honors the IRS extension. You should include, with your return, a copy of the IRS ext., your ext. confirmation number, or a printed copy of the IRS acknowledgment.

Form IT 1040, Income Tax Return

Form IT 40P, Income Tax Payment Voucher, is filed only to make a payment.

Yes No

Has the tax return due date been extended for a **six** month extension?

Extended due date _____

Form IT 40P, Extension Payment Voucher

Form SD 100, School District Income Tax Return

Form SD 40P, School District Income Tax Payment Voucher, is filed only to make a payment.

Yes No

Has the tax return due date been extended for a **six** month extension?

Extended due date _____

Form SD 40P, School Extension Payment Voucher

Part X — Amended Return

You are filing an Ohio amended return (See Tax Help)

Enter the tax year you are amending _____

Previous Ohio payment made _____

Previous Ohio refund received _____

QuickZoom to Form IT 1040, Amended Individual Income Tax Return

Name(s) Shown on Return
Harsh Shah

Your Social Security Number
675-82-5570

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) 0.
- b 100% of tax on **2020** estimated taxable income 0.
- c 90% of tax on **2020** estimated taxable income 0.
- d 66-2/3% of tax on **2020** estimated taxable income (farmers and fishermen) 0.
- e Equal to 100% of overpayment (no vouchers) 15.
- 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 0.
- b Estimated amount of 2020 state income tax withholding 15.
- c **Total of estimated tax payments required for 2020** (line 2a less line 2b) 0.

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 (from Form IT 1040). 15.

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) 15.

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 Jul 15, 2020	2 Jul 15, 2020	3 Sep 15, 2020	4 Jan 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 July 25, 2020 check col. 3). . .	<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 for that line. If zero, you **must** enter zero.

	2019 Actual	*2020 Estimated
1 Adjusted gross income	2,788.	
2 Adjustments to income:		
a Additions		
b Deductions (not including business income deduction)		
c Business income deduction		
3 Personal and dependent exemptions	<u>1</u>	—
4 Taxable business income (To estimate use Ohio Schedule IT BUS)		
5 Ohio nonrefundable credits/grants (incl nonrefundable busi cr)	20.	
6 Ohio tax withholding and refundable business credits	15.	
If last name is different for 2020, enter first 3 letters of last name:		
Taxpayer	_____	Spouse _____

Part VI 2020 Ohio Income Tax Payment Worksheet

1 2020 federal adjusted gross income (estimated)	1	2,788.
2 Adjustments to income	2	
3 Ohio adjusted gross income (line 1 plus line 2)	3	2,788.
3 a Business income deduction	3 a	
3 b Modified adjusted gross income (line 3 plus line 3a)	3 b	2,788.
4 Personal and dependent exemptions <u>1</u>	4	2,350.
5 Ohio income tax base (line 3 minus line 4; if less than -0-, enter -0-)	5	438.
6 Taxable business income (To estimate use Ohio Schedule IT BUS)	6	
7 Line 5 minus line 6 (if less than -0-, enter -0-)	7	438.
8 a Tax liability on line 7 (see instructions for tax tables)	8 a	0.
8 b Business income tax liability (multiply line 6 by 3%)	8 b	
8 c Tax liability before credits (line 8a plus line 8b)	8 c	0.
9 Ohio nonrefundable credits (To estimate use Ohio Schedule of Credits)	9	20.
Ohio income tax (line 8c minus line 9)		
10 This is 2020 tax based on estimate of 2020 income.	10	0.

