

**SHAMEEKA MORGAN & IRFHAN SHAIK
451 MANASSAS STREET APT B
MOBILE, AL 36603
2018 INCOME TAX RETURN**

JAMIE GROSS
 1708 SANDALWOOD DRIVE
 MOBILE AL 36618
 (251) 610-6744

SHAMEEKA MORGAN &
 IRFHAN SHAIK
 451 MANASSAS STREET APT B
 MOBILE AL 36603
 (251) 222-2121

Preparer No.: 995
 Client No. : XXX-XX-6383
 Invoice Date: 02/19/2019

INVOICE

Description	Amount	
PREPARATION OF 2018 FEDERAL/STATE FORMS & WORKSHEETS: FORM 1040 FORM 1040 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS FORM 1040 SCHEDULE 4 (OTHER TAXES) FORM 1040 SCHEDULE 6 (FOREIGN ADDRESS/THIRD PARTY DESIG SCHEDULE C-EZ SCHEDULE EIC (EARNED INCOME CREDIT) SCHEDULE SE (SELF-EMPLOYMENT TAX) FORM W-2 (WAGES AND TAX) FORM 1099-R (RETIREMENT DISTRIBUTIONS) FORM 5329 (TAX ON EARLY RETIREMENT DISTRIBUTION) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) QUALIFIED BUSINESS INCOME DEDUCTION WORKSHEET FORM 8812 (CHILD TAX CREDIT) FORM 8863 (EDUCATION CREDIT) FORM 8867 (DUE DILIGENCE CHECKLIST) FORM 8965 (HEALTH COVERAGE EXEMPTIONS) AL STATE RESIDENT RETURN		
These are charges for services rendered and do not include any Bank fees.	Total Invoice	\$430.00
	Amount Paid	\$0.00
	Balance Due	\$430.00

TAX YEAR: 2018

PROCESS DATE: 02/19/2019

CLIENT : 421-11-6383 SHAMEEKA MORGAN
SPOUSE : 839-11-9675 IRFHAN SHAIK

BIRTH DATE : 03/27/1981 Age:37
BIRTH DATE : 08/26/1991 Age:27

ADDRESS : 451 MANASSAS STREET APT B
: MOBILE AL 36603

PREPARER : 995

Home : (251) 222-2121
Work : (251) 222-2121
Cell : -
STATUS : 2
FED TYPE: Republic RT
ST TYPE : Electronic Mail
E-MAIL :

PREPARER FEE : 430.00
ELECTRONIC :
TOTAL FEES : 430.00

EFFECTIVE RATE: 0.00%

DEPENDENT NAME	BIRTH DATE	AGE	SSN	RELATIONSHIP	MONTHS
KHLOEE S MORGAN	11/14/2018	0	684-49-4997	DAUGHTER	12

LISTING OF FORMS FOR THIS RETURN

FORM 1040
 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)
 SCHEDULE 4 (OTHER TAXES)
 SCHEDULE 6 (FOREIGN ADDRESS AND THIRD PARTY DESIGNEE)
 FORM W-2
 FORM 1099-R (RETIREMENT DISTRIBUTIONS)
 SCHEDULE C-EZ (BUSINESS INCOME)
 SCHEDULE EIC (EARNED INCOME CREDIT)
 SCHEDULE SE (SELF EMPLOYMENT TAX)
 FORM 5329 (TAX ON EARLY RETIREMENT DISTRIBUTIONS)
 QUALIFIED BUSINESS INCOME DEDUCTION WORKSHEET
 FORM 8812 (ADDITIONAL CHILD TAX CREDIT)
 FORM 8863 (EDUCATION CREDITS)
 FORM 8867 (DUE DILIGENCE CHECKLIST)
 FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
 FORM 8965 (HEALTH COVERAGE EXEMPTIONS)
 SHARED RESPONSIBILITY PAYMENT WORKSHEET
 AL STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	AL RESIDENT
FILING STATUS	2	2
TOTAL INCOME	13225	12167
TOTAL ADJUSTMENTS	701	0
ADJUSTED GROSS INCOME	12524	12167
DEDUCTIONS	24000	11500
EXEMPTIONS	0	0
TAXABLE INCOME	0	667
TAX	0	13
CREDITS	0	0
PAYMENTS	2103	0
OTHER TAXES	1507	0
EARNED INCOME CREDIT	3461	0
REFUND	4057	0
AMOUNT DUE	0	13

CLIENT : SHAMEEKA MORGAN
SPOUSE : IRFHAN SHAIK

421-11-6383
839-11-9675

PREPARER : 995 DATE : 02/19/2019

* W-2 INCOME FORMS SUMMARY *

	<u>T/S</u>	<u>EMPLOYER</u>	<u>WAGES</u>	<u>FED WITH</u>	<u>FICA</u>	<u>MED TAX</u>	<u>STATE WITH ST</u>
1.	T	WORLD OMNI FIN	2252	0	140	33	0 AL
		TOTALS.....	2252	0	140	33	0

* 1099-R INCOME FORMS SUMMARY *

	<u>[T/S]</u>	<u>PAYER</u>	<u>GROSS DIST</u>	<u>TAXABLE AMT</u>	<u>FED WITH</u>	<u>STATE WITH ST</u>
1.	T	FIDELITY INVESTME	1058	1058	0	0 AL
		TOTALS.....	1058	1058	0	0

a Employee's social security number 421-11-6383		Safe, accurate, FAST! Use		OMB No. 1545-0008				Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 59-2238832				1 Wages, tips, other compensation 2252		2 Federal income tax withheld				
c Employer's name, address, and ZIP code WORLD OMNI FINANCIAL CORP 100 JIM MORGAN BLVD DEERFIELD BEACH FL 33442				3 Social security wages 2252		4 Social security tax withheld 140				
				5 Medicare wages and tips 2252		6 Medicare tax withheld 33				
				7 Social security tips		8 Allocated tips				
d Control number				9 Verification code		10 Dependent care benefits				
e Employee's first name and initial Last name Suff. SHAMEEKA MORGAN 451 MANASSAS STREET MOBILE AL 36603				11 Nonqualified plans		12a See instructions for box 12				
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b				
				14 Other		12c				
						12d				
f Employee's address and ZIP code										
15 State Employer's state ID number AL R00987		16 State wages, tips, etc. 2252		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name

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

a Employee's social security number		Safe, accurate, FAST! Use		OMB No. 1545-0008				Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN)				1 Wages, tips, other compensation		2 Federal income tax withheld				
c Employer's name, address, and ZIP code				3 Social security wages		4 Social security tax withheld				
				5 Medicare wages and tips		6 Medicare tax withheld				
				7 Social security tips		8 Allocated tips				
d Control number				9 Verification code		10 Dependent care benefits				
e Employee's first name and initial Last name Suff.				11 Nonqualified plans		12a See instructions for box 12				
				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b				
				14 Other		12c				
						12d				
f Employee's address and ZIP code										
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.		19 Local income tax		20 Locality name

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

IRS e-file Signature Authorization

2018

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶

Taxpayer's name SHAMEEKA MORGAN	Social security number 421-11-6383
Spouse's name IRFHAN SHAIK	Spouse's social security number 839-11-9675

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

1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	12524
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	1507
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	4057
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

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

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

Taxpayer's PIN: check one box only

- I authorize JAMIE GROSS to enter or generate my PIN

1	6	3	8	3
---	---	---	---	---

 as my signature on my tax year 2018 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 02/19/2019

Spouse's PIN: check one box only

- I authorize JAMIE GROSS to enter or generate my PIN

1	9	6	7	5
---	---	---	---	---

 as my signature on my tax year 2018 electronically filed income tax return. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on my tax year 2018 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ 02/19/2019

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

6	3	6	5	0	0	5	9	6	0	2
---	---	---	---	---	---	---	---	---	---	---

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.**

ERO's signature ▶ *J. Gross* Date ▶ 02/19/2019

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

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

Your first name and initial: SHAMEEKA Last name: MORGAN Your social security number: 421-11-6383

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: IRFHAN Last name: SHAIK Spouse's social security number: 839-11-9675

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. 451 MANASSAS STREET Apt. no. B Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. MOBILE, AL 36603 If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
KHLOEE S	MORGAN	684494997	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Joint return? See instructions. Keep a copy for your records.	Your signature	Date 02/19/19	Your occupation CUSTOMER SERVICE MANAGER	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 02/19/19	Spouse's occupation CUSTODIAN	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
		P01959602	81-4318833	<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ JAMIE GROSS		Phone no. 251-610-6744		<input checked="" type="checkbox"/> Self-employed
Firm's address ▶ 1708 SANDALWOOD DRIVE MOBILE AL 36618				

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	2252
	2a	Tax-exempt interest	2a	2b	Taxable interest
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	3a	Qualified dividends	3a	3b	Ordinary dividends
	4a	IRAs, pensions, and annuities	4a	4b	Taxable amount
	5a	Social security benefits	5a	5b	Taxable amount
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 <u>9915</u>		6	13225
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7	12524
	8	Standard deduction or itemized deductions (from Schedule A)		8	24000
	9	Qualified business income deduction (see instructions)		9	
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	0
	11	a Tax (see inst.) _____ (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____) b Add any amount from Schedule 2 and check here <input type="checkbox"/>		11	
	12	a Child tax credit/credit for other dependents _____ b Add any amount from Schedule 3 and check here <input type="checkbox"/>		12	
	13	Subtract line 12 from line 11. If zero or less, enter -0-		13	0
	14	Other taxes. Attach Schedule 4		14	1507
	15	Total tax. Add lines 13 and 14		15	1507
	16	Federal income tax withheld from Forms W-2 and 1099		16	
	17	Refundable credits: a EIC (see inst.) <u>3461</u> b Sch. 8812 <u>1345</u> c Form 8863 <u>758</u> Add any amount from Schedule 5 _____		17	5564
	18	Add lines 16 and 17. These are your total payments		18	5564
	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		19	4057
	20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>		20a	4057
Direct deposit? See instructions.	b	Routing number <u>X X X X X X X X X X</u> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d	Account number <u>X X X X X X X X X X X X X X X X</u>			
	21	Amount of line 19 you want applied to your 2019 estimated tax 21			
Amount You Owe	22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions 22			
	23	Estimated tax penalty (see instructions) 23			

Standard Deduction for —

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

QNA

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

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

Name(s) shown on Form 1040

Your social security number

MORGAN

421-11-6383

Additional Income	1-9b	Reserved		1-9b		
	10	Taxable refunds, credits, or offsets of state and local income taxes		10		
	11	Alimony received		11		
	12	Business income or (loss). Attach Schedule C or C-EZ		12	9915	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		13		
	14	Other gains or (losses). Attach Form 4797		14		
	15a	Reserved		15b		
	16a	Reserved		16b		
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17		
	18	Farm income or (loss). Attach Schedule F		18		
	19	Unemployment compensation		19		
	20a	Reserved		20b		
	21	Other income. List type and amount ▶ _____		21		
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23		22	9915	
	Adjustments to Income	23	Educator expenses	23		
		24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24		
		25	Health savings account deduction. Attach Form 8889	25		
		26	Moving expenses for members of the Armed Forces. Attach Form 3903	26		
		27	Deductible part of self-employment tax. Attach Schedule SE	27	701	
		28	Self-employed SEP, SIMPLE, and qualified plans	28		
		29	Self-employed health insurance deduction	29		
		30	Penalty on early withdrawal of savings	30		
31a		Alimony paid b Recipient's SSN ▶ _____	31a			
32		IRA deduction	32			
33	Student loan interest deduction	33				
34	Reserved	34				
35	Reserved	35				
36	Add lines 23 through 35	36		701		

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

Schedule 1 (Form 1040) 2018

QNA

**SCHEDULE 4
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Other Taxes

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018
Attachment
Sequence No. **04**

Name(s) shown on Form 1040

MORGAN

Your social security number

421-11-6383

**Other
Taxes**

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

57	1401
58	
59	106
60a	
60b	
61	
62	
63	
64	1507

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

Schedule 4 (Form 1040) 2018

QNA

SCHEDULE 6
(Form 1040)

Foreign Address and Third Party Designee

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

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

2018
Attachment
Sequence No. **05A**

Name(s) shown on Form 1040

MORGAN

Your social security number

421-11-6383

**Foreign
Address**

Foreign country name

Foreign province/county

Foreign postal code

**Third Party
Designee**

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

Designee's
name ▶ JAMIE GROSS

Phone
no. ▶ 251-610-6744

Personal identification number
(PIN) ▶

5	9	6	0	2
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For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 6 (Form 1040) 2018

