<u> 1040</u>	U.	artment of the Treasury—Internal Revo S. Individual Inco			turn 20	18	OMB No. 154	.5-0074 IRS U	lse Only—	Do not wr	ite or staple in	this space	э.
Filing status:	X s	Single Married filing jointly	Mari	ried filing	separately	Head of	household	Qualifying wide	ow(er)				
Your first name	and init	tial	Last nam	ie :						our soc	ial security	number	
<u>r'ATIMA</u> :	Z		JAFA	RI						638-	-11-79	39	
Your standard d	educțio	on: Someone can claim y	ou as a de	pendent	You were	born be	fore January 2,	1954	You are b				
If joint return, sp	ouse's	first name and initial	l	ast nam				•			social secur	itv numi	ber
										•		•	
Spouse standard	deducti	on: Someone can claim you	r spouse a	s a depe	ndent S	oouse wa	s born before J	anuary 2, 1954	5	₹ Full-v	ear health car	e covera	ne
Spouse is bl	ind	Spouse itemizes on a se						, ,			empt (see inst		gc
Home address (numbe	r and street). If you have a P.O. b						Apt. no). F	residen	tial Election (`amnain	_
6401 RAI	NCHI	ESTER DR APT 1	4 4						4.	see inst.		Spot	•
		, state, and ZIP code. If you have		address,	attach Schedule	6.				· · · · · · · · ·			126
HOUSTON											nan four depe and ✓ here		1
Dependents				(2) Soc	cial security number	r (3)	Relationship to	VOL			s for (see ins		
(1) First name		Last nam	e	(, 55)	na. oooaniy mambi		reationship to	·	tax cred		Credit for other	•	ente
									П			Сороль	,,,,,
									- 				_
							4.					<u> </u>	
									-	$\overline{}$		┤	
	Under p	enalties of perjury, I declare that I hav	e examined	this return	and accompanying	schedule	s and statements	and to the best of r	ny knowle	dae and h	selief they are t	J.	_
Sign	correct,	and complete. Declaration of preparer	(other than	taxpayer)	is based on all info	mation of	which preparer ha	is any knowledge.	ny knome	age and t	onei, triey are	uue,	
Here	Your	signature			Date	Your oc	ccupation		If th	e IRS sen	t you an Identit	y Protecti	on
Joint return? See instructions.						MC	RKER			enter it	1)		
Keep a copy for	Spous	se's signature. If a joint return, bo	oth must si	ign.	Date	Spouse's occupation				here (see inst.) If the IRS sent you an Identity Protection			00
your records.							,		PIN	enter it (see inst		,	011
Paid	Prepa	rer's name	Prepare	r's signat	ture		PTIN	Fir	m's EIN	1300 1113	Check if:		_
							P0200	9893 63	-774	1601	I	arty Design	nee
Preparer Use Only	Firm's	name▶ EXPERT	ΓΑΧ S	ERVI	CES			hone no. 346				employed	
Ose Only	Firm's	address ► 10101 HZ	ARWIN			В НС		TX 7703			<u> </u>	,,.	_
	1	Wages, salaries, tips, etc. Attac					00201	.,,,,,	1	<u> </u>		5.84	1 3
	2a	Tax-exempt interest	2a	[]			b Taxable inte	rest	2b			<u> </u>	<u></u>
Attach Form(s) W-2. Also attach	3a	Qualified dividends	3a				b Ordinary divi		3b			*	
Form(s) W-2G and 1099-R if tax was	4a	IRAs, pensions, and annuities	4a				b Taxable amo		4b				
withheld.	5a	Social security benefits	5a				b Taxable amo		5b		· · · · · · · · · · · · · · · · · · ·		
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22						6			5.84	13	
	7	Adjusted gross income. If you					mount from line	. C		\top		<u> </u>	<u> </u>
Standard	1 [*]	subtract Schedule 1, line 36, fro			its to income, er		mount nom and	e o, otherwise,	7			5 , 84	13
Deduction for—		Standard deduction or itemized deductions (from Schedule A)						8			2,00		
 Single or married filing separately. 	9	Qualified business income deduction (see instructions)						9		——————————————————————————————————————	_,00		
\$12,000	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-							10	\top			
 Married filing jointly or Qualifying 	11	a Tax (see inst) (check if any from: 1 Form(s) 8814 2 Form 4972 3)											
widow(er), \$24,000		b Add any amount from Schedule 2 and check here						╗╽₁₁					
· Head of	12	a Child tax credit/credit for other dependentsb Add any amount from Schedule 3 and check here						12	$\neg \neg$			_	
household, \$18,000	13	Subtract line 12 from line 11. If zero or less, enter -0-						13					
If you checked any box under Standard deduction, see instructions	14	Other taxes. Attach Schedule 4						14					
	15	Total tax. Add lines 13 and 14						15					
	16	Federal income tax withheld from Forms W-2 and 1099						16			*		
	17	Refundable credits: a EIC (see in	st.)		b Sch 8812		c Form 88	363 78	33				
		Add any amount from Schedule			_				 17			78	3
	18	Add lines 16 and 17. These are						<u> </u>	18			78	
Refund	19	If line 18 is more than line 15, s	ubtract line	15 from					19	_		7.8	
	20a	Amount of line 19 you want refe						▶ [20			78	
Direct deposit? See instructions.	▶ b	Routing number XXXXX				c Type:		Saving	ļ				
	▶ d	Account number XXXXX	XXXXX	$XX\overline{XX}$	9393								
	21	Amount of line 19 you want app	lied to yo	ur 2019	estimated tax)	21	-		<u>Es</u>			
Amount You	22	Amount you owe. Subtract lin				to pay, s	ee instructions		22				
Owe	23	Estimated tay penalty (see instr	untiona)			▶	I						