Tax Payments Worksheet

2019

▶ Keep for your records

Name <u>Harsh Shah</u>	Social Security Number <u>675-82-5570</u>
---------------------------	--

Tax Payments for the Current Year

	State			
	Spouse		Taxpayer	
	Date	Payment	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				
7 Amount paid with current year extension				
8 Total tax payments				

Income Taxes Withheld for the Current Year

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

Federal/State Depreciation Adjustment Summary

2019

Name as Shown on Return <u>Harsh Shah</u>	Social Security Number <u>675-82-5570</u>
--	--

Schedule C	(A) Federal Net Inc/Loss Before Pass. and At-Risk	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule C Depreciation Adjustment (Sum of Column E) _____

Schedule E	(A) Federal Net Inc/Loss Before Pass. and At-Risk	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule E Depreciation Adjustment (Sum of Column E) _____

Schedule F	(A) Federal Net Inc/Loss Before Pass. and At-Risk	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule F Depreciation Adjustment (Sum of Column E) _____

Form 4835	(A) Federal Net Inc/Loss Before Pass. and At-Risk	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 4835 Depreciation Adjustment (Sum of Column E) _____

Federal/State Depreciation Adjustment Summary

2019

Name as Shown on Return
Harsh Shah

Social Security Number
675-82-5570

Schedule K-1 Partnership	(A) Federal Net Inc/Loss Before Passive	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule K-1 Partnership Depreciation Adjustment (Sum of Column E) _____

Schedule K-1 S Corporation	(A) Federal Net Inc/Loss Before Passive	(B) Federal Net Inc/Loss After Passive and At-Risk	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule K-1 S Corporation Depreciation Adjustment (Sum of Column E) _____

Schedule K-1 Estates & Trusts	(A) Federal Net Inc/Loss Before Passive	(B) Federal Net Inc/Loss After Passive	(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Schedule K-1 Estates & Trusts Depreciation Adjustment (Sum of Column E). _____

Form 2106			(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)

Total Form 2106 Depreciation Adjustment (Sum of Column E) _____
 Total Form 2106 Depreciation Adjustment to be Included in Adjusted Gross Income. _____
 Total Form 2106 Schedule A Depreciation Adjustment **Not** Subject to 2% Limitation. _____
 Total Form 2106 Schedule A Depreciation Adjustment Subject to 2% Limitation _____

Federal/State Depreciation Adjustment Summary

2019

Name as Shown on Return <u>Harsh Shah</u>	Social Security Number <u>675-82-5570</u>
--	--

Schedule A		(C) Depreciation Adjustment	(D) Other Adjustments	(E) Total Adjustment (Column C + Column D)
<u>Schedule A</u>				
Total Schedule A Depreciation Adjustment (Sum of Column E) _____				

Section 179 Adjustment

Total Current Year Federal Section 179 Expense	
Maximum Allowable Per State Law	<u>25,000.</u>
Total Federal/State Section 179 Expense Adjustment	
Section 179 adjustment attributable to Schedule A Not Subject to 2% Limitation	
Section 179 adjustment attributable to Schedule A Depreciation Subject to 2% Limitation	
Section 179 adjustment included in Adjusted Gross Income	

Total Federal/State Depreciation Adjustment

Depreciation Adjustment Included in Adjusted Gross Income	
Depreciation Adjustment Included in Schedule A Not Subject to 2% Limitation	
Depreciation Adjustment Included in Schedule A Subject to 2% Limitation	

Tax Summary
▶ Keep for your records

2019

Name(s)
Harsh Shah

Federal Adjusted Gross Income	2,788.
Ohio Adjustments	
Ohio Adjusted Gross Income	2,788.
Personal / Dependent Exemptions	2,350.
Ohio Taxable Income	438.
Tax before Credits	0.
Total Nonrefundable Credits	20.
Total Ohio Income Tax	0.
ES Underpayment Interest	
Ohio Use Tax	
Total Ohio Tax	0.
Total Payments / Refundable Credits	15.
Late Filing Penalty / Interest	
Amount Due	
Amount Overpaid	15.
Amount Applied to Estimated Taxes	
Contributions	
Refund	15.

