FORM 6 FULL AND PUBLIC DISCLOSURE	2019
ease print or type your name, mailing Idress, agency name, and position below: OF FINANCIAL INTERESTS	FOR OFFICE USE ONLY:
LAST NAME - MIDDLE NAME: Carter Megan Jewel MAILING ADDRESS:	OSC SOE JUN12'2012
ZIZ Albatross Way Kissimmee 34758 Osceola CITY: ZIP: COUNTY:	
NAME OF AGENCY: County Commissioner District 3 NAME OF OFFICE OR POSITION HELD OR SOUGHT:	
CHECK IF THIS IS A FILING BY A CANDIDATE	the second s
culated by subtracting your reported liabilities from your reported assets, so please see the	
My net worth as of <u>December 31</u> , 20 <u>19</u> was \$ <u>-75</u> PART B ASSETS	),718
My net worth as of <u>December 31</u> , 20 19 was \$ - 75	1,000. This category includes any of the
My net worth as of <u>December 31</u> , 20 <u>19</u> was <u>5</u> <u>75</u> PART B ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds <u>5</u> following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items	1,000. This category includes any of the
My net worth as of <u>December 31</u> , 20 <u>19</u> was <u>5</u> <u>75</u> PART B ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds <u>5</u> following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.	1,000. This category includes any of the
My net worth as of <u>December 31</u> , 20 <u>19</u> was <u>5</u> <u>75</u> PART B ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds <u>5</u> following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased. The aggregate value of my household goods and personal effects (described above) is <u>0</u> ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:	,000. This category includes any of the ; art objects; household equipment and
My net worth as of <u>December 31</u> , 20 <u>19</u> was <u>5</u> <u>75</u> PART B ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds <u>5</u> following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased. The aggregate value of my household goods and personal effects (described above) is <u>0</u> ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:	,000. This category includes any of the ; art objects; household equipment and
My net worth as of <u>December 31</u> , 20 <u>19</u> was <u>5</u> <u>75</u> PART B ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds <u>5</u> following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased. The aggregate value of my household goods and personal effects (described above) is <u>0</u> ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:	,000. This category includes any of the ; art objects; household equipment and
My net worth as of <u>December 31</u> , 20 <u>19</u> was <u>5</u> <u>75</u> PART B ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds <u>5</u> following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased. The aggregate value of my household goods and personal effects (described above) is <u>0</u> ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:	,000. This category includes any of the ; art objects; household equipment and
My net worth as of December 31_, 20_19_was \$75         My net worth as of December 31_, 20_19_was \$75         PART B ASSETS         HOUSEHOLD GOODS AND PERSONAL EFFECTS:         Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$ following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.         The aggregate value of my household goods and personal effects (described above) is \$	VALUE OF ASSET
My net worth as of December 31_, 20_19_was \$75         My net worth as of December 31_, 20_19_was \$75         PART B ASSETS         HOUSEHOLD GOODS AND PERSONAL EFFECTS:         Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$ following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.         The aggregate value of my household goods and personal effects (described above) is \$	VALUE OF ASSET
My net worth as of December 31_, 20_19_was \$75         My net worth as of December 31_, 20_19_was \$75         PART B ASSETS         HOUSEHOLD GOODS AND PERSONAL EFFECTS:         Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$ following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.         The aggregate value of my household goods and personal effects (described above) is \$	AMOUNT OF LIABILIT
My net worth as of <u>December 31</u> , 20 <u>19</u> was <u>\$</u> <u>-</u> <u>75</u> PART B ASSETS HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds <u>\$</u> following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items furnishings; clothing; other household goods and personal effects (described above) is <u>0</u> ASSETS INDIVIDUALLY VALUED AT OVER <u>\$1,000</u> : DESCRIPTION OF ASSET (specific description is required - see instructions p.4) PART C - LIABILITIES LIABILITIES IN EXCESS OF <u>\$1,000</u> (See instructions on page 4): NAME AND ADDRESS OF CREDITOR U.S. Department of Education	AMOUNT OF LIABILITY