QNA

**SCHEDULE C-EZ
(Form 1040)**

**Net Profit From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2018
Attachment
Sequence No. **09A**

Department of the Treasury
Internal Revenue Service (99)

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

Name of proprietor

Social security number (SSN)

SHAMEEKA MORGAN

421-11-6383

Part I General Information

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

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

And you:

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

<p>A Principal business or profession, including product or service <u>JANITORIAL SERVICES</u></p>	<p>B Enter business code (see page 2) ▶ <u>5 6 1 7 2 0</u></p>
<p>C Business name. If no separate business name, leave blank. <u>MORGAN CLEANING SERVICE</u></p>	<p>D Enter your EIN (see page 2) </p>
<p>E Business address (including suite or room no.). Address not required if same as on page 1 of your tax return. <u>451 MANASSAS STREET</u> City, town or post office, state, and ZIP code <u>MOBILE AL 36603</u></p>	
<p>F Did you make any payments in 2018 that would require you to file Form(s) 1099? (see the Instructions for Schedule C) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>G If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Part II Figure Your Net Profit

<p>1 Gross receipts. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <i>Statutory employees</i> in the instructions for Schedule C, line 1, and check here <input type="checkbox"/></p>	1	11972
<p>2 Total expenses (see page 2). If more than \$5,000, you must use Schedule C</p>	2	2057
<p>3 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Schedule 1 (Form 1040), line 12, and Schedule SE, line 2, or on Form 1040NR, line 13, and Schedule SE, line 2 (see page 2). (Statutory employees do not report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3.</p>	3	9915

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

4 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

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

a Business _____ **b** Commuting (see page 2) _____ **c** Other _____

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

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

8a Do you have evidence to support your deduction? Yes No

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

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

SHAMEEKA MORGAN

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

421-11-6383

Section B—Long Schedule SE

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instructions)		
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH		
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note: Skip this line if you use the nonfarm optional method (see instructions)		9915
3	Combine lines 1a, 1b, and 2		9915
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		9157
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		
c	Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue ▶		9157
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
6	Add lines 4c and 5b	6	9157
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2018	7	128,400 00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$128,400 or more, skip lines 8b through 10, and go to line 11	8a	2252
b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c	Wages subject to social security tax (from Form 8919, line 10)	8c	
d	Add lines 8a, 8b, and 8c	8d	2252
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶	9	126148
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	1135
11	Multiply line 6 by 2.9% (0.029)	11	266
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55	12	1401
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27	13	701

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$7,920, or (b) your net farm profits² were less than \$5,717.

14	Maximum income for optional methods	14	5,280 00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,280. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$5,717 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.
² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.
⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

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

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **29**

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

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

Your social security number

SHAMEEKA MORGAN

421-11-6383

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

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

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

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

1	Early distributions included in income. For Roth IRA distributions, see instructions	1	1058
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	1058
4	Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57 Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.	4	106

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

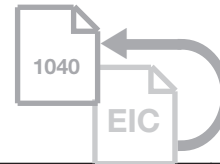
Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

 Your signature
  Date

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

SCHEDULE EIC
(Form 1040)

Earned Income Credit
Qualifying Child Information



OMB No. 1545-0074

2018

Attachment
Sequence No. **43**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

SHAMEEKA MORGAN & IRFHAN SHAIK

Your social security number

421-11-6383

Before you begin:

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



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

Qualifying Child Information

Child 1

Child 2

Child 3

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	KHLOEE MORGAN					
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040, line 17a, unless the child was born and died in 2018. If your child was born and died in 2018 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	684-49-4997					
3 Child's year of birth	Year <u>2</u> <u>0</u> <u>1</u> <u>8</u> <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year _____ <i>If born after 1999 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4 a Was the child under age 24 at the end of 2018, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>	<i>Go to line 5.</i>	<i>Go to line 4b.</i>
b Was the child permanently and totally disabled during any part of 2018?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.	<i>Go to line 5.</i>	The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	DAUGHTER					
6 Number of months child lived with you in the United States during 2018 • If the child lived with you for more than half of 2018 but less than 7 months, enter "7." • If the child was born or died in 2018 and your home was the child's home for more than half the time he or she was alive during 2018, enter "12."	<u>12</u> months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>		_____ months <i>Do not enter more than 12 months.</i>	

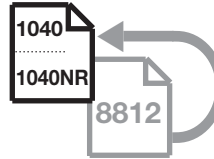
For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule EIC (Form 1040) 2018

QNA

SCHEDULE 8812
(Form 1040)

Additional Child Tax Credit



OMB No. 1545-0074

2018

Attachment
Sequence No. **47**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

SHAMEEKA MORGAN & IRFHAN SHAIK

Your social security number

421-11-6383

Part I All Filers

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

1	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise: 1040 filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040, line 12a). 1040NR filers: Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040NR, line 49).		1	2000
2	Enter the amount from Form 1040, line 12a, or Form 1040NR, line 49		2	
3	Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit		3	2000
4	Number of qualifying children under 17 with the required social security number: <u>1</u> X \$1,400. Enter the result. If zero, stop here; you cannot claim this credit		4	1400
5	Enter the smaller of line 3 or line 4		5	1400
6a	Earned income (see separate instructions)	6a		11466
b	Nontaxable combat pay (see separate instructions)	6b		
7	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result	7		8966
8	Multiply the amount on line 7 by 15% (0.15) and enter the result Next. On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> No. If line 8 is zero, stop here; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.		8	1345

Part II Certain Filers Who Have Three or More Qualifying Children

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

Part III Additional Child Tax Credit

15	This is your additional child tax credit	15		1345
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Enter this amount on
Form 1040, line 17b, or
Form 1040NR, line 64.

Name(s) shown on return

Your social security number

SHAMEEKA MORGAN & IRFHAN SHAIK

421-11-6383



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	1895
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	180000
3	Enter the amount from Form 1040, line 7. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	12524
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	167476
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	20000
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 } • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) }	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box ▶ <input type="checkbox"/>	7	1895
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040, line 17c. Then go to line 9 below	8	758

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	1137
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	
11	Enter the smaller of line 10 or \$10,000	11	
12	Multiply line 11 by 20% (0.20)	12	
13	Enter: \$134,000 if married filing jointly; \$67,000 if single, head of household, or qualifying widow(er)	13	
14	Enter the amount from Form 1040, line 7. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 50	19	

Name(s) shown on return

SHAMEEKA MORGAN & IRFHAN SHAIK

Your social security number

421-11-6383



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

<p>20 Student name (as shown on page 1 of your tax return)</p> <p>SHAMEEKA MORGAN</p>	<p>21 Student social security number (as shown on page 1 of your tax return)</p> <p>421-11-6383</p>
<p>22 Educational institution information (see instructions)</p>	
<p>a. Name of first educational institution</p> <p>FAULKNER UNIVERSITY</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>5245 ATLANTA HIGHWAY MONTGOMERY AL 36109</p> <p>(2) Did the student receive Form 1098-T from this institution for 2018? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2017 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> <p>6 3 - 0 3 2 9 4 0 9</p>	<p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2017 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> <p>_____ - _____</p>
<p>23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2018? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.</p>	
<p>24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2018 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.</p>	
<p>25 Did the student complete the first 4 years of postsecondary education before 2018? See instructions. <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 26.</p>	
<p>26 Was the student convicted, before the end of 2018, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Complete lines 27 through 30 for this student.</p>	



You can't take the American opportunity credit and the lifetime learning credit for the same student in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	1895
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	
29 Multiply line 28 by 25% (0.25)	29	
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	1895

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
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Health Coverage Exemptions

▶ Attach to Form 1040.

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

Name as shown on return
SHAMEEKA MORGAN

Your social security number
421-11-6383

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

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

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

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

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

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

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

Paid Preparer's Due Diligence Checklist

Department of the Treasury
Internal Revenue Service

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

▶ To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.

▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

2018

Attachment Sequence No. **70**

Taxpayer name(s) shown on return SHAMEEKA MORGAN & IRFHAN SHAIK	Taxpayer identification number 421-11-6383
---	--

Enter preparer's name and PTIN
JAMIE GROSS P01959602

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I-V for the benefit(s), and/or HOH filing status claimed (check all that apply).	EIC	CTC/ ACTC/ODC	AOTC	HOH
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1 Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> • Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of any credit(s) claimed. 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount of the credit(s) List those documents, if any, that you relied on. <u>DRIVERS LICENSE AND SOCIAL SECURITY CARDS</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
a Did you complete the required recertification Form 8862?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
9a Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim the EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
13 Did the taxpayer provide the required substantiation for the credit, including a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Part VI Eligibility Certification

► **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to determine the amount of the credit(s) claimed;
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of Form 8867;
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed;
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine eligibility for the credit(s) and/or HOH filing status;
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained; and
 - 5. A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing status and the amount(s) of any credit(s) claimed and the taxpayer's answers.

► **If you have not complied with all due diligence requirements, you may have to pay a \$520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

2018 Qualified Business Income Deduction—Simplified

Worksheet

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

Keep for Your Records



Before you begin: This worksheet is for taxpayers who:

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

1.

(a) Trade or business name	(b) Employer identification number	(c) Qualified business income or (loss)
MORGAN CLEANING SERVICE	42-1116383	9214

2. Total qualified business income or (loss). Add the amounts in column 1(c) **2.** 9214

Note. If reporting qualified business income or (loss) from more than four trades or businesses, see the instructions for line 2 of this worksheet.

3. Qualified business loss carryforward from the prior year. Enter as a negative number **3.** _____
4. Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- **4.** 9214
5. Qualified business income component. Multiply line 4 by 20% (0.20) **5.** 1843
6. Qualified REIT dividends and PTP income or (loss) **6.** _____
7. Qualified REIT and PTP loss carryforward from the prior year. Enter as a negative number **7.** (_____) _____
8. Total qualified REIT and PTP income. Add lines 6 and 7. If zero or less, enter -0- **8.** _____
9. Multiply line 8 by 20% (0.20) **9.** _____
10. Qualified business income deduction before the income limitation. Add lines 5 and 9 **10.** 1843
11. Income before qualified business income deduction **11.** -11476
12. Net capital gains (see instructions) **12.** _____
13. Subtract line 12 from line 11. If zero or less, enter -0- **13.** _____
14. Income limitation. Multiply line 13 by 20% (0.20) **14.** _____
15. Qualified business income deduction. Enter the smaller of line 10 or line 14 **15.** _____
16. Total qualified business loss carryforward. Add lines 2 and 3. If more than zero, enter -0- **16.** (_____) _____
17. Total qualified REIT income and PTP loss carryforward. Add lines 6 and 7. If more than zero, enter -0- **17.** (_____) _____

Trade or business name

EIN

QB Income

Child Tax Credit and Credit for Other Dependents Worksheet

Before you begin:

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

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

Part 1

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

2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: _____ × \$500. Enter the result. 2
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 1.

3. Add lines 1 and 2 3 2000

4. Enter the amount from Form 1040, line 7, or Form 1040NR, line 35. 4 12524

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

6. Add lines 4 and 5. Enter the total. 6 12524

7. Enter the amount shown below for your filing status.
 - Married filing jointly—\$400,000
 - All other filing statuses—\$200,0007 400000

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

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

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

QNA

Part 2

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

11	0
-----------	---

12. Add the following amounts from:

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

Enter the total.

12	0
-----------	---

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

13. Subtract line 12 from line 11

13	0
-----------	---

14. Are you claiming any of the following credits?

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

No. Enter -0-.

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

14	0
-----------	---

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

15	0
-----------	---

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

No. Enter the amount from line 10.

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

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

16	0
-----------	---

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



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

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

Credit Limit Worksheet

Complete this worksheet to figure the amount to enter on line 19.

- 1. Enter the amount from Form 8863,
line 18 **1.** _____
- 2. Enter the amount from Form 8863,
line 9 **2.** _____ 1137
- 3. Add lines 1 and 2 **3.** _____ 1137
- 4. Enter the amount from:
Form 1040, line 11
..... **4.** _____
- 5. Enter the total of your credits from:
Schedule 3 (Form 1040), lines 48 and 49,
and Schedule R, line 22
..... **5.** _____
- 6. Subtract line 5 from line 4 **6.** _____
- 7. Enter the smaller of line 3 or line 6 here
and on Form 8863, line 19 **7.** _____

Line 26

Check "Yes" if the student was convicted, before the end of 2018, of a federal or state felony for possession or distribution of a controlled substance.