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

1037 CPTS 8US011

Form **1040** (2018)

US RET 1040 Line 1 - Income Wks

Name(s) FATI	MA Z JAFARI	Tax Identification Number 638-11-7939		
1.	Wages	Taxpayer	Spouse	
2.	Disability and corrective distributions • • • • • • • • • • • • • • • • • • •	5,843		
3.	Excess reimbursement · · · · · · · · · · · · · · · · · · ·			
4.	Taxable dependent care benefits			
5.	Employer paid moving expenses · · · · · · · · · · · · · · · · · ·			
6.	Deferred compensation plan from W-2 Box 11			
7.	Deferred compensation plan adjustments			
	Total			
8.	Clergy Excess Rental Allowance			
9.	Public Safety Officer Amount			
	Total			
10.	Household help amount · · · · · (MAX of \$2,100 per household) · · · · · · · · · · · · · · · · · · ·			
	Total			
11.	Adoption benefit/credit			
12.	Taxable tips • • • • • • • • • • • • • • • • • • •			
13.	Wages reported on Federal Form 8919, Line 6 · · · · · · · · · · · · · · · · · ·			
	Total			
14.	Scholarship income not included on Form W-2.			
	Total			
15.	Other income from Form 1099-MISC · · · · · · · · · · · · · · · · · · ·			
40				
16.	Foreign employer compensation · · · · · · · · · · · · · · · · · · ·			
47	Total			
17.	Income from W-2PR when not excluded • • • • • • • • • • • • • • • • • •			
18a.				
18b. 19.	Title			
19.	Total * · · · · · · · · · · · · · · · · · ·	5,843		
	Income entered above corned white an income			
	Income entered above earned while an inmate			
	Total			