à

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Identify each separate source an	d amount of income which ex	ceeded \$1.000	INCOME during the year, including secondary and attachments. Please redact any so	sources of inc	ome. Or attach a complete				
attaching your returns, as the law	w requires these documents	be posted to the	e Commission's website.	oral security t					
I elect to file a copy of m [If you check this box and	y 2019 federal income tax re d attach a copy of your 2019	turn and all W2 tax return, you	s, schedules, and attachments. need not complete the remainder of I	Part D.]					
PRIMARY SOURCES OF INCO				-	1				
NAME OF SOURCE OF INCO	OME EXCEEDING \$1,000		ADDRESS OF SOURCE OF INCOM	E	AMOUNT				
			- I-						
	COME [Major customers of	ients, etc., of bu	sinesses owned by reporting person-	-see instructio	I ons on page 5]:				
NAME OF	NAME OF MAJO	R SOURCES	ADDRESS		PRINCIPAL BUSINESS				
BUSINESS ENTITY	OF BUSINESS		OF SOURCE		ACTIVITY OF SOURCE				
P	ART E INTERESTS I	N SPECIFIE	D BUSINESSES [Instructions of	n page 61					
	BUSINESS ENTITY		BUSINESS ENTITY # 2		NESS ENTITY # 3				
NAME OF BUSINESS ENTITY									
ADDRESS OF BUSINESS ENTITY									
PRINCIPAL BUSINESS ACTIVITY			to a div						
POSITION HELD WITH ENTITY									
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS									
NATURE OF MY OWNERSHIP INTEREST									
			TRAINING						
			ics training pursuant to sectio						
	I CERTIFY THAT I H		PLETED THE REQUIRED	IKAININ	G.				
OA	ATH		TY OF SCEOLO						
I, the person whose name app	bears at the	Sworn	to (or affirmed) and subscribed befo		10				
beginning of this form, do dep	ose on oath or affirmation	phy	vsical presence or D online notariza	ation, this	day of				
and say that the information d			JUNC . 20 20 by M	egan (	Carter.				
and any attachments hereto is	s true, accurate,		(MAL	Alle	N				
and complete.		(Signa	CAITLIN A. GA DIANA	a) 3903					
$\land$		(Prin	Tyne Der Stamn Commusiaberd Nam	RENOTRY P	ublic)				
Megan an	Megan anth Personally Regard Thru Notary Public Understing Conduced Identification								
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE									
If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:									
I,			the CE Form 6 in accordance with						
Section 112.3144, Florida Sta and correct.	atutes, and the instructions	s to the form. U	pon my reasonable knowledge and	a beller, the c	usciosure herein is true				

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

### IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

5

	0.00			7 2 1			
06C	30	5.4	10.4		5.74	a.d.	

Form	879
	ent of the Treasury Revenue Service

## IRS e-file Signature Authorization

ERO must obtain and retain completed Form 8879.
 Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

2019

Submission Identification Number (SID)

Taxpayer'		Social sec	urity number	,
	AN J CARTER			
Spouse's		Spouse's s	ocial securi	ty number
Part I	Tax Return Information - Tax Year Ending December 31, 2019 (Whole of	ollars only	<u>,                                     </u>	
	Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)			6217
	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)			438
	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Fo			
	ine 62a)		3	207
4 F	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I,	ine 13a) .	4	481
5 A	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)			
Part II	Taxpayer Declaration and Signature Authorization (Be sure you get and enalties of perjury, I declare that I have examined a copy of my electronic individual income tax			· · · · · · · · · · · · · · · · · · ·
declare t transmitt for reject the U.S. account financial Agent to cancellat involved related to	Its for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they that the amounts in Part I above are the amounts from my electronic income tax return. I consent error or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) tion of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the c Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (dir indicated in the tax preparation software for payment of my federal taxes owed on this return an institution to debit the entry to this account. This authorization is to remain in full force and effect terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury finition requests must be received no later than 2 business days prior to the payment (settlement) dat in the processing of the electronic payment of taxes to receive confidential information necessari os the payment. I further acknowledge that the personal identification number (PIN) below is my sig oplicable, my Electronic Funds Withdrawal Consent.	to allow my in an acknowle ate of any ref act debit) ent d/or a payme t until I notify uncial Agent e. I also auth ry to answer	ntermediate dgement of und. If app ry to the f ant of estim y the U.S. at <b>1-888-3</b> orize the fin inquiries a	e service provide f receipt or rease licable, I authori inancial institutionated tax, and the Treasury Finance 53-4537. Payme nancial institution and resolve issue
	er's PIN: check one box only	-		
	I authorize to enter or generate	my PIN		as m
ليتنا	ERO firm name		Enter five di	gits, but
	signature on my tax year 2019 electronically filed income tax return.		don't enter a	all zeros
X Your sig	I will enter my PIN as my signature on my tax year 2019 electronically filed income tax entering your own PIN and your return is filed using the Practitioner PIN method. The Elegnature	RO must cor	nplete Pa	rt III below.
C	a Dible sheak one hay only			
Spouse	authorize to enter or generat			
	I authorize to enter or generat	-	Enter five di	as m
	signature on my tax year 2019 electronically filed income tax return.		don't enter	
	I will enter my PIN as my signature on my tax year 2019 electronically filed income tax entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method. The El	return. Che RO must coi	ck this bo mplete Pa	x <b>only</b> if you a rt III below.
Spouse	S's signature ► Date ►			
opouso	Practitioner PIN Method Returns Only—continue belo	W		n de l'est de la désire de la dés
Part II				
	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	Don't e	enter all zero	25
indicated	that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically d above. I confirm that I am submitting this return in accordance with the requirements of the ok for Authorized IRS e-file Providers of Individual Income Tax Returns.	filed income Practitioner	tax return PIN metho	for the taxpayer d and <b>Pub. 13</b> 4
FRO's	signature EFILECOM Date	04/24/	2020	
	ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To			****
Ea- Da		50 50		Form <b>8879</b> (20
ONA	erwork Reduction Act Notice, see your tax return instructions.			1 onn <b>991 9</b> (20

