

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

Your first name and initial: **FATIMA Z** Last name: **JAFARI** Your social security number: **638-11-7939**

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: _____ Last name: _____ Spouse's social security number: _____

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. **6401 RANCHESTER DR APT 144** Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **HOUSTON TX 77036**

Presidential Election Campaign (see inst.) You Spouse

If more than four dependents, see inst. and here

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

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

Your signature: _____ Date: _____ Your occupation: **WORKER**

Spouse's signature: _____ Date: _____ Spouse's occupation: _____

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

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: **P02009893** Firm's EIN: **63-7746012** Check if: 3rd Party Designee Self-employed

Firm's name: **EXPERT TAX SERVICES** Phone no: **346-310-1396**

Firm's address: **10101 HARWIN DR STE 100B HOUSTON TX 77036**

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	5,843
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRAs, pensions, and annuities	4a	
5a	Social security benefits	5a	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	5,843
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	5,843
8	Standard deduction or itemized deductions (from Schedule A)	8	12,000
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	
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	
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 inst.) _____ b Sch 8812 _____ c Form 8863 783 Add any amount from Schedule 5 _____	17	783
18	Add lines 16 and 17. These are your total payments	18	783

Refund 19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid **783**

20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here **783**

Direct deposit? See instructions. b Routing number **XXXXXXXXXX** c Type: Checking Savings

d Account number **XXXXXXXXXXXXXXXX9393**

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**

X Fatima Jafari

US RET 1040
Line 1 - Income Wks

Name(s)
FATIMA Z JAFARI

Tax Identification Number
638-11-7939

	Taxpayer	Spouse
1. Wages	5,843	
2. Disability and corrective distributions		
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		
Total		
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		
Total		
16. Foreign employer compensation		
Total		
17. Income from W-2PR when not excluded		
18a. _____		
18b. _____		
19. Total	5,843	
Income entered above earned while an inmate		
Total		

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.

2018

Submission Identification Number (SID) ▶

Taxpayer's name FATIMA Z JAFARI		Social security number 638-11-7939
Spouse's name		Spouse's social security number

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	5,843
2	Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	
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	783
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 INNOCENT BATAMULA to enter or generate my PIN 07939
ERO firm name Enter five digits, but don't enter all zeros
- as my signature on my tax year 2018 electronically filed income tax return.
- 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 ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN _____
ERO firm name Enter five digits, but don't enter all zeros
- as my signature on my tax year 2018 electronically filed income tax return.
- 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 ▶ _____

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. 79165577063
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 ▶ X Fatima Jafari Date ▶ _____

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

Received in the list of tax documents. Please do not use the back button.

Student Name: PATIMA JAFARI Address: 1111 ALBELLIA RD #110 DALLAS TX 75241		Payment Amount: \$4,963.98 2018 Term: (18M)	Tuition Statement Copy #
Student ID: 1111111111 Enrollment Status: Full Time	Payment Method: ACHON (0)	Payment Status: (N)	Payment History: (N)
Payment Date: 1/1/2018	Payment Amount: ()	Payment Status: ()	Payment History: ()

75-

3022

Texas money

If you have any general questions please visit help.ecsi.net for information regarding your tax documents and to obtain contact information for US. If you have any questions regarding the financial information on your 2018 1098-T, please contact your school directly.

Transaction Number	Date	Description	Amount

Instructions for students: This document is provided to you as a student record through the student portal provided by your institution.

Instructions for transfer: This document is provided to you as a transfer student record through the student portal provided by your institution.

Transfer 1: Transfer 1: This document is provided to you as a transfer student record through the student portal provided by your institution.

Transfer 2: Transfer 2: This document is provided to you as a transfer student record through the student portal provided by your institution.

Transfer 3: Transfer 3: This document is provided to you as a transfer student record through the student portal provided by your institution.

Transfer 4: Transfer 4: This document is provided to you as a transfer student record through the student portal provided by your institution.

Transfer 5: Transfer 5: This document is provided to you as a transfer student record through the student portal provided by your institution.

Tip: You may be able to increase the reported amount of an education credit and certain educational assistance (including Pell Grants) if the student includes some or all of the educational assistance in income in the year it is received. For details, see Pub. 970.

Notes: Notes: This document may affect the amount of any education tax credit and certain educational assistance (including Pell Grants) if the student includes some or all of the educational assistance in income in the year it is received. For details, see Pub. 970.

Copy C-For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 5843.25	2 Federal income tax withheld 206.53	
638-11-7939	3 Social security wages 5843.25	4 Social security tax withheld 362.28	
b Employer ID number (EIN)	5 Medicare wages and tips 5843.25	6 Medicare tax withheld 84.73	
26-4604992	c Employer's name, address, and ZIP code TRIAGE HOME CARE 1603 BABCOCK RD. SUITE 115 SAN ANTONIO TX 78229		
d Control number 207			
e Employee's name, address, and ZIP code Suff. FATIMA JAFARI 11311 AUDELIA RD #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	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d 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** Dept. of the Treasury -- IRS
 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 With Employee's State, City, or Local Income Tax Return.		41-0852411 OMB No. 1545-0008	
a Employee's soc. sec. no.	1 Wages, tips, other comp. 5843.25	2 Federal income tax withheld 206.53	
638-11-7939	3 Social security wages 5843.25	4 Social security tax withheld 362.28	
b Employer ID number (EIN)	5 Medicare wages and tips 5843.25	6 Medicare tax withheld 84.73	
26-4604992	c Employer's name, address, and ZIP code TRIAGE HOME CARE 1603 BABCOCK RD. SUITE 115 SAN ANTONIO TX 78229		
d Control number 207			
e Employee's name, address, and ZIP code Suff. FATIMA JAFARI 11311 AUDELIA RD #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	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d 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** Dept. of the Treasury -- IRS
 DAA 5209

Earnings Statement



PLS CHECK CASHERS OF TEXAS, LP
 7909 SPRING VALLEY

Period Ending: 06/09/2018
 Pay Date: 06/15/2018

DALLAS TX 75254

Taxable Marital Status: Married
 Exemptions/Allowances:
 Federal: 0
 TX: No State Income Tax

FATIMA Z JAFARI
11311 AUDELIA RD
118
DALLAS TX 75243

Earnings	rate	hours	this period	year to date
Regular	10.0000	78.80	788.00	7,647.00
Overtime	15.0000	5.67	85.05	294.15
Fl Holiday	10.0000	8.00	80.00	80.00
Sick				80.00
Gross Pay			\$953.05	8,101.15

Other Benefits and Information	this period	total to date
Sick Hours	24.03	166.89

Deductions	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	
Net Check		\$824.89	

* Excluded from federal taxable wages
 Your federal taxable wages this period are \$947.74