If you checked "No," complete lines 27 through 30 for this student. If you checked "Yes," the student isn't eligible for the American opportunity credit; skip lines 26 through 30 and go to line 31.



*You **cannot** claim the American opportunity credit and the lifetime learning credit for the **same student** in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.*

American Opportunity Credit

Line 27

Enter the student's adjusted qualified education expenses for line 27. See *Qualified Education Expenses*, earlier. Use the Adjusted Qualified Education Expenses Worksheet, later, to figure each student's adjusted qualified education expenses. Don't enter more than \$4,000. Enter the total of all amounts from all Parts III, line 30, on Part I, line 1.

Lifetime Learning Credit

Line 31

Enter the student's adjusted qualified education expenses on line 31. See *Qualified Education Expenses*, earlier. Use the Adjusted Qualified Education Expenses Worksheet next to figure each student's adjusted qualified education expenses. Enter the total of all amounts from Part III, line 31, on Part II, line 10.

Adjusted Qualified Education Expenses Worksheet

See *Qualified Education Expenses*, earlier, before completing.

Complete a separate worksheet for each student for each academic period beginning or treated as beginning (see below) in 2018 for which you paid (or are treated as having paid) qualified education expenses in 2018.

1.	Total qualified education expenses paid for or on behalf of the student in 2018 for the academic period	_____
2.	Less adjustments:	
	a. Tax-free educational assistance received in 2018 allocable to the academic period	_____
	b. Tax-free educational assistance received in 2019 (and before you file your 2018 tax return) allocable to the academic period	_____
	c. Refunds of qualified education expenses paid in 2018 if the refund is received in 2018 or in 2019 before you file your 2018 tax return	_____
3.	Total adjustments (add lines 2a, 2b, and 2c)	_____
4.	Adjusted qualified education expenses. Subtract line 3 from line 1. If zero or less, enter -0-	_____ 1895



If you're claiming an education credit for more than one student, complete a separate Part III for each student before returning to page 1 to complete Parts I and II.

If any qualified education expenses for the student were paid in 2018 for an academic period beginning in the first 3 months of 2019, treat that academic period as if it began in 2018. See *Student qualifications and Prepaid Expenses*, earlier.

Dependent Information:

Name....: KHLOEE S MORGAN
SSN.....: 684-49-4997 Relationship.....: DAUGHTER
Student.: NO School Attended...:
Disabled: NO Type of Disability:
Notes...:

Due Diligence Notes:

Paid Preparer's Earned Income Credit Checklist

DO NOT MAIL

Taxpayer name(s) shown on return SHAMEEKA MORGAN & IRFHAN SHAIK	Taxpayer's social security number 421-11-6383
--	--

For the definitions of **Qualifying Child** and **Earned Income**, see **Pub. 596**.

Part I All Taxpayers

1 Enter preparer's name and PTIN ▶ JAMIE GROSS P01959602	
2 Is the taxpayer's filing status married filing separately? ▶ If you checked "Yes" on line 2, stop ; the taxpayer cannot take the EIC. Otherwise, continue.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3 Does the taxpayer (and the taxpayer's spouse if filing jointly) have a social security number (SSN) that allows him or her to work and is valid for EIC purposes? See the instructions before answering ▶ If you checked "No" on line 3, stop ; the taxpayer cannot take the EIC. Otherwise, continue.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4 Is the taxpayer (or the taxpayer's spouse if filing jointly) filing Form 2555 or 2555-EZ (relating to the exclusion of foreign earned income)? ▶ If you checked "Yes" on line 4, stop ; the taxpayer cannot take the EIC. Otherwise, continue.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5a Was the taxpayer (or the taxpayer's spouse) a nonresident alien for any part of 2018 ? ▶ If you checked "Yes" on line 5a, go to line 5b. Otherwise, skip line 5b and go to line 6.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Is the taxpayer's filing status married filing jointly? ▶ If you checked "Yes" on line 5a and "No" on line 5b, stop ; the taxpayer cannot take the EIC. Otherwise, continue.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Is the taxpayer's investment income more than \$3,400? See the instructions before answering. ▶ If you checked "Yes" on line 6, stop ; the taxpayer cannot take the EIC. Otherwise, continue.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7 Could the taxpayer be a qualifying child of another person for 2018 ? If the taxpayer's filing status is married filing jointly, check " No ." Otherwise, see instructions before answering ▶ If you checked "Yes" on line 7, stop ; the taxpayer cannot take the EIC. Otherwise, go to Part II or Part III, whichever applies.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part II Taxpayers With a Child

Caution: If there is more than one child, complete lines 8 through 14 for one child before going to the next column.

- 8** Child's name
- 9** Is the child the taxpayer's son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them?
- 10** Was the child unmarried at the end of 2018 ?
If the child was married at the end of 2018 , see the instructions before answering
- 11** Did the child live with the taxpayer in the United States for over half of 2018 ?
See the instructions before answering
- 12** Was the child (at the end of 2018)—
- Under age 19 and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly),
 - Under age 24, a student (defined in the instructions), and younger than the taxpayer (or the taxpayer's spouse, if the taxpayer files jointly), or
 - Any age and permanently and totally disabled?
- ▶ If you checked **"Yes"** on lines 9, 10, 11, and 12, the child is the taxpayer's qualifying child; go to line 13a. If you checked **"No"** on line 9, 10, 11, or 12, the child is not the taxpayer's qualifying child; see the instructions for line 12.
- 13a** Do you or the taxpayer know of another person who could check **"Yes"** on lines 9, 10, 11, and 12 for the child? (If the only other person is the taxpayer's spouse, see the instructions before answering.)
- ▶ If you checked **"No"** on line 13a, go to line 14. Otherwise, go to line 13b.
- b** Enter the child's relationship to the other person(s)
- c** Under the tiebreaker rules, is the child treated as the taxpayer's qualifying child? See the instructions before answering
- ▶ If you checked **"Yes"** on line 13c, go to line 14. If you checked **"No,"** the taxpayer **cannot** take the EIC based on this child and cannot take the EIC for taxpayers who do not have a qualifying child. If there is more than one child, see the **Note** at the bottom of this page. If you checked **"Don't know,"** explain to the taxpayer that, under the tiebreaker rules, the taxpayer's EIC and other tax benefits may be disallowed. Then, if the taxpayer wants to take the EIC based on this child, complete lines 14 and 15. If not, and there are no other qualifying children, the taxpayer cannot take the EIC, including the EIC for taxpayers without a qualifying child; do not complete Part III. If there is more than one child, see the **Note** at the bottom of this page.
- 14** Does the qualifying child have an SSN that allows him or her to work and is valid for EIC purposes? See the instructions before answering
- ▶ If you checked **"No"** on line 14, the taxpayer **cannot** take the EIC based on this child and cannot take the EIC available to taxpayers without a qualifying child. If there is more than one child, see the **Note** at the bottom of this page. If you checked **"Yes"** on line 14, continue.
- 15** Are the taxpayer's **earned income** and **adjusted gross income** each less than the limit that applies to the taxpayer for 2018 ? See instructions
- ▶ If you checked **"No"** on line 15, **stop**; the taxpayer **cannot** take the EIC. If you checked **"Yes"** on line 15, the taxpayer can take the EIC. Complete **Schedule EIC** and attach it to the taxpayer's return. If there are two or three qualifying children with valid SSNs, list them on Schedule EIC in the same order as they are listed here. If the taxpayer's EIC was reduced or disallowed for a year after 1996, see Pub. 596 to see if **Form 8862** must be filed. Go to line 20.
- Note:** If there is more than one child, complete lines 8 through 14 for the other child(ren) (but for no more than three qualifying children).

Child 1	Child 2	Child 3
KHLOEE MORGAN		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Worksheet **A**—2018 EIC—Line 17a

Keep for Your Records 


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

Part 1

All Filers Using Worksheet A

1. Enter your earned income from Step 5. 1

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

If line 2 is zero,  You can't take the credit. Enter “No” in the space to the left of Form 1040, line 17.

3. Enter the amount from Form 1040, line 7. 3

4. Are the amounts on lines 3 and 1 the same?

Yes. Skip line 5; enter the amount from line 2 on line 6.

No. Go to line 5.

Part 2

Filers Who Answered “No” on Line 4

5. If you have:

- No qualifying children, is the amount on line 3 less than \$8,500 (\$14,200 if married filing jointly)?
- 1 or more qualifying children, is the amount on line 3 less than \$18,700 (\$24,350 if married filing jointly)?

Yes. Leave line 5 blank; enter the amount from line 2 on line 6.

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

5

Part 3

Your Earned Income Credit

6. **This is your earned income credit.** 6

Enter this amount on Form 1040, line 17a. ⋮

Reminder—

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



If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2018.

Worksheet B—2018 EIC—Line 17a



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

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

<p>Part 1</p> <p>Self-Employed, Members of the Clergy, and People With Church Employee Income Filing Schedule SE</p>	1a. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies.	1a	9915	
	b. Enter any amount from Schedule SE, Section B, line 4b, and line 5a.	+	1b	
	c. Combine lines 1a and 1b.	=	1c	9915
	d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies.	-	1d	701
	e. Subtract line 1d from 1c.	=	1e	9214

<p>Part 2</p> <p>Self-Employed NOT Required To File Schedule SE</p> <p><small>For example, your net earnings from self-employment were less than \$400.</small></p>	2. Don’t include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.		
	a. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.		2a
	b. Enter any net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*.	+	2b
	c. Combine lines 2a and 2b.	=	2c

**If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Section A. Reduce the Schedule K-1 amounts as described in the Partner’s Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.*

<p>Part 3</p> <p>Statutory Employees Filing Schedule C or C-EZ</p>	3. Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that you are filing as a statutory employee.	3	
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<p>Part 4</p> <p>All Filers Using Worksheet B</p> <p><small>Note. If line 4b includes income on which you should have paid self-employment tax but didn’t, we may reduce your credit by the amount of self-employment tax not paid.</small></p>	4a. Enter your earned income from Step 5.	4a	2252
	b. Combine lines 1e, 2c, 3, and 4a. This is your total earned income.		4b

If line 4b is zero or less, You can’t take the credit. Enter “No” in the space to the left of Form 1040, line 17.

5. If you have:

- 3 or more qualifying children, is line 4b less than \$49,194 (\$54,884 if married filing jointly)?
- 2 qualifying children, is line 4b less than \$45,802 (\$51,492 if married filing jointly)?
- 1 qualifying child, is line 4b less than \$40,320 (\$46,010 if married filing jointly)?
- No qualifying children, is line 4b less than \$15,270 (\$20,950 if married filing jointly)?

Yes. If you want the IRS to figure your credit, see *Credit figured by the IRS*, earlier. If you want to figure the credit yourself, enter the amount from line 4b on line 6 of this worksheet.

No. You can’t take the credit. Enter “No” in the space to the left of Form 1040, line 17.

Worksheet B—2018 EIC—Line 17a—Continued

Keep for Your Records



Part 5

All Filers Using Worksheet B

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

6	11466
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7. Look up the amount on line 6 above in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.

7	3461
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If line 7 is zero, You can't take the credit. Enter "No" in the space to the left of Form 1040, line 17.

8. Enter the amount from Form 1040, line 7.

8	12524
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9. Are the amounts on lines 8 and 6 the same?
 Yes. Skip line 10; enter the amount from line 7 on line 11.
 No. Go to line 10.

Part 6

Filers Who Answered "No" on Line 9

10. If you have:
 ● No qualifying children, is the amount on line 8 less than \$8,500 (\$14,200 if married filing jointly)?
 ● 1 or more qualifying children, is the amount on line 8 less than \$18,700 (\$24,350 if married filing jointly)?
 Yes. Leave line 10 blank; enter the amount from line 7 on line 11.
 No. Look up the amount on line 8 in the EIC Table to find the credit. Be sure you use the correct column for your filing status and the number of children you have. Enter the credit here.

10	
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Look at the amounts on lines 10 and 7. Then, enter the **smaller** amount on line 11.

Part 7

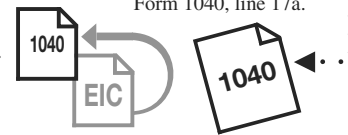
Your Earned Income Credit

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

11	3461
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Reminder—

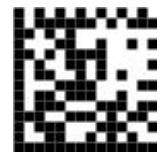
✓ If you have a qualifying child, complete and attach Schedule EIC.



Enter this amount on Form 1040, line 17a.