<b>104</b>		artment of the Treasury-Internal Revenue Serverse S. Individual Income Ta			(99) M	201	9 OMB No. 1545	5-0074 IRS Use Onl	y—Do not w	wite or staple in t	his snace.
Filing Status Check only one box.	If you	Single Married filing jointly u checked the MFS box, enter the name id but not your dependent.			-		Head of househ HOH or QW box, ente				
Your first name	and mi	iddle initial	Last	t name	e				Your so	cial security	number
MEGAN J			CA	RTE	R						
lf joint return, s	pouse's	s first name and middle initial	Last	t name	e				Spouse	's social secur	ity number
	Sal annas	er and street). If you have a P.O. box, see ROSS WAY	e instru	uction	s.			Apt. no.	Check her	ential Election ( re if you, or your s int \$3 to go to this	pouse if filing
3		ce, state, and ZIP code. If you have a for FL 34758	eign a	ddres	s, also	complete sp	aces below (see instru	ctions).	1	a box below will no	
Foreign country	y name			Fo	reign	province/state	/county	Foreign postal code	1	than four deper tructions and 🗸	
Standard Deduction		eone can claim: You as a depende Spouse itemizes on a separate return or	you w	erea	dual-s						
	You:		-		blind	Spouse:		e January 2, 1955			
Dependents (	see ins	Last name		(Z) So	Ciał sec	aurity number	(3) Relationship to yo	u (4) ✓ Child tax c		or (see instruction Credit for other	
(1) First name		Last name	+		-				COR		Сороность
			+								
										<u> </u>	3336
	1	Wages, salaries, tips, etc. Attach Form		2.	•	· · · i	h Touchla interest i		. 1		2320
	2a	Tax-exempt interest	2a				b Taxable interest.				
Standard	3a	Qualified dividends	3a 4a				<ul> <li>b Ordinary dividends</li> <li>b Taxable amount</li> </ul>	. Attach Sch. B il requ	ired 3b		
Beduction for-     Single or Married	4a	Pensions and annuities	4a 4c				d Taxable amount		40	-	
filling separately, \$12,200	c						b Taxable amount		. 51		
Married filing	5a	Social security benefits	5a		-1 M						
jointly or Qualifying widow/er).		Capital gain or (loss). Attach Schedule	UIII re	quire	a. n n	ot required, ci	ieck nere				3100
\$24,400	7a		Other income from Schedule 1, line 9						. 7a		6436
<ul> <li>Head of household.</li> </ul>	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and			OUT	otal income			► <u>7t</u>		219
\$18,350	8a	Adjustments to income from Schedule	100						. 81		6217
<ul> <li>If you checked any box under</li> </ul>	b	Subtract line 8a from line 7b. This is yo	<sup>-</sup>	- 10 C	-				► 8t		021/
Standard Deduction,	9	Standard deduction or itemized ded				-	9		200		
see instructions.	10	Qualified business income deduction.	Attach	1 Form	1 8995	or Form 899	5-A <u>1</u>			100	10000
	11a	Add lines 9 and 10							- 11		12200
	b	Taxable income. Subtract line 11a fro	in ine	6D. II	zero	or less, enter	-0		. 11	0	0