Smart Worksheets from your 2019 Ohio Tax Return

SMART WORKSHEET FOR: Form 1040 1-2: Individual Income Tax Return, pages 1-2

Modified Adjusted Gross Income Less Exemptions Smart Worksheet	
Your personal exemption amount and eligibility for certain credits is based on your "modified adjusted gross income" or "modified adjusted gross income less exemptions"	
a Enter your Ohio adjusted gross income (Ohio IT 1040, line 3)	2788
b Enter your business income deduction (Ohio Schedule A, line 11)	_____
c Modified adjusted gross income (line a plus line b)	2788
d Enter your exemption amount (Ohio IT 1040, line 4)	2350
e Modified adjusted gross income less exemptions (line c minus line d)	438

SMART WORKSHEET FOR: Form 1040 1-2: Individual Income Tax Return, pages 1-2

Form IT 1040, Tax Smart Worksheet	
<input type="checkbox"/> Use tax table 1 only (for less than \$100,000 taxable income on line 7a)	
<input type="checkbox"/> Use tax table 2 only	
a Tax from tax table 1 (if line 7a is less than \$100,000 only)	0.
b Tax from tax table 2	0.
c Smaller of line a and line b	0.

SMART WORKSHEET FOR: Ohio Schedule of Credits

Ohio Adoption Credit Smart Worksheet for 2019 and 5 Year Carryforward

Amount of credit for each minor (under 18 years) child legally adopted shall equal greater:

1. \$1,500, **or**
2. The amount of expenses to legally adopt the child, not to exceed \$10,000. See Ohio Revised Code section 3107.055, division (C).

Child's Name	Expenses

Number of children adopted in 2019 ▶ 0

Ohio adoption credit carryover from 2014 (5 year carryforward) _____

Ohio adoption credit carryover from 2015 (5 year carryforward) _____

Ohio adoption credit carryover from 2016 (5 year carryforward) _____

Ohio adoption credit carryover from 2017 (5 year carryforward) _____

Ohio adoption credit carryover from 2018 (5 year carryforward) _____

Total adoption credit available _____

Total adoption credit claimed in 2019 _____

2015 Ohio adoption credit carryforward to next year (5 year carryforward) _____

2016 Ohio adoption credit carryforward to next year (5 year carryforward) _____

2017 Ohio adoption credit carryforward to next year (5 year carryforward) _____

2018 Ohio adoption credit carryforward to next year (5 year carryforward) _____

2019 Ohio adoption credit carryforward to next year (5 year carryforward) _____

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 Harsh	Last name Shah	Your social security number 675-82-5570
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 348 Firwood Dr	Apt. no. 0	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
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Dayton OH 45419-4156		
Foreign country name	Foreign province/state/county	Foreign postal code

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
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

1 Wages, salaries, tips, etc. Attach Form(s) W-2				1	2,788.
2a Tax-exempt interest	2a		b Taxable interest. Attach Sch. B if required	2b	
3a Qualified dividends	3a		b Ordinary dividends. Attach Sch. B if required	3b	
4a IRA distributions	4a		b Taxable amount	4b	
c Pensions and annuities	4c		d Taxable amount	4d	
5a Social security benefits	5a		b Taxable amount	5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here				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	2,788.
8a Adjustments to income from Schedule 1, line 22				8a	
b Subtract line 8a from line 7b. This is your adjusted gross income				8b	2,788.
9 Standard deduction or itemized deductions (from Schedule A)			9 12,200.		
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A			10		
11a Add lines 9 and 10				11a	12,200.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-				11b	0.

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	0 .
b	Add Schedule 2, line 3, and line 12a and enter the total ▶	12b	0 .
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total ▶	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	0 .
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	0 .
17	Federal income tax withheld from Forms W-2 and 1099	17	94 .
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	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	94 .

• 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	94 .
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	94 .
b	Routing number 0 4 4 0 0 0 0 3 7 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 6 8 2 3 0 8 6 5 ▶		
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	
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.

Your signature	Date	Your occupation Student	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
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 address ▶	Firm's EIN ▶			