If your EIC for a year after 1996 was reduced or disallowed, see Form 8862, who must file, earlier, to find out if you must file Form 8862 to take the credit for 2018.



WHAT YOU NEED TO KNOW BEFORE SELECTING A REFUND TRANSFER

Republic Bank & Trust Company

Tax Refund Options:

Filing Method	Refund Transfer (RT)	Disbursement Method	Estimated Issuance of Federal Refund	Bank Fee for First Funding	Bank Fee for Each Add'l Funding	Transmitter Fee	Payment of Tax Prep Fees
Paper Return	No	IRS Issued Check Sent U.S. Mail ¹	Within 6 weeks ⁴	None	None	None	Paid Directly to Preparer
Paper Return	No	IRS Direct Deposit to Your Account ¹	Within 6 weeks ⁴	None	None	None	Paid Directly to Preparer
E-File	No	IRS Issued Check Sent U.S. Mail ¹	Within 21 days but not earlier than 2/15 if tax return includes EITC or ACTC ⁴	None	None	None	Paid Directly to Preparer
E-File	No	IRS Direct Deposit to Your Account ¹	Within 21 days but not earlier than 2/15 if tax return includes EITC or ACTC ⁴	None	None	None	Paid Directly to Preparer
E-File	Yes	Bank Direct Deposit to Your Account ¹	Within 21 days but not earlier than 2/15 if tax return includes EITC or ACTC ⁴	\$39.95	\$10.00	\$99.00	Can Be Deducted From Refund
E-File	Yes	Walmart Direct2Cash ²	Within 21 days but not earlier than 2/15 if tax return includes EITC or ACTC ⁴	\$46.95	\$10.00	\$99.00	Can Be Deducted From Refund
E-File	Yes	Bank Issued Check From Tax Office	Within 21 days but not earlier than 2/15 if tax return includes EITC or ACTC ⁴	\$39.95	\$10.00	\$99.00	Can Be Deducted From Refund
E-File	Yes	Netspend Visa [®] Prepaid Card ³	Within 21 days but not earlier than 2/15 if tax return includes EITC or ACTC ⁴	\$39.95	\$10.00	\$99.00	Can Be Deducted From Refund

Additional Charges: You may be charged a Service Bureau Fee. Please consult your tax preparer and Bank Product Application and Agreement for specific details. Netspend Visa Prepaid Card³ customers will incur a \$5.00 monthly Plan Fee beginning upon first load of funds and other usage fees may apply. Please refer to your Cardholder Agreement for Terms and Conditions including fee schedule details or visit www.republictaxpayer.com.

Fees: The Refund Transfer and Tax Preparation Fees disclosed in Section 4 of the Bank Product Application and Agreement are not due until tax preparation and any other services provided to you in relation to the Refund Transfer (**Services**) are complete. The Services are not complete until the earlier of (i) notification to you that the proceeds of your Refund Transfer are available or (ii) the 60th day after your tax return has been e-filed with the IRS.

Filing Options With No Additional Costs: You have many options for filing your tax return and receiving your refund, some of which have no additional costs. With these options you will need to pay tax preparation fees directly to your preparer. Refer to the chart above for the estimated issuance of your federal refund associated with each option:

- **Paper Return:** You can mail your tax return to the IRS and/or state and have your refund issued as a check sent in the U.S. mail or a direct deposit (if you have an existing account) without having to incur any additional cost for an RT.
- **E-File:** You can e-file your federal and/or state tax return and have your refund issued as a check sent in the U.S. mail or by direct deposit (if you have an existing account) within a similar time frame and without paying the additional fees associated with an RT.

Refund Transfer: You may choose to receive your refund as an RT which is a fee-based product provided by Republic Bank & Trust Company. If you choose an RT, your income tax return will be filed electronically and your refund will be direct deposited in a bank account established for the receipt of your refund and not intended for long term use. Typically, refund proceeds are issued from the IRS within an estimated 21 days after IRS acceptance of the return. However, the IRS will not begin issuing refunds earlier than February 15th for EITC and ACTC-related tax returns.⁴ A Refund Transfer Fee will be deducted from your refund amount. Additionally, a Transmitter and/or Service Bureau Fee, all tax preparation fees and any other authorized fees/amounts may be deducted from your refund and forwarded to the appropriate authorized parties. The remainder of your refund will be issued to you by a Republic Bank & Trust Company check printed at the tax office; direct deposited to your personal bank account; loaded to your prepaid card; or disbursed in the form of cash via Walmart Direct2Cash. You can choose a filing option that does not require selecting the RT and paying the associated fees which reduce the amount you can expect to receive from a tax refund.

- An RT is not necessary to obtain your refund.
- If you have an existing bank account, you can file a tax return electronically and receive your refund by direct deposit within a similar time frame and without paying the additional fees associated with an RT.
- Tax preparation fees are determined by your preparer and disclosed to you on the RT Application and Agreement.

Tax Refund Processing: For additional information on tax refund processing please consult www.irs.gov or your state's tax authority website.

Withholding Change: Changing your income tax withholding might result in more income during the year rather than waiting for an income tax refund.

Information About Opening A Low-Cost Bank Account: Go to www.joinbankon.org for information about low-cost "starter" or "second chance" bank accounts and access to financial education resources.

1. It may take additional time for your financial institution to post the refund to your account or for mail delivery.

2. Available at participating Walmart locations for disbursements up to \$7,500. An additional one-time \$7.00 fee applies.

3. Available at participating tax offices. The Netspend Visa Prepaid Card is issued by Republic Bank & Trust Company, Member FDIC pursuant to a license from Visa U.S.A. Inc. Netspend, a TSYS[®] Company, is a registered agent of Republic Bank & Trust Company. This card may be used everywhere Visa debit cards are accepted. Card use is subject to activation, ID verification, and funds availability. A \$5 monthly fee, transaction fees, terms, and conditions apply to the use and reloading of the Card Account. See the Cardholder Agreement at www.republictaxpayer.com/terms for details.

4. Based on information published on www.irs.gov, the IRS issues most electronically filed refunds within 21 calendar days of IRS acknowledgement, or within 6 weeks for paper filed returns. However, the IRS will not begin issuing refunds for Earned Income Tax Credit (EITC) and Additional Child Tax Credit (ACTC) related tax returns until February 15th. Visit www.irs.gov for details about your individual refund. Republic Bank & Trust Company does not guarantee whether, when or in what amount a tax refund will be issued.

Bank Product Application and Agreement (Application/Agreement)
Republic Bank & Trust Company, 601 West Market Street, Louisville, Kentucky 40202

INSTRUCTIONS: Joint Taxpayer information is required only if filing a joint tax return. IF YOU WANT TO APPLY FOR AN EASY ADVANCE YOU MUST APPLY AS AN INDIVIDUAL EVEN IF YOU ARE MARRIED AND FILING JOINTLY. ONLY ONE TAXPAYER CAN APPLY FOR AN EASY ADVANCE. Please refer to Section 5 for further information.



1. TAXPAYERS INFORMATION (Address must not be a P.O. Box)

Name: SHAMEEKA MORGAN Joint: IRFHAN SHAIK

Address: 451 MANASSAS STREET APT B MOBILE AL 36603

2. WHICH BANK PRODUCT(S) ARE YOU APPLYING FOR?

EASY ADVANCE LOAN: THE EASY ADVANCE IS A PRODUCT OFFERED BY REPUBLIC BANK & TRUST COMPANY (**Republic**) WHICH MAY BE APPLIED FOR WITH OR WITHOUT RECEIVING A REFUND TRANSFER. I understand that by signing this Bank Product Application and Agreement I am applying for a loan in the amount of _____. If approved, a Finance Charge of \$_____ and the loan amount will be deducted from my 2018 tax refund from the IRS and/or state taxing authority. I understand the Easy Advance is subject to underwriting and approval by Republic and I may receive an Easy Advance amount less than what I requested with the associated finance charge as stated on the Easy Advance Information Page. This will result in check disbursement (refer to section 8). If filing a joint tax return, only one Taxpayer can apply for the Easy Advance and the Easy Advance proceeds will be disbursed to the applying Taxpayer only. If I am applying for an Easy Advance and Refund Transfer, the Easy Advance proceeds will be disbursed in accordance with Section 3 below. If I apply for an Easy Advance and Refund Transfer and my application for an Easy Advance is declined, I understand that I will still receive a Refund Transfer. If I apply for an Easy Advance only (without the Refund Transfer), I understand that (i) the Easy Advance Proceeds and remaining balance of my tax refund can only be disbursed via Direct Deposit or NetSpend Prepaid Card (select one below) and (ii) the remaining balance of my tax refund after repayment of the Easy Advance will be disbursed in the same manner as my Easy Advance.

REFUND TRANSFER: I (which includes the joint taxpayer, if any) understand that by signing this Agreement, I am requesting and agreeing to receive my federal and/or state tax refund(s), less the fees and payments set out in Section 4 below, by the disbursement method selected in Section 3 below. If filing a joint tax return, the Refund Transfer check will be disbursed to both Taxpayers and the Refund Transfer direct deposit, prepaid card or Walmart Direct2Cash will be disbursed in accordance with Section 3 below.

3. DISBURSEMENT METHOD: SELECT ONE THAT WILL APPLY TO THE PRODUCT(S) SELECTED IN SECTION 2 ABOVE.

Direct Deposit: Republic will deposit funds directly to my existing account, as specified below (**Bank Account**).

Bank Routing Number: _____ Account Number: _____ Checking Savings

NetSpend Prepaid Card: Republic will deposit funds directly to a NetSpend Prepaid Card (**Card**), issued by my tax preparer. Please refer to the Card's disclosures for all applicable fees, terms of use and further details. **Customer Number:** _____

Walmart Direct2Cash: Republic will disburse funds at Walmart locations in the form of cash (**Cash**) for an additional one-time fee of \$7.00. I will receive instructions and a reference number via text and/or email to provide to Walmart in order to obtain the Cash.

Check: Republic will disburse funds to me via check, printed by my tax preparer or mailed by Republic.

4. FEES: I understand that the Refund Transfer and Tax Preparation Fees listed below are not due until tax preparation and any services provided to me in relation to the Refund Transfer (**Services**) are complete. The Services are not complete until the earlier of (i) notification to me that the proceeds of my Refund Transfer are available or (ii) the 60th day after my tax return has been e-filed with the IRS. The Refund Transfer Fee applies to the first refund received and an additional fee will be charged for each subsequent funding received, whether federal or state.

Refund Transfer Fees

Refund Transfer Fee paid to Republic:	\$ 39.95
Subsequent Funding Fee paid to Republic	\$ 0.00
Direct2Cash Fee paid to Republic:	\$ 0.00
Transmitter Fee paid to <u>RCS</u> :	\$ 99.00
Service Bureau Fee paid to _____:	\$ 0.00
Total Refund Transfer Fees:	\$ 138.95

Tax Preparation Fees

Tax Preparation Fee paid to Tax Preparer:	\$ 430.00
Audit Fee paid to _____:	\$ 0.00
Product Purchase Fee paid to _____:	\$ 0.00
Total Tax Preparation Fees:	\$ 430.00

Easy Advance Loan Fee (if approved)

Finance Charge paid to Republic:	\$ 0.00
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5. EASY ADVANCE SECURITY INTEREST IN REFUND IF FILING JOINTLY. I, IRFHAN SHAIK, am not applying for, and will not be liable for repayment of an Easy Advance. However, by signing below, as security for the Easy Advance for which my spouse has applied, I hereby authorize and grant to Republic a security interest in the anticipated tax refund to be paid to me by the IRS and/or state taxing authority for the 2018 tax year.

6. ACKNOWLEDGEMENT/CERTIFICATION/AGREEMENT

By signing this Agreement in the spaces provided below, I do the following:

- I acknowledge that (i) I am at least eighteen (18) years old, nineteen (19) in AL or NE (ii) I received a completed copy of this Agreement, (iii) I have received, read, and understand this Agreement, Republic's Privacy Notice, a sheet entitled What You Need to Know Before Selecting a Bank Product, a Truth-In-Lending Act Disclosure if applicable, a sheet entitled Easy Advance Information Page if applicable, and all applicable state disclosures and (iv) the Refund Transfer is not a loan or an extension of credit.
- I certify that all my information contained in this Agreement is correct to the best of my knowledge, that this Agreement is based on my 2018 federal and/or state income tax return(s) and that the tax return(s) are true, complete, and accurate in all respects.
- I agree to all the terms and provisions set forth in this Agreement, including the **WAIVER OF JURY TRIAL AND ARBITRATION** section.
- I authorize Republic to obtain my consumer credit report through any credit reporting agency.

x _____
Taxpayer Signature

Date

x _____
Joint Taxpayer Signature

Date

CUSTOMER IDENTIFICATION PROGRAM NOTICE: In order to help the government fight the funding of terrorism, money laundering activities, and identity theft, the USA PATRIOT Act requires all financial institutions to obtain, verify, and record information that identifies each person who applies for a Bank Product. What that means to you is that when you apply for a Bank Product through Republic, you will need to provide your name, street address, taxpayer identification number, date of birth, and other information that will allow us to identify you including an unexpired, government-issued, photo ID or other similar document.