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. QNA Form 1040 (2019)

CARTE Form 1040 (2019	R	$\bigcirc$				$\bigcirc$		9			<b>P</b>	Page <b>2</b>
	12a	Tax (see inst.) Check if any from Fo	orm(s): 1 🗌 8814	2 4972	3 🗌	12a						
	b	Add Schedule 2, line 3, and line						•	12b			
	13a	Child tax credit or credit for othe	r dependents .			13a						
	b	Add Schedule 3, line 7, and line	13a and enter the	total				•	13b			
	14	Subtract line 13b from line 12b.	lf zero or less, ente	er-0				-	14			0
	15	Other taxes, including self-emplo	oyment tax, from S	Schedule 2, line 1	0				15			438
	16	Add lines 14 and 15. This is your	total tax					•	16			438
	17	Federal income tax withheld from	n Forms W-2 and	1099					17			207
• If you have a	18	Other payments and refundable	credits:									
qualifying child,	а	Earned income credit (EIC) .				18a		476				
attach Sch. ElC.	b	Additional child tax credit. Attack	h Schedule 8812			18b						
nontaxable	c	American opportunity credit from	n Form 8863, line 8	3		18c						
combat pay, see instructions.	d	Schedule 3, line 14				18d		236				
	е	Add lines 18a through 18d. Thes	e are your total of	ther payments a	nd refundable crea	fits		•	18e			712
	19	Add lines 17 and 18e. These are	your total payme	nts				•	19			919
Refund	20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid										481
noruna	21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here										481
Direct deposit?	►b	Routing number Savings Savings										
See instructions.	►d	Account number										
	22	Amount of line 20 you want app	lied to your 2020	estimated tax	🕨	22						
Amount	23	Amount you owe. Subtract line	19 from line 16. Fo	or details on how	to pay, see instruct	tions		•	23			
You Owe	24	Estimated tax penalty (see instru	ictions)		🕨	24						
Third Party Designee	Do	you want to allow another person	(other than your p	aid preparer) to	discuss this return v	vith the IRS?	See instru	ctions.		Yes. Com No	plete b	elow.
(Other than		signee's		Phone			Personal in		tion			
paid preparer)		me 🕨		no. 🕨			number (P					
Sign Here		der penalties of perjury, I declare that I rect, and complete. Declaration of prepa							nowledg	e and belie	f, they a	are true,
nere	Yo	our signature		Date	Your occupation					nt you an l 'IN, enter it		ý.
1-1-1-1								(see in			There	
Joint return? See instructions.	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupat	ion		If the	IRS se	nt your spi	ouse ar		
Keep a copy for		ouoo o oignatoro: in a joint rotarrig						Identi	ty Prot	ection PIN		
your records.								(see in	nst.)			
	Ph	nomemo. (215) 207-384	4	Email address	MEGANOMAL	OUS@ICI				,		
Paid	Pn	eparer's name	Preparer's signat	ture		Date	P	TIN		Check if:		
Preparer										-	Party De	
Use Only	Fir	m's name 🕨				Phone no.		,		Self	-emplo	oyed
USE ONLY	Fir	m's address 🕨						Firm's	SEIN D	>		

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

Form 1040 (2019)

QNA

SCHEDULE 1
(Form 1040 or 1040-SR)

## **Additional Income and Adjustments to Income**

► Attach to Form 1040 or 1040-SR.