Form **8879**

Department of the Treasury internal Revenue Service

IRS e-file Signature Authorization

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

OMB No. 1545-0074

2018

Submission Identification Number (SID)					
Taxpayer's name		0			
<u>FATIMA Z JA</u> FARI		Social security number $638-11-7939$			
Spouse's name					
		Spouse's social secu	rity numbe	T	
Part I Tax Return Information - Tax Year Ending December 31,	2018 (\A/h	ole dollars only)			
Todasted gross income (Form 1040, line /; Form 1040NR, line 35).			1	5,84	
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)			2	J, 02	
1 ederal income tax withheld from Forms W-2 and 1099 (Form 1040, line	a 16. Form 1	CACNE III CIACA	3		
4 Retaind (Form 1040, line 20a; Form 1040-SS, Part I, line 13a, Form 104	40NR line 73	(2)	4	78	
5 74110411t you owe (Form 1040, line 22; Form 1040NR, line 75)					
Part II Taxpayer Declaration and Signature Authorization (Be s	ure vou ae	and keep a co	DV of v	our return)	
ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of rece ny delay in processing the return or refund, and (c) the date of any refund. If applicable, I author itiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account it defends the second of this return and/or a payment of estimated tax, and the financial institution to full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization reasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received notes. I also authorize the financial institutions involved in the processing of the electronic payment quiries and resolve issues related to the payment. I further acknowledge that the personal identication come tax return and, if applicable, my Electronic Funds Withdrawal Consent. **Application** **Example 1.1.** **Example 1.1.** **Example 1.2.* **Example 1.2.* **Example 1.3.* **Example 1.	indicated in the to debit the end. To revoke (concluded the than 2 bit of taxes to rectification number	asury and its designa tax preparation softway to this account. This ancel) a payment, I m usiness days prior to to eive confidential infor (PIN) below is my signal.	ted Financ are for payi authorizat ust contact he paymer mation nec gnature for	ial Agent to ment of my ion is to remain t the U.S. it (settlement) sessary to answer my electronic	
) enter or den	arata my DINI	1) / (
ERO firm name as my signature on my tax year 2018 electronically filed income tax ret	turn.	erate my PIN	Enter fiv	e digits, but ter all zeros	
as my signature on my tax year 2018 electronically filed income tax ret I will enter my PIN as my signature on my tax year 2018 electronically entering your own PIN and your return is filed using the Practitioner PII	turn.		Enter five	e digits, but er all zeros	
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as my signature on my tax year 2018 electronically filed income tax ret I will enter my PIN as my signature on my tax year 2018 electronically entering your own PIN and your return is filed using the Practitioner PII our signature pouse's PIN: check one box only I authorize	turn. filed income IN method. The enter or generaturn. filed income to the properties of the proper	tax return. Check the ERO must complete the my PIN	Enter five don't enter five five five five five five five five	e digits, but er all zeros only if you are rt III below. e digits, but er all zeros only if you are rt III below.	

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Copy C-For EMPLOYEE' Notice to Employeeon the	S RECORDS (See	41-0852411				
a Employee's soc. sec. no.	back of Copy B.)	OMB No. 1545-0008				
	1 Wages, tips, other comp. 5843.25	2 Federal income tax withheld 206.53				
638-11-7939	3 Social security wages	4 Social security tax withheld				
b Employer ID number (EIN)	5843.25	362.28				
	5 Medicare wages and tips	6 Medicare tax withheld				
26-4604992	5843.25	84.73				
c Employer's name, address, a		, i				
TRIAGE HOME CA 1603 BABCOCK R	RE D. SUITE 115					
SAN ANTONIO	TX	78229				
d Control number 20.7						
e Employee's name, address, a	and ZIP code	Suff.				
FATIMA 11311 AUDELIA RE	JAFARI) #118					
DALLAS	TX	75243				
7 Social security tips	8 Allocated tips	9 Verification code				
10 Dependent care benefits	11 Nonqualified plans	12a Code				
13 Statutory employee 14 Other	er	12b Code				
Retirement plan		12c € ode				
Third-party sick pay		12d Cc de				
15 State Employer's state ID number 16 State wages, tips, etc. 17 St. 'e income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locally name						
		·				