ADDITIONAL TERMS AND DISCLOSURES

7. EASY ADVANCE CERTIFICATIONS.

If this is an application for an Easy Advance, by signing this Application/Agreement, I (including my spouse if filing jointly) certify the following to be true: My expected federal tax refund payment was not delayed by the IRS last year, nor was my federal tax refund fully or partially withheld by the IRS last year. I am not currently in any dispute or audit with the IRS. I do not have a payment plan with the IRS. I do not have any outstanding tax liens. I have not previously filed a federal income tax return this year (including any amended or prior year returns). I have not missed filing a required tax return in the last two (2) years. I am not delinquent in student loan payments. I have not been incarcerated for six or more months during 2018 (includes work release and halfway house programs). I am not delinquent in any child support or maintenance payments, VA or HUD loans, or any obligation involving a federal agency, including debts for food stamps. I do not currently have a payment plan with any bankruptcy court. I have not filed for Chapter 7, 11 or 13 bankruptcy in the last two (2) years. I have not made an estimated tax payment in 2018. I have not applied any of my 2017 federal tax refund to my 2018 taxes.

8. ACCEPTANCE OF EASY ADVANCE.

If this is an application for an Easy Advance, by signing this Application/Agreement, I understand that (i) the provision of Easy Advance proceeds to me constitutes an offer by Republic to enter into a loan transaction with me and the terms of the proposed loan transaction are set forth in this Application/Agreement; (ii) My negotiation of the Easy Advance Check (or other receipt of Easy Advance proceeds) shall constitute my acceptance of Republic's offer, thus obligating me to the terms of this Agreement; (iii) if I am approved for an Easy Advance in an amount less than what I requested, my Easy Advance proceeds and any subsequent disbursements will be made by check; (iv) may reject Republic's offer by canceling the Easy Advance and declining to negotiate the Easy Advance Check or returning the Easy Advance proceeds as further described below in this Section; (v) Republic will make an Easy Advance to me if this Application is approved by Republic in its sole and absolute discretion; and (vi) I can only apply for an Easy Advance on or before **February 28th, 2019**. If I want to cancel the Easy Advance and decline to negotiate the Easy Advance check or withdraw the Easy Advance proceeds, I shall notify Republic within 48 hours of the time I receive the Easy Advance check or proceeds of my intent to cancel by contacting Republic at 1-866-581-1040. If I cancel the Easy Advance, I will promptly return the Easy Advance Check or proceeds to Republic. If I choose to have my Easy Advance proceeds deposited into the Bank Account or any other account and choose to cancel the Easy Advance, I authorize Republic to withdraw the proceeds. If I cancel the Easy Advance, Republic will disburse the amount of my tax refund, less the Refund Transfer and Tax Preparation fees set out in Section 4 above.

9. SECURITY INTEREST IN REFUND.

I (including my spouse if filing jointly) hereby grant to Republic a security interest, and release any rights, in the anticipated tax refund to be paid to me by the IRS and state taxing authority (if applicable) for the 2018 tax year and authorize Republic, at its discretion, to send or transmit my Easy Advance (if applicable), Refund Transfer (if applicable) or any amount due me, to me at my address or to my electronic return originator (**ERO**) for delivery to me and agree to hold Republic harmless if my ERO does not timely deliver the check(s) to me.

10. ACCOUNT AND RELATED TRANSFER.

I authorize and request Republic to receive and process my federal and/or my state tax refund(s) by establishing an account for the sole purpose of receiving my tax refund(s) and disbursing my Bank Product(s). No other deposits may be made to, and no withdrawals will be allowed from my account. Prior to disbursing my tax refund from the IRS and/or state taxing authority, I authorize Republic to deduct and pay any and all of the following fees, charges, and amounts from my tax refund: (i) any current year outstanding balances and fees due Republic, including the balance of my Easy Advance, Easy Advance Finance Charge and/or Refund Transfer Fee(s); (ii) any or all authorized fees due the tax software company (**Transmitter**); (iii) any or all authorized fees due my tax return preparer and ERO; and (iv) any or all authorized fees due my ERO's service bureau. I understand that the Refund Transfer and Tax Preparation Fees set forth in Section 4 are not due until the Services are complete. The Services are not complete until the earlier of (i) notification to me that the proceeds of my Refund Transfer are available or (ii) the 60th day after my tax return has been e-filed with the IRS. The Bank Products will be disbursed to me by the method I selected in Section 3 above. If I chose Direct Deposit as my disbursement method and the Bank Account information is incorrect or Republic is unable, for any reason, to honor my Direct Deposit request, my Bank Products will be disbursed to me via check, printed by my tax preparer or mailed directly to me by Republic. If I chose Walmart Direct2Cash as my disbursement method and I (i) do not pick up the Cash within fourteen (14) calendar days of notification from Republic that my Bank Products proceeds are available or (ii) my Refund Transfer is more than \$7,500.00 after all authorized fees are deducted, my Refund Transfer will be disbursed to me via check, printed by my tax preparer or mailed directly to me by Republic.

11. AUTHORIZATIONS.

I (i) authorize Republic to inquire of the IRS, state taxing authority (if applicable), my employer or any agency providing information on behalf of my employer as to the status of my tax refund(s) and as to my tax withholding and to receive from or supply to the IRS and the state taxing authority (if applicable) information on my behalf; (ii) authorize Republic to investigate and verify from time to time all information provided to Republic; (iii) authorize Republic to verify my employment and any of the information in this Agreement; (iv) authorize my ERO and Transmitter to provide to Republic, and authorize Republic to provide to



the IRS or other third parties as permitted by law, information obtained from my tax return, this Agreement, and other sources necessary to detect suspicious or fraudulent tax returns and/or possible fraudulent Bank Products or for any other purpose permitted by law; (v) authorize Republic to use information I am providing to Republic in conjunction with this Agreement to verify my refund status with the IRS; (vi) authorize Republic to change my Disbursement method at its discretion if necessary to process my Bank Product(s); (vii) authorize Republic, if I provided my cellular phone number to my ERO, to deliver to my cellular phone number text messages and phone calls regarding Bank Products using an automatic telephone dialing system or an artificial pre-recorded voice and understand that Republic is not requiring me to provide this authorization as a condition of obtaining a Bank Product (message and data rates may apply from my wireless carrier); and, (viii) authorize Republic, at its sole discretion, to send my Bank Product(s), or any amount due me, to me at my address, as listed on this Agreement, or to my ERO for delivery to me and agree to hold Republic harmless if my ERO does not timely deliver the check(s) to me.

12. RELEASE OF MY BANK PRODUCT INFORMATION

I authorize Republic to provide third parties, including without limitation, credit reporting agencies, and my ERO and Transmitter with information regarding the status of my Bank Product(s), including whether the IRS or any state taxing authority funded, partially funded or failed to fund my tax refund, and whether I obtained a Bank Product. (See Republic's Privacy Notice.)

13. ADDITIONAL TERMS

I authorize Republic to accept my federal tax refund from the IRS and/or my state tax refund from the applicable state taxing authority and disburse the balance of my account to me by the method selected in Section 3. I understand and agree that (i) Republic is not affiliated with and does not warrant the performance of my ERO or the Transmitter or the accuracy of the tax return; (ii) Republic's fees may be shared by Republic with my ERO and/or the Transmitter; (iii) a portion of the Transmitter fee may be subsequently shared with my ERO; (iv) this Agreement is governed by applicable federal laws and the laws of the Commonwealth of Kentucky; and (v) Republic does not guarantee whether, when, or in what amount, tax refund(s) will be issued.

14. REGULATORY DISCLOSURES

A. Federal Electronic Fund Transfer Act:

In Case of Errors or Questions About My Electronic Transfers: I will telephone Republic at 1-866-581-1040 or write Republic at Tax Refund Solutions, P.O. Box 2348, Louisville, Kentucky 40201 as soon as I can if I believe my transaction history is wrong or I need more information about a particular transaction. Republic must hear from me no later than sixty (60) days after I electronically accessed my account, if the error could be viewed in my electronic history. I must tell Republic my name and Social Security Number, describe the error or transaction I am unsure about, and explain as clearly as I can why I believe it is an error or why I need more information, and tell Republic the dollar amount of the suspected error. If I report an error orally, Republic may require me to send my complaint or question in writing within ten (10) business days.

Republic will determine whether an error occurred within ten (10) business days after hearing from me and will correct any error promptly. If Republic needs more time, however, it may take up to forty-five (45) days to investigate my complaint or question. If Republic decides to do this, it will credit my account within ten (10) business days for the amount I think is in error, so that I will have the use of the money during the time it takes Republic to complete its investigation. If Republic asks me to put my complaint or question in writing and does not receive it within ten (10) business days, Republic may not credit my account. For questions and errors involving new accounts, Republic may take up to ninety (90) days to investigate my complaint or question. For new accounts, Republic may take up to twenty (20) business days to credit my account for the amount I think is in error. Republic will tell me the results within three (3) business days after completing its investigation. If Republic decides that there was no error, Republic will send me a written explanation. Copies of the documents that Republic used in the investigation are available at my request.

Republic's business days are Monday through Friday, except for federal holidays.

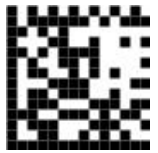
No other electronic fund transfers are allowed. Other than the Refund Transfer Fee and Subsequent Funding Fee described in Section 4, there is no charge/fee for electronic fund transfer activity. You can access your transaction history by visiting www.republictaxpayer.com.

If Republic does not complete a transfer to or from my account on time or in the correct amount in accordance with this Agreement, Republic will be liable for my losses or damages. However, there are some exceptions. Republic will not be liable, for instance: (i) if, through no fault of Republic, I do not have enough money in my account to make the transfer, (ii) if circumstances beyond Republic's control (such as a fire or flood) prevent the transfer despite reasonable precautions that Republic may have taken, (iii) if the funds in my account have been offset by Republic in payment of a delinquent loan, or (iv) if the funds have been attached or otherwise frozen as a result of a legal proceeding.

Republic will disclose information to third parties about my account or the transfers I make (i) when it is necessary to complete transfers, (ii) in order to verify the existence and condition of my account for a third party, such as a credit bureau or merchant, (iii) in order to comply with government agency or court orders, (iv) in accordance with Republic's Privacy Notice, and (v) if I give Republic written permission.

B. Provisional Credit: Any credit given to me by Republic with respect to an automated clearing house (ACH) credit entry is provisional until Republic receives final settlement for such entry. If Republic does not receive such final settlement, I agree that Republic is entitled to a refund of the amount credited to me in connection with such entry, and the party making the payment to me via such entry (i.e., the originator of the entry) shall not be deemed to have paid me in the amount of such entry. Under the operating rules of the National Automated Clearing House Association, which are applicable to ACH transactions involving

my account, Republic is not required to give a notice to me of receipt of an ACH item and will not do so. However, Republic will notify me of the receipt of payments in the transaction history, if any. Any ACH transfer to or from the account will comply with U.S. law.