2019

OMB No. 1545-0074

Departn Internal		Attachment Sequence No. 01			
Name(s	s) shown on Form 1040 or 1040-SR	Your so	cial security	number	
ME	GAN CARTER		Banto		
At an	y time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial intere	est in ar	ıy		
virtual	I currency?		Yes	X No	
Part	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes	. 1			
2a	Alimony received	. 2a	1		
b	Date of original divorce or separation agreement (see instructions)				
3	Business income or (loss). Attach Schedule C	. 3		3100	
4	Other gains or (losses). Attach Form 4797	. 4			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.	. 5			
6	Farm income or (loss). Attach Schedule F	. 6			
7	Unemployment compensation	. 7			
8	Other income. List type and amount ►				
		0			
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	. 9		3100	
Part	Adjustments to Income				
10	Educator expenses	. 10	)		
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Atta				
	Form 2106	and the second sec			
12	Health savings account deduction. Attach Form 8889	. 12	2		
13	Moving expenses for members of the Armed Forces. Attach Form 3903		1		
14	Deductible part of self-employment tax. Attach Schedule SE	. 14		219	
15	Self-employed SEP, SIMPLE, and qualified plans				
16	Self-employed health insurance deduction		;		
17	Penalty on early withdrawal of savings		,		
18a	Alimony paid		a		
b	Recipient's SSN				
C	Date of original divorce or separation agreement (see instructions)	-			
19	IRA deduction	. 19			
20	Student loan interest deduction		)		
21	Tuition and fees. Attach Form 8917				
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040				
Ber But	1040-SR. line 8a		2	219	

For Paperwork Reduction Act Notice, see your tax return instructions. Schedule 1 (Form 1040 or 1040-SR) 2019 QNA

SCHEDULE 2
(Form 1040 or 1040-SR)

### **Additional Taxes**

OMB No. 1545-0074	
2019	

▶ Attach to Form 1040 or 1040-SR.

	■ Attach to Form 1040 or 1040-SR.         ternal Revenue Service         ■ Go to www.irs.gov/Form1040 for instructions and the latest information.						
Name(s)	) shown on Form 104	Your s	ocial security number				
MEGA	AN CARTER						
Part	Tax						
1	Alternative min	imum tax. Attach Form 6251	1				
2	Excess advance	e premium tax credit repayment. Attach Form 8962	2	2			
3	Add lines 1 and	2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	}			
Part	II Other Ta	axes					
4	Self-employme	nt tax. Attach Schedule SE	4	438			
5	Unreported so	cial security and Medicare tax from Form: a 🗌 4137 b 🗌 8919	5	5			
6	Additional tax	on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form	n				
-		1		i			
7a	Household em	ployment taxes. Attach Schedule H	7	а			
b	Contraction of the second s	first-time homebuyer credit from Form 5405. Attach Form 5405 if required		b			
8	Taxes from:	a 🗌 Form 8959 b 🗌 Form 8960					
		ons; enter code(s)	8	3			
9	Section 965 ne	t tax liability installment from Form 965-A 9	0				
10	Add lines 4 th	ough 8. These are your total other taxes. Enter here and on Form 1040 or 1040-SF	2,				
				<b>0</b> 438			
For Pa	perwork Reducti	on Act Notice, see your tax return instructions. Cat. No. 71478U Schedule	2 (For	m 1040 or 1040-SR) 2019			

QNA

#### **SCHEDULE 3**

#### (Form 1040 or 1040-SR)

## **Additional Credits and Payments**

Attach to Form 1040 or 1040-SR.

2019 Attachment Sequence No. 03

OMB No. 1545-0074

	ment of the Treasury Revenue Service	<ul> <li>Attach to Form 1040 or 1040-SR.</li> <li>Go to www.irs.gov/Form1040 for instructions and the latest information.</li> </ul>		Attachment Sequence No. 03
Name(	s) shown on Form 104	40 or 1040-SR	Your so	cial security number
MEG	AN CARTER			
Par	t I Nonrefu	ndable Credits		
1	Foreign tax cre	edit. Attach Form 1116 if required	. 1	
2	Credit for child	and dependent care expenses. Attach Form 2441	. 2	
3	Education cred	lits from Form 8863, line 19	. 3	
4	Retirement sav	rings contributions credit. Attach Form 8880	. 4	
5	Residential end	ergy credits. Attach Form 5695	. 5	
6		rom Form: a 🗌 3800 b 🗌 8801 c 🗌	6	
7	Add lines 1 thr	ough 6. Enter here and include on Form 1040 or 1040-SR, line 13b	. 7	
Part	Other P	ayments and Refundable Credits		
8	2019 estimated	d tax payments and amount applied from 2018 return	. 8	
9	Net premium ta	ax credit. Attach Form 8962	. 9	236
10	Amount paid w	vith request for extension to file (see instructions)	. 10	
11		security and tier 1 RRTA tax withheld		
12		ral tax on fuels. Attach Form 4136		
13		orm: a 🗌 2439 b 🔲 Reserved c 🗌 8885 d 🗌	13	
14	Add lines 8 thr	ough 13. Enter here and on Form 1040 or 1040-SR, line 18d	. 14	236