Form W-2 Wage and Tax Statement

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

DAA

Copy 2-To Be Filed Wit City, or Local Income T	h Employee's State, ax Return.	41-0852411 OMB No. 1545-0008		
a Employee's soc. sec. no.	1 Wages, tips, other comp. 5843.25	2 Federal income tax withhei 206.53		
638-11-7939	3 Social security wages	4 Social security tax withheld		
b Employer ID number (EIN)	5843.25	362.28		
	5 Medicare wages and tips	6 Medicare tax withheld		
26-4604992	5843.25	84.73		
c Employer's name, address,	and ZIP code	•		
TRIAGE HOME CA 1603 BABCOCK F				
SAN ANTONIO	Т	X 78229		
d Control number	41			
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11311 AUDELIA R	D #118			
DALLAS	T	X 75243		
		X 75243		
DALLAS 7 Social security tips	T			
DALLAS	8 Allocated tips 11 Nonqualified plans	9 Verification code		
DALLAS 7 Social security tips 10 Dependent care benefits	8 Allocated tips 11 Nonqualified plans	9 Verification code		
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DALLAS 7 Social security tips 10 Dependent care benefits 13 Statutory employee Retirement plan Third-party sick pay	8 Allocated tips 11 Nonqualified plans her	9 Verification code 12a Code 12b Code 12c Code 12d Code		
DALLAS 7 Social security tips 10 Dependent care benefits 13 Statutory employee Retirement plan Third-party sick pay	8 Allocated tips 11 Nonqualified plans	9 Verification code 12a Code 12b Code 12c Code 12d Code		

5209

LPABL

0040166208 1

Earnings Statement

Period Ending: Pay Date:

06/09/2018 06/15/2018

this period

24.03

PLS CHECK CASHERS OF TEXAS, LP 7909 SPRING VALLEY

DALLAS TX 75254

Taxable Marital Status: Married

Exemptions/Allowances:

Federal: TX:

No State Income Tax

FATIMA Z JAFARI 11311 AUDELIA RD 118 DALLAS TX 75243

Other Benefits and

Information

Sick Hours

rate	hours	this period	year to date	
10.0000	78.80	788.00	7,647.00	
15.0000	5.67	85.05	294.15	
10.0000	8.00	80.00	80.00	
			80.00	
Gross Pay		\$953.05	8,101.15	
Statutory		- "		
Federal Income	e Tax	-50.35	286.62	,
Social Security	Tax	-58,76	499.64	
Medicare Tax		-13.74	116.85	
Other				
Voya Ltd		-0.88*	7.04	
Voya Std		-4.43*	35.44	
Net Pay		\$824.89		
Net Check		\$824.89		
	15.0000 10.0000 Gross Pay Statutory Federal Income Social Security Medicare Tax Other Voya Ltd Voya Std Net Pay	15.0000 5.67 10.0000 8.00 Gross Pay Statutory Federal Income Tax Social Security Tax Medicare Tax Other Voya Ltd Voya Std Net Pay	15.0000 5.67 85.05 10.0000 8.00 80.00 Gross Pay \$953.05 Statutory Federal Income Tax -50.35 Social Security Tax -58.76 Medicare Tax -13.74 Other Voya Ltd -0.88* Voya Std -4.43* Net Pay \$824.89	15.0000 5.67 85.05 294.15 10.0000 8.00 80.00 80.00 Gross Pay \$953.05 8,101.15 Statutory Federal Income Tax -50.35 286.62 Social Security Tax -58.76 499.64 Medicare Tax -13.74 116.85 Other Voya Ltd -0.88* 7.04 Voya Std -4.43* 35.44 Net Pay \$824.89

^{*} Excluded from federal taxable wages

Your federal taxable wages this period are \$947.74

total to date 166.89

d 2000 ADP, ...O

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