15. WAIVER OF JURY TRIAL AND ARBITRATION

A. Facts about Arbitration: Arbitration is a process in which persons or companies with a dispute: (i) waive their rights to file a lawsuit and proceed in court and to have a jury trial to resolve their disputes; and (ii) agree, instead, to submit their disputes to a neutral third person (Arbitrator) for a decision. Each party to the dispute has an opportunity to present some evidence to the Arbitrator. Pre-arbitration discovery may be limited. Arbitration proceedings are private and less formal than court trials. The Arbitrator will issue a final and binding decision resolving the dispute, which may be enforced as a court judgment. A court rarely overturns an Arbitrator's decision. THEREFORE, I ACKNOWLEDGE AND AGREE AS FOLLOWS:

B. Scope of Arbitration: The words "dispute" and "disputes" are given the broadest possible meaning and include, without limitation all claims, rights and controversies arising from or relating directly or indirectly to (i) this Agreement (including this arbitration provision and the fees charged), and any prior agreement or agreements between me and Republic, and any and all aspects of my present or past relationship with Republic that relates to or concerns my tax refund, and, (ii) the signing of this arbitration provision, including the validity and scope of this arbitration provision. Without limitation, the claims, rights and controversies within the scope of the terms "dispute" or "disputes" includes any possible claims or rights that I have against Republic or against any of Republic's employees, agents, officers, directors, managers, shareholders or affiliated entities and/or Transmitter (**hereinafter collectively referred to as "related third parties"**), including those arising under (i) federal or state law, including alleged violations of any state or federal constitution, statute or regulation and common law theories such as those based upon contract, tort, fraud, or other intentional torts; (ii) any law or procedural provision that otherwise might enable me to assert rights as a private attorney general, or as a representative and/or member of a class of persons, or as a person acting in any other representative capacity (**hereinafter referred to as "Representative Claims"**); and (iii) all claims arising from or relating directly or indirectly to the disclosure by Republic or related third parties of any non-public personal information about me. The claims, rights and controversies within the scope of the terms "dispute" or "disputes" also includes any possible claims or rights that Republic has against me, including all counterclaims it may have in the event of a dispute that I raise.

C. Waiver of Jury Trial and Participation in Class Action: I acknowledge and agree that by entering into this arbitration provision: (i) I AM GIVING UP MY RIGHT TO HAVE A TRIAL BY JURY TO RESOLVE ANY DISPUTE ALLEGED AGAINST REPUBLIC OR RELATED THIRD PARTIES; (ii) I AM GIVING UP MY RIGHT TO HAVE A COURT, OTHER THAN A SMALL CLAIMS TRIBUNAL, RESOLVE ANY DISPUTE ALLEGED AGAINST REPUBLIC OR RELATED THIRD PARTIES; AND (iii) I AM GIVING UP MY RIGHT TO SERVE AS A REPRESENTATIVE, AS A PRIVATE ATTORNEY GENERAL, OR IN ANY OTHER REPRESENTATIVE CAPACITY, AND/OR TO PARTICIPATE AS A MEMBER OF A CLASS OF CLAIMANTS, IN ANY LAWSUIT FILED AGAINST REPUBLIC AND/OR RELATED THIRD PARTIES. Republic is giving up its rights to jury trial and rights to have a dispute it has with you resolved in a court, other than a small claims tribunal.

D. No Class Arbitration: Except as provided in Paragraph H below, all disputes including any Representative Claims against Republic and/or related third parties shall be resolved by binding arbitration only on an individual basis with me. THEREFORE, THE ARBITRATOR SHALL NOT CONDUCT CLASS ARBITRATION; THAT IS, THE ARBITRATOR SHALL NOT ALLOW ME TO SERVE AS A REPRESENTATIVE, AS A PRIVATE ATTORNEY GENERAL, OR IN ANY OTHER REPRESENTATIVE CAPACITY FOR OTHERS IN THE ARBITRATION. THE ARBITRATION SHALL ONLY RESOLVE MY RIGHTS, CLAIMS OR CONTROVERSIES, NOT THOSE OF ANY OTHER PERSON.

E. Arbitration Organizations and Procedures: Arbitration shall be commenced and conducted as follows.

Any party to a dispute, including related third parties, seeking to have that dispute resolved shall send the other party written notice by certified mail return receipt requested of their intent to arbitrate and in that letter shall set forth the subject of the dispute along with the relief requested. Regardless of who demands arbitration, I shall have the right to select the entity that will administer the arbitration process from among: the American Arbitration Association (1-800-778-7879) <http://www.adr.org>, JAMS (1-800-352-5267) <http://www.jamsadr.com>, or any arbitration organization that Republic may designate in the event either AAA or JAMS or both are unable to act or do not honor (or are not expected to honor) the terms of this Agreement. As an alternative, the parties may agree to select a local Arbitrator who is an attorney, retired judge, or Arbitrator registered and in good standing with an arbitration association, to administer the arbitration. If I fail to notify Republic of a selection for arbitration organization, within thirty (30) days of the demand for arbitration, then Republic has the right to select the arbitration organization from the same list. The parties to such dispute will be governed by the rules and procedures of such arbitration organization applicable to consumer disputes, to the extent those rules and procedures do not contradict the express terms of this arbitration provision, including the limitations contained in this Agreement. I understand that I may obtain a copy of the rules and procedures by contacting the arbitration organization listed above. If the arbitration will be conducted by a local Arbitrator, the AAA rules in effect at the time this Agreement is signed will govern (to the extent not inconsistent with this Agreement) unless the parties otherwise agree. If there is any reason that an Arbitrator or arbitration organization cannot be selected under this paragraph, we agree that one will be selected by a court, by consent of the parties, and the AAA rules in effect at the time this Agreement is signed will govern the resulting arbitration (to the extent not inconsistent with this Agreement) unless the parties otherwise agree.

F. Payment of Arbitration Fees: Regardless of whom demands arbitration, upon my request Republic will advance my portion of the expenses associated with the arbitration, including the filing, administrative, hearing and Arbitrator's fees (**Arbitration Fees**). If the Arbitrator renders a decision or an award that provides material relief in my favor resolving the dispute, then I will not be responsible for reimbursing Republic for my portion of the Arbitration Fees, and Republic will reimburse me for any Arbitration Fees I have previously paid. If the Arbitrator does not render a decision or an award that provides material relief in my favor resolving the dispute, then the Arbitrator may require me to reimburse Republic for the Arbitration Fees it has advanced, not to exceed the amount which could have been assessed as court costs if the dispute had been resolved by a state court with jurisdiction, less any Arbitration Fees I have previously paid.



G. Conduct of Arbitration: The arbitration hearing will be conducted in the county of my residence, or within 30 miles from such county, or in the county in which the transaction under this Agreement occurred, or in such place as shall be ordered by the Arbitrator. Throughout the arbitration, each party shall bear their own attorneys' fees and expenses, such as witness and expert witness fees. The Arbitrator shall apply applicable substantive law consistent with the Federal Arbitration Act, 9 U.S.C. Sections 1 –16 (**FAA**); shall apply statutes of limitation; and shall honor claims of privilege recognized at law. The Arbitrator may decide, with or without a hearing, any motion that is substantially similar to a motion to dismiss for failure to state a claim or a motion for summary judgment. In conducting the arbitration proceeding, the Arbitrator shall not apply any federal or state rules of civil procedure or evidence. If allowed by statute or applicable law, the Arbitrator may award a party's reasonable attorneys' fees and expenses. At the timely request of any party, the Arbitrator shall provide a written explanation for the award. The Arbitrator's award may be filed with any court having jurisdiction.

H. Small Claims Tribunal: All parties, including related third parties, shall retain the right to seek adjudication in a small claims tribunal for disputes within the scope of such tribunal's jurisdiction. Any dispute which cannot be adjudicated within the jurisdiction of a small claims tribunal shall be resolved by binding arbitration. Any appeal of a judgment from a small claims tribunal shall be resolved by binding arbitration de novo, by a fresh review of the facts.

I. Governing Law: Our agreement to arbitrate is made pursuant to the FAA, because the transaction evidenced by this Agreement may involve interstate commerce. If a final non-appealable judgment of a court having jurisdiction over this transaction finds, for any reason, that the FAA does not apply to this transaction, then this agreement to arbitrate shall be governed by the arbitration law of the Commonwealth of Kentucky. This Section 15 does not apply (i) to "covered borrowers" as defined by the Military Lending Act and (ii) in states where prohibited by law, including, but not limited to, Connecticut, Maine and New York.

J. Binding Effect: This arbitration provision is binding upon and benefits the parties to this Agreement and their respective heirs, successors and assigns. This arbitration provision continues in full force and effect, even if my obligations have been paid or discharged through bankruptcy. This arbitration provision survives any cancellation by prepayment, termination, amendment, expiration or performance of any transaction between the parties and continues in full force and effect unless the parties otherwise agree in writing. Republic may assign its rights to have disputes resolved by arbitration, either before the dispute arises or thereafter.

16. STATE DISCLOSURES

If I reside in any of the states listed below, the following state specific provisions may be applicable to the Bank Product I am applying for:

California Residents: If married and filing from California, I have the right to apply for credit separately. A credit report may be requested in connection with my application for an Easy Advance. At my request, Republic will tell me whether or not a credit report was obtained and the name and address of the consumer reporting agency that furnished the report.

Colorado Residents: To file a complaint regarding the Easy Advance, please contact the Colorado Attorney General's office at <http://www.coag.gov/>.

Indiana Residents: WARNING: A small loan is not intended to meet long-term financing needs. A small loan should be used only to meet short-term cash needs. Renewing a small loan rather than paying the debt in full will require additional finance charges. The cost of my small loan may be higher than loans offered by other lending institutions. Small loans are regulated by the State of Indiana Department of Financial Institutions.

Iowa Residents: NOTICE TO CONSUMER: 1. Do not sign the Application/Agreement before you read it. 2. You are entitled to a copy of the Application/Agreement. 3. You may prepay the unpaid balance at any time without penalty.

Maine Residents: NOTICE TO CONSUMER: 1. Do not sign the Application/Agreement before you read it. 2. You are entitled to a copy of the Application/Agreement.

New York, Rhode Island, Utah and Vermont Residents: A credit report may be requested in connection with my application for an Easy Advance. At my request, Republic will tell me whether or not a credit report was obtained and the name and address of the consumer reporting agency that furnished the report.

Nevada Residents: Nevada law requires that we provide you with the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 West Washington Street, Suite 3900, Las Vegas, NV 89101; telephone number: 1-702-486-3132; email BCPINFO@ag.state.nv.us. Republic Bank & Trust Company, Tax Refund Solutions, P.O. Box 2348, Louisville, KY 40201.

Ohio Residents: Ohio laws against discrimination require that all creditors make credit equally available to all credit-worthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Washington State Residents: I may rescind the Easy Advance on or before the close of business on the 2nd day of business after I receive my Easy Advance, by either returning the original check to Republic or providing the amount of the Easy Advance in cash to Republic or my tax preparer or by contacting Republic at 1-866-581-1040.

Wisconsin Residents: No agreement, court order, or individual statement applying to marital property will affect a creditor's interest unless, prior to the time credit is granted, the creditor is furnished with a copy of the agreement, court order, or statement, or has actual knowledge of the adverse provision.

If you have any questions regarding the Bank Product, please visit www.republictaxpayer.com or call 1-866-581-1040.

FACTS

WHAT DOES REPUBLIC BANCORP, INC. DO WITH YOUR PERSONAL INFORMATION?

Why?

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

What?

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

- Social Security number and payment history
- transaction history and credit history
- credit card or other debt and employment information

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

How?

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

Reasons we can share your personal information	Does Republic Bancorp, Inc. share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes— information about your transactions and experiences	No	We don't share
For our affiliates' everyday business purposes— information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

Call 1-888-584-3600 or go to www.republicbank.com

Who we are

Who is providing this notice?

The bank subsidiaries of Republic Bancorp, Inc. commonly known as Republic Bank.

What we do

How does Republic Bancorp, Inc. protect my personal information?

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

How does Republic Bancorp, Inc. collect my personal information?

We collect your personal information, for example, when you

- open an account or apply for a loan
- use your credit or debit card or make deposits or withdrawals from your account
- provide employment information

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing?

Federal law gives you the right to limit only

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

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

Definitions

Affiliates

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

- *Our affiliates include companies with a common corporate identity of Republic Bancorp, Inc.*

Nonaffiliates

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

- *Republic Bancorp, Inc. does not share with nonaffiliates so they can market to you*

Joint marketing

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

- *Republic Bancorp, Inc. doesn't jointly market*

Consent to Use Of Tax Return Information

JAMIE GROSS ("we," "us" and "our")

Printed name of tax preparer

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use, without your consent, your Tax Return Information to third parties for purposes other than the preparation and filing of your tax return. Tax Return Information shall include any and all personal and financial information located on your 2018 tax return.

You are not required to complete this form to engage our tax preparation services. If we obtain your signature on this form by conditioning our tax 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.

For your convenience, we have entered into an arrangement with Republic Bank & Trust Company to provide Electronic Refund Checks (ERCs), Electronic Refund Deposits (ERDs), and/or Refund Anticipation Loans (RALs) (collectively referred to as "Bank Product"). To determine whether this service may be of interest to you, we will need to use your Tax Return Information.

