

Filing status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)								
Your first name and initial Pierre				Last name Lappin		Your social security number 1 2 3 4 5 6 7 8 9		
Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind								
If joint return, spouse's first name and initial Jeanie				Last name Lappin		Spouse's social security number 4 4 5 6 7 9 8 7 6		
Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 <input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien						<input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.)		
Home address (number and street). If you have a P.O. box, see instructions. 123 Cottontail Lane						Apt. no.	Presidential Election Campaign (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse	
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. Houston, TX 77001						If more than four dependents, see inst. and ✓ here ▶ <input type="checkbox"/>		
Dependents (see instructions):				(2) Social security number		(3) Relationship to you		
(1) First name		Last name				(4) ✓ if qualifies for (see inst.): Child tax credit Credit for other dependents		
						<input type="checkbox"/> <input type="checkbox"/>		
						<input type="checkbox"/> <input type="checkbox"/>		
						<input type="checkbox"/> <input type="checkbox"/>		
						<input type="checkbox"/> <input type="checkbox"/>		
Sign Here Joint return? See instructions. Keep a copy for your records.	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.							
	Your signature			Date	Your occupation		If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Spouse's signature. If a joint return, both must sign.			Date	Spouse's occupation		If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Preparer's name		Preparer's signature		PTIN	Firm's EIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed	
Firm's name ▶					Phone no.			
Firm's address ▶								

Attach Form(s)
W-2. Also attach
Form(s) W-2G and
1099-R if tax was
withheld.

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.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	70,000
2a	Tax-exempt interest	2a	2,000
3a	Qualified dividends	3a	5,000
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	82,000
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	77,000
8	Standard deduction or itemized deductions (from Schedule A)	8	24,000
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	53,000
11	a Tax (see inst.) <u>4,902</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	4,902
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	
13	a Child tax credit/credit for other dependents <input type="checkbox"/> b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	4,902
14	Other taxes. Attach Schedule 4	14	0
15	Total tax. Add lines 13 and 14	15	4,902
16	Federal income tax withheld from Forms W-2 and 1099	16	5,500
17	Refundable credits: a EIC (see inst.) <input type="checkbox"/> b Sch. 8812 <input type="checkbox"/> c Form 8863 <input type="checkbox"/>	17	
18	Add lines 16 and 17. These are your total payments	18	5,500
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	598
20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a	598
21	Amount of line 19 you want applied to your 2019 estimated tax	21	
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	

Refund

Direct deposit?
See instructions.

Amount You Owe

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

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► **Attach to Form 1040.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

Pierre & Jeanie Lappin

Your social security number

123-45-6789

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		
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	13	<u>4,000</u>	
	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	<u>4,000</u>	
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		
	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 ► <u>3 4 5 6 7 8 9 9</u>	31a	<u>5,000</u>	
	32	IRA deduction	32		
	33	Student loan interest deduction	33		
	34	Reserved	34		
	35	Reserved	35		
	36	Add lines 23 through 35	36	<u>5,000</u>	

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

Cat. No. 71479F

Schedule 1 (Form 1040) 2018