If you would like us to use your Tax Return Information to determine whether this service is corresponding box, relevant to you while we are preparing your tax return, please sign and date this consent to use of your Tax Return Information.

By signing below, you (including each of you if there is more than one taxpayer) authorize us to use the information you provide to us during the preparation of your 2018 and 2017 (if applicable) tax return(s) to determine whether to present you with the opportunity to apply for a bank product from Republic Bank & Trust.

Printed Name of Taxpayer: SHAMEEKA MORGAN

Taxpayer Signature: _____ Date: _____

Printed Name of Joint Taxpayer: IRFHAN SHAIK

Joint Taxpayer Signature: _____ Date: _____

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.

Consent to Disclosure Of Tax Return Information

JAMIE GROSS ("we," "us" and "our")

Printed name of tax preparer

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

You are not required to complete this form to engage our tax preparation services. If we obtain your signature on this form by conditioning our 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.

You have indicated that you are interested in obtaining an Electronic Refund Product, a "tax refund bank product" from Republic Bank & Trust Company (collectively, the "Bank Product Provider"). To provide you with the opportunity to apply for and/or receive a tax refund bank product, we must disclose all of your 2018 tax return information to the Bank Product Provider. You may request a more limited disclosure of tax return information, but you will not be eligible to submit a bank product application to the Bank Product Provider.

By signing below, you authorize us to disclose to the Bank Product Provider all of your 2018 tax return information so that the Bank Product Provider can evaluate and process your application for a tax refund bank product. You understand that if you are not willing to authorize us to share your tax information with the Bank Product Provider, you will not be able to obtain a bank product from the Bank Product Provider, but you can still choose to have your tax return prepared and filed by us for a fee.

Printed Name of Taxpayer: SHAMEEKA MORGAN

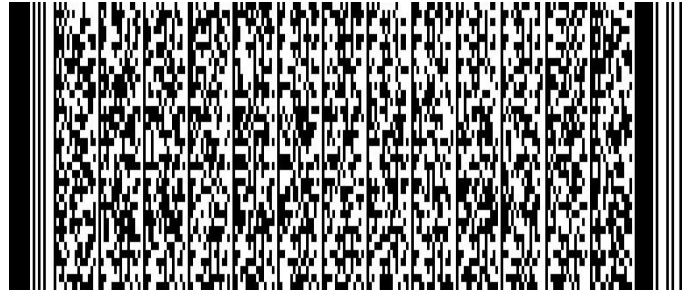
Taxpayer Signature: _____ Date: _____

Printed Name of Joint Taxpayer: IRFHAN SHAIK

Joint Taxpayer
Signature: _____ Date: _____

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.

FORM **40** Alabama **2018**
Individual Income Tax Return
RESIDENTS & PART-YEAR RESIDENTS



For the year Jan. 1 - Dec. 31, 2018, or other tax year:

Beginning: Ending: ●

Your social security number

● 421-11-6383

● Check if primary is deceased
Primary's deceased date (mm/dd/yy) ●

Spouse's SSN if joint return

● 839-11-9675

● Check if spouse is deceased
Spouse's deceased date (mm/dd/yy) ●

Your first name

● SHAMEEKA

Initial

●

Last name

● MORGAN

Spouse's first name

● IRFHAN

Initial

●

Last name

● SHAIK

Present home address (number and street or P.O. Box number)

● 451 MANASSAS STREET APT B

City, town or post office

● MOBILE

State

● AL

ZIP code

● 36603

Check if address is outside U.S. ●

Foreign Country

▶ CHECK BOX IF AMENDED RETURN ●

Filing Status/ 1 ● \$1,500 Single 3 ● \$1,500 Married filing separate. Complete Spouse SSN ●
Exemptions 2 ● \$3,000 Married filing joint 4 ● \$3,000 Head of Family (with qualifying person). Complete Schedule HOF

	A - Alabama tax withheld		B - Income	
	5a	●	5b	●
5a Alabama Income Tax Withheld (from Schedule W-2, line 18, column G)				
5b Wages, salaries, tips, etc. (from Schedule W-2, line 18, column I plus J):				2252
6 Interest and dividend income (also attach Schedule B if over \$1,500)				
7 Other income (from page 2, Part I, line 9)				9915
8 Total income. Add amounts in the income column for line 5b through line 7				12167
9 Total adjustments to income (from page 2, Part II, line 13)				
10 Adjusted gross income. Subtract line 9 from line 8				12167

Deductions

11 Box a or b **MUST** be checked.
Check box a, if you **itemize deductions**, and enter amount from Schedule A, line 27.
Check box b, if you **do not** itemize deductions, and enter **standard deduction** (see instructions)

	11	●	
● a <input type="checkbox"/> Itemized Deductions ● b <input checked="" type="checkbox"/> Standard Deduction			7500
12 Federal tax deduction (see instructions) DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)			
13 Personal exemption (from line 1, 2, 3, or 4)			3000
14 Dependent exemption (from page 2, Part III, line 2)			1000
15 Total deductions. Add lines 11, 12, 13, and 14			11500

Tax

16 **Taxable income.** Subtract line 15 from line 10

17 **Income Tax due.** Enter amount from tax table or check if from ● Form NOL-85A

18 **Net tax due Alabama.** Check box if computing tax using Schedule NTC ● , otherwise enter amount from line 17

19 **Consumer Use Tax** (see instructions). If you certify that no use tax is due, check box ●

20 **Alabama Election Campaign Fund.** You may make a voluntary contribution to the following:

	20a	●	
a Alabama Democratic Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input checked="" type="checkbox"/> none			
b Alabama Republican Party <input type="checkbox"/> \$1 <input type="checkbox"/> \$2 <input checked="" type="checkbox"/> none			
21 Total tax liability and voluntary contribution. Add lines 18, 19, 20a, and 20b			13

Payments

	22	●	
22 Alabama income tax withheld (from column A, line 5a)			
23 2018 estimated tax payments/Automatic Extension Payment			
24 Amended Returns Only — Previous payments (see instructions)			
25 Refundable Credits. Enter the amount from Schedule RC, line 4			
26 Total payments. Add lines 22, 23, 24, and 25			
27 Amended Returns Only — Previous refund (see instructions)			
28 Adjusted Total Payments. Subtract line 27 from line 26			

AMOUNT YOU OWE 29 If line 21 is larger than line 28, subtract line 28 from line 21, and enter **AMOUNT YOU OWE**.
Place payment, along with Form 40V, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.)

30 Estimated tax penalty. Also include on line 29 (see instructions page 12)

OVERPAID 31 If line 28 is larger than line 21, subtract line 21 from line 28, and enter amount **OVERPAID**

32 Amount of line 31 to be applied to your **2019 estimated tax**

Donations 33 **Total** Donation Check-offs from Schedule DC, line 2

REFUND 34 **REFUNDED TO YOU.** (CAUTION: You must sign this return on the reverse side.)
Subtract lines 32 and 33 from line 31.
For Direct Deposit, check here ● and complete Part V, Page 2.

You Must Attach page 2 of Federal Form 1040 or Form 1040NR if claiming a deduction on line 12.



421-11-6383

1038

PART I

1	Alimony received	1	●	
2	Business income or (loss) (attach Federal Schedule C or C-EZ) (see instructions)	2	●	9915
3	Gain or (loss) from sale of Real Estate, Stocks, Bonds, etc. (attach Schedule D)	3	●	
4a	Total IRA distributions	4a	●	
4b	Taxable amount (see instructions)	4b	●	
5a	Total pensions and annuities	5a	●	1058
5b	Taxable amount (see instructions)	5b	●	
6	Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E)	6	●	
7	Farm income or (loss) (attach Federal Schedule F)	7	●	
8	Other income (state nature and source — see instructions)	8	●	
9	Total other income. Add lines 1 through 8. Enter here and also on page 1, line 7.	9	●	9915

PART II

1a	Your IRA deduction	1a	●	
1b	Spouse's IRA deduction	1b	●	
2	Payments to a Keogh retirement plan and self-employment SEP deduction	2	●	
3	Penalty on early withdrawal of savings	3	●	
4	Alimony paid. Recipient's last name _____ SSN ● _____	4	●	
5	Adoption expenses	5	●	
6	Moving Expenses (Attach Federal Form 3903) to:	6	●	
7	City _____ State _____ ZIP _____	7	●	
8	Self-employed health insurance deduction	8	●	
9	Payments to Alabama College Counts 529 Fund or Alabama PACT Program	9	●	
10	Health insurance deduction for small employer employee (see instructions)	10	●	
11	Costs to retrofit or upgrade home to resist wind or flood damage	11	●	
12	Deposits to a catastrophe savings account	12	●	
13	Contributions to a health savings account	13	●	
13	Total adjustments. Add lines 1 through 12. Enter here and also on page 1, line 9.	13	●	

PART III

1	Total number of dependents from Schedule DS, line 1b	1	●	1
2	Amount allowed. (Multiply total number of dependents claimed on line 1 by the amount on the dependent chart on page 10 of Instructions.) Enter amount here and on page 1, line 14	2	●	1000

PART IV

1 **Residency** Check only one box Full Year Part Year From 2018 through 2018.

2 Did you file an Alabama income tax return for the year 2017? Yes No If no, state reason _____

3 Give name and address of present employer(s). Yours _____
Your Spouse's _____

4 Enter the Federal Adjusted Gross Income ● \$ 12524 and Federal Taxable Income ● \$ _____ as reported on your 2018 Federal Individual Income Tax Return.

5 Do you have income which is reported on your Federal return, but not reported on your Alabama return (other than your state tax refund)? Yes No
If yes, enter source(s) and amount(s) below: (other than state income tax refund)

Source ●	Amount ●
Source ●	Amount ●

PART V For Direct Deposit of your refund, complete 1, 2, 3, and 4 below. (See Page 17 of instructions to see if you qualify.)

Direct Deposit

1 Routing Number: _____ 2 Type: Checking Savings 3 Account Number: _____

4 Is this refund going to or through an account that is located outside of the United States? Yes No

Drivers License Info

DOB (mm/dd/yyyy) ● XXXXXXXX	Your state ● XX	DL# ● XXXXXXXX	Iss date (mm/dd/yyyy) ● XXXXXXXX	Exp date (mm/dd/yyyy) ● XXXXXXXX
DOB (mm/dd/yyyy) ● XXXXXXXX	Spouse state ● XX	DL# ● XXXXXXXX	Iss date (mm/dd/yyyy) ● XXXXXXXX	Exp date (mm/dd/yyyy) ● XXXXXXXX

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.
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.

Sign Here In Black Ink Keep a copy of this return for your records.

Your Signature	Date	Daytime Telephone Number	Your Occupation
_____	02/19/19	251-222-2121	CUSTOMER SERVICE MANAGE
Spouse's Signature (if joint return, BOTH must sign)	Date	Daytime Telephone Number	Spouse's Occupation
_____	02/19/19	251-222-2121	CUSTODIAN
Preparer's Signature	Date	Check if Self-employed	Preparer's SSN or PTIN
_____	02/19/19	<input checked="" type="checkbox"/>	P01959602
Firm's Name (or yours if self employed)	Address	Daytime Telephone No.	E.I. Number
JAMIE GROSS	1708 SANDALWOOD DRIVE MOBILE AL	251-610-6744	81-4318833
			ZIP Code 36618-

Standard Deduction

Married Filing Joint		Married Filing Separate		Head of Family		Single	
AL Adjusted Gross Income (AL Line 10)	Standard Deduction	AL Adjusted Gross Income (AL Line 10)	Standard Deduction	AL Adjusted Gross Income (AL Line 10)	Standard Deduction	AL Adjusted Gross Income (AL Line 10)	Standard Deduction
0 – 20,499	7,500	0 – 10,249	3,750	0 – 20,499	4,700	0 – 20,499	2,500
20,500 – 20,999	7,325	10,250 – 10,499	3,662	20,500 – 20,999	4,565	20,500 – 20,999	2,475
21,000 – 21,499	7,150	10,500 – 10,749	3,574	21,000 – 21,499	4,430	21,000 – 21,499	2,450
21,500 – 21,999	6,975	10,750 – 10,999	3,486	21,500 – 21,999	4,295	21,500 – 21,999	2,425
22,000 – 22,499	6,800	11,000 – 11,249	3,398	22,000 – 22,499	4,160	22,000 – 22,499	2,400
22,500 – 22,999	6,625	11,250 – 11,499	3,310	22,500 – 22,999	4,025	22,500 – 22,999	2,375
23,000 – 23,499	6,450	11,500 – 11,749	3,222	23,000 – 23,499	3,890	23,000 – 23,499	2,350
23,500 – 23,999	6,275	11,750 – 11,999	3,134	23,500 – 23,999	3,755	23,500 – 23,999	2,325
24,000 – 24,499	6,100	12,000 – 12,249	3,046	24,000 – 24,499	3,620	24,000 – 24,499	2,300
24,500 – 24,999	5,925	12,250 – 12,499	2,958	24,500 – 24,999	3,485	24,500 – 24,999	2,275
25,000 – 25,499	5,750	12,500 – 12,749	2,870	25,000 – 25,499	3,350	25,000 – 25,499	2,250
25,500 – 25,999	5,575	12,750 – 12,999	2,782	25,500 – 25,999	3,215	25,500 – 25,999	2,225
26,000 – 26,499	5,400	13,000 – 13,249	2,694	26,000 – 26,499	3,080	26,000 – 26,499	2,200
26,500 – 26,999	5,225	13,250 – 13,499	2,606	26,500 – 26,999	2,945	26,500 – 26,999	2,175
27,000 – 27,499	5,050	13,500 – 13,749	2,518	27,000 – 27,499	2,810	27,000 – 27,499	2,150
27,500 – 27,999	4,875	13,750 – 13,999	2,430	27,500 – 27,999	2,675	27,500 – 27,999	2,125
28,000 – 28,499	4,700	14,000 – 14,249	2,342	28,000 – 28,499	2,540	28,000 – 28,499	2,100
28,500 – 28,999	4,525	14,250 – 14,499	2,254	28,500 – 28,999	2,405	28,500 – 28,999	2,075
29,000 – 29,499	4,350	14,500 – 14,749	2,166	29,000 – 29,499	2,270	29,000 – 29,499	2,050
29,500 – 29,999	4,175	14,750 – 14,999	2,078	29,500 – 29,999	2,135	29,500 – 29,999	2,025
30,000 and over	4,000	15,000 and over	2,000	30,000 and over	2,000	30,000 and over	2,000

Federal Income Tax Deduction Worksheet

1 Enter the tax as shown on line 13 of Form 1040 or line 53 of Form 1040NR	1	
2 Net Investment Income Tax. Enter amount from line 17, Form 8960	2	
3 Federal Tax. Add lines 1 and 2	3	
4 a Earned Income Credit (EIC). Enter the amount from line 17a of Form 1040	4a	3461
b Additional Child Tax Credit. Enter the amount from line 17b of Form 1040 or line 64 of Form 1040NR	4b	1345
c American Opportunity Credit. Enter the amount from line 17c of Form 1040	4c	758
d Credits from Forms 2439. Enter the amount from Schedule 5, line 74 of Form 1040 if 74a is checked or line 69 of Form 1040NR if 69a is checked	4d	
5 Add lines 4a, b, c and d	5	5564
6 Subtract line 5 from line 3 and enter on line 12 on Form 40, line 9 Form 40A or page 2, Part IV, line 4 on Form 40NR. If amount is negative enter zero	6	

Alabama Use Tax Worksheet

Report 2018 purchases for use in Alabama from out-of-state sellers on which tax was not collected by the seller.

1. All purchases EXCEPT automotive vehicles and farm machinery
2. ATVs, off-road motorcycles, riding lawnmowers, self-propelled construction equipment and other automotive vehicles that are not titled or registered by the county licensing official
3. Farm machinery or equipment and replacement parts thereof
4. **TOTAL TAX DUE (Total of Column C). Carry this amount to Form 40 Line 19**

Column A	Column B	Column C
Total Purchase Price	Tax Rate	Tax Due – (Multiply Col. A by Col. B)
	.04	
	.02	
	.015	

SCHEDULE
W-2

(FORM 40, 40A, or 40NR)



2018
1038

Alabama Department of Revenue
Wages, Salaries, Tips, etc.

Schedule W-2 must be completed fully and included with your return in order to receive proper credit for your Alabama income tax withheld. Attach a copy of all withholding statements to your return.

NAME(S) AS SHOWN ON TAX RETURN: SHAMEEKA MORGAN
 PRIMARY'S SOCIAL SECURITY NO.: 421-11-6383
 SPOUSE'S SOCIAL SECURITY NO.: 839-11-9675

A	B	C	D	E	F	G	H	I	J	
Employee's Social Security Number on W-2	Employer's Identification Number (EIN)	Statutory Employee	Schedule C/C-EZ Filed?	State Code	Alabama Employer's State ID Number	Alabama State Income Tax Withheld	Federal Wages (Box 1 of Form W-2)	Alabama State Wages (Box 16 of Form W-2)	Additional Taxable Wages - Other States	
1 ● 421116383	● 592238832	● <input type="checkbox"/>	● <input type="checkbox"/>	● AL	● R00987	●	● 2252	● 2252	●	
2 ●	●	● <input type="checkbox"/>	● <input type="checkbox"/>	●	●	●	●	●	●	
3 ●	●	● <input type="checkbox"/>	● <input type="checkbox"/>	●	●	●	●	●	●	
4 ●	●	● <input type="checkbox"/>	● <input type="checkbox"/>	●	●	●	●	●	●	
5 ●	●	● <input type="checkbox"/>	● <input type="checkbox"/>	●	●	●	●	●	●	
6 ●	●	● <input type="checkbox"/>	● <input type="checkbox"/>	●	●	●	●	●	●	
7 ●	●	● <input type="checkbox"/>	● <input type="checkbox"/>	●	●	●	●	●	●	
8 ●	●	● <input type="checkbox"/>	● <input type="checkbox"/>	●	●	●	●	●	●	
9 ●	●	● <input type="checkbox"/>	● <input type="checkbox"/>	●	●	●	●	●	●	
10 ●	●	● <input type="checkbox"/>	● <input type="checkbox"/>	●	●	●	●	●	●	
11 ●	●	● <input type="checkbox"/>	● <input type="checkbox"/>	●	●	●	●	●	●	
12 ●	●	● <input type="checkbox"/>	● <input type="checkbox"/>	●	●	●	●	●	●	
13 ●	●	● <input type="checkbox"/>	● <input type="checkbox"/>	●	●	●	●	●	●	
14 ●	●	● <input type="checkbox"/>	● <input type="checkbox"/>	●	●	●	●	●	●	
15 ●	●	● <input type="checkbox"/>	● <input type="checkbox"/>	●	●	●	●	●	●	
16	TOTAL ALABAMA TAX WITHHELD FROM W-2s. Total lines 1-15, Column G and enter the amount here..... ●									
17	ALABAMA TAX WITHHELD FROM 1099s AND W-2Gs. Enter the total Alabama Income Tax Withheld from all Form 1099s and Form W-2Gs received. See instructions on where to report the income from these statements..... ●									
18	TOTAL WAGES AND TOTAL ALABAMA TAX WITHHELD FROM W-2s, 1099s, AND W-2Gs. See instructions.....						● 2252	● 2252	●	●

THIS SCHEDULE CAN ONLY BE SUBMITTED AND/OR PRINTED VIA LANDSCAPE

**SCHEDULE
DS & HOF 2018**
(Form 40 or 40NR)



Alabama Department of Revenue
Dependents Schedule

NAME(S) as shown on tax return

SHAMEEKA MORGAN

PRIMARY SOCIAL SECURITY NUMBER

SPOUSE SOCIAL SECURITY NUMBER

421-11-6383

Schedule DS – Dependents Schedule

See instructions for definition of a dependent. **NOTE:** If you checked filing status 3 (Married filing separate return), you may claim **only** the dependent(s) for whom you **separately** furnished over 50% of the total support.

1a Dependents. Do Not include yourself or your spouse. (See Instructions)

First Name	Last Name	Dependent's Social Security Number	Dependent's Relationship to you	Did you provide more than one-half dependent's support?
KHLOEE	MORGAN	• 684-49-4997	DAUGHTER	Yes
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		
		•		

1b Total number of dependents claimed above. Enter total here and on Form 40, Page 2, Part III, line 1 or Form 40NR, Page 2, Part V, line 1

1b • 1



NAME(S) as shown on tax return (Do not enter name and social security number if shown on other side)

PRIMARY SOCIAL SECURITY NUMBER _____ SPOUSE SOCIAL SECURITY NUMBER _____

Schedule HOF – Head of Family Schedule

Complete the following information:	
Enter the dependent/qualifying person's name here: _____	
Dependents/qualifying person's Social Security Number: _____	
What is the dependent's/qualifying person's relationship to you: _____	
Do you rent or own the home maintained for the dependent/qualifying person?	<input type="checkbox"/> Rent <input type="checkbox"/> Own
Are you married, divorced or legally separated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered yes, please provide the following information:</i>	
Date of Marriage? _____	
Date of Divorce? _____	
Date of Legal Separation? _____	
Did the dependent(s)/ qualifying person(s) reside with you in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you pay more than 50% of the dependent(s)/ qualifying person(s) support?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ALABAMA DEPARTMENT OF REVENUE
INDIVIDUAL AND CORPORATE TAX DIVISION
Individual Income Tax Payment Voucher

NOTE: This payment voucher can only be used to pay the tax liability for your Alabama individual income tax return, automatic extension, or amended tax return and cannot be used for any other kind of tax payment.

When is my tax return and payment due?

Your 2018 return and payment for the full amount of tax due must be mailed by the due date of your federal return. If you elected to file your 2018 return under the automatic extension rule, then the full amount of tax due must be mailed by the due date of your federal return.

How do I pay this amount?

Detach the payment voucher below, fill it out, and mail it along with your payment. You may pay your tax due with check, money order, credit card, E-Check, or ACH Debit. Do not send cash through the mail.

How do I pay by credit card?

You may choose to use your Discover/Novus, Visa, Master Card, or American Express card by using either of the following companies: You can pay by calling Official Payments Corporation at 1-800-272-9829 or visit www.officialpayments.com.

You can also pay by visiting Value Payment Systems at www.paystatetax.com/al.

There is a convenience fee for this service which is paid directly to the company that you choose to use. The amount of the convenience fee is based on the amount of your payment. Do not use Form 40V when paying by credit card.

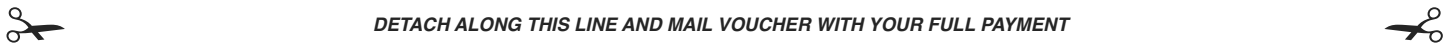
How do I pay by ACH Debit? (E-check)

You may pay by ACH Debit by going to www.myalabamataxes.alabama.gov. Do not use Form 40V when paying by ACH Debit. You will need to have your bank routing number and checking account number to use this service.

Mail check or money order along with Form 40V to:

Table with 4 columns: Form 40, Form 40NR, Form 40A, Form E40 / E40NR / 40EZ / Automatic Extension. Each column lists the Alabama Department of Revenue address: P.O. Box 327467, Montgomery, AL 36132-7467.

DO NOT staple or attach your payment or Form 40V to your return or to each other.

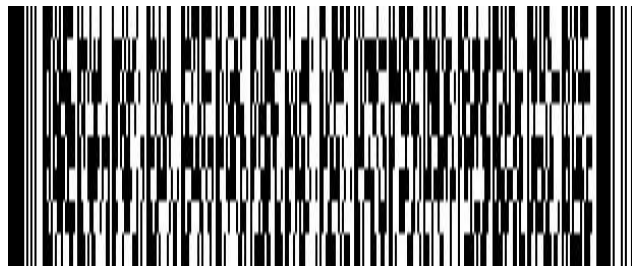


DETACH ALONG THIS LINE AND MAIL VOUCHER WITH YOUR FULL PAYMENT

40V 2018 1038 Vendor Code
Alabama Department of Revenue
Individual Income Tax Payment Voucher

PRIMARY TAXPAYER'S FIRST NAME SHAMEEKA SPOUSE'S FIRST NAME IRFHAN LAST NAME MORGAN
MAILING ADDRESS 451 MANASSAS STREET APT B
CITY MOBILE STATE AL ZIP 36603- DAYTIME TELEPHONE NUMBER (251) 222-2121

Tax Type: IIT
Tax Period: 12-31-2018
Primary Taxpayer's SSN: 421-11-6383
Spouse's SSN: 839-11-9675
Tax Form: [X] Return [] Amended
[] Automatic Extension Payment
Amount Due: \$ 13



DO NOT SUBMIT FORM 40V IF PAYMENT WAS MADE BY E-CHECK, CREDIT CARD, OR ACH DEBIT. 1038