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

Schedule 3 (Form 1040 or 1040-SR) 2019

QNA

# SCHEDULE C (Form 1040 or 1040-SR)

## Profit or Loss From Business

OMB No. 1545-0074 2019

Attachment

	(SOIG FI	opheto	(due)	

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

Department of the Treasury

		Form 1040, 1040	J-SR, 1040-NR, or 1041; partnerships generally must file		Sequence No. U9 ty number (SSN)
	of proprietor N J CARTER		Link:1000	Sucial Securit	ty number (SSN)
A			duct or service (see instructions)		from instructions $7   2   1   1   0   0$
c	Business name. If no separate FINAZZO RENTAL		leave blank.	Contractive Contraction of the Contraction of the	number (EIN) (see instr.)
E		uite or room no.)	▶ 998 SW ABINGDON AVE	<u> </u>	
	City, town or post office, state				
F			Accrual (3) Other (specify)		
G			n of this business during 2019? If "No," see instructions for	limit on losses	. X Yes No
н			2019, check here		
1			d require you to file Form(s) 1099? (see instructions)		
J			1099?		
Par					
1	Gross receipts or sales. See in	nstructions for lin	e 1 and check the box if this income was reported to you o	n	
			n that form was checked		2428
2	Returns and allowances			. 2	
3	Subtract line 2 from line 1 .			. 3	2428
4	Cost of goods sold (from line	42)		. 4	
5					2428
6	Other income, including feder	al and state gase	oline or fuel tax credit or refund (see instructions)	. 6	
7			<u> </u>	7	2428
Part	<b>Expenses.</b> Enter expe	enses for busi	ness use of your home only on line 30.	<u> </u>	
8	Advertising	8	18 Office expense (see instructions)	18	
9	Car and truck expenses (see		19 Pension and profit-sharing plans	. 19	
	instructions)	9	20 Rent or lease (see instructions):		
10	Commissions and fees .	10	a Vehicles, machinery, and equipme	nt 20a	
11	Contract labor (see instructions)	11	b Other business property		
12	Depletion	12	21 Repairs and maintenance		
13	Depreciation and section 179 expense deduction (not		22 Supplies (not included in Part III)		
	included in Part III) (see		23 Taxes and licenses	. 23	
	instructions)	13	24 Travel and meals:		
14	Employee benefit programs		<b>a</b> Travel	. <u>24a</u>	
	(other than on line 19).	14	<b>b</b> Deductible meals (see		
15	Insurance (other than health)	15			
16	Interest (see instructions):	10-	25 Utilities		
a	Mortgage (paid to banks, etc.)	16a	26 Wages (less employment credits 27a Other expenses (from line 48).		
b 17	Other	16b 17	b Reserved for future use	Christenson	
	0		use of home. Add lines 8 through 27a	28	
28 29	Tentative profit or (loss). Subt			. 29	2428
30			o not report these expenses elsewhere. Attach Form 882		
1	unless using the simplified me				
		and the second	square footage of: (a) your home:		
	and (b) the part of your home			-	
			the amount to enter on line 30	. 30	
31	Net profit or (loss). Subtract				Service and the service of the servi
	<ul> <li>If a profit, enter on both S</li> </ul>	chedule 1 (Form	n 1040 or 1040-SR), line 3 (or Form 1040-NR, line		
			ked the box on line 1, see instructions). Estates and	31	2428
	trusts, enter on Form 1041, li				
	• If a loss, you must go to lin	ne 32.			
32	If you have a loss, check the l	box that describe	s your investment in this activity (see instructions).		
	• If you checked 32a, enter	the loss on bot	th Schedule 1 (Form 1040 or 1040-SR), line 3 (or		
			, line 2. (If you checked the box on line 1, see the line		I investment is at risk.
	31 instructions). Estates and tr	rusts, enter on Fo	orm 1041, line 3.		ome investment is not risk.
	<ul> <li>If you checked 32b, you mu</li> </ul>	ust attach Form	6198. Your loss may be limited.	a	113K.

For Paperwork Reduction Act Notice, see the separate instructions. QNA

Schedule C (Form 1040 or 1040-SR) 2019

# SCHEDULE C (Form 1040 or 1040-SR)

# Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2019

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

Department of the Treasury Attachment

		Form 1040, 1	040-5K, 1040-NK, 0	1041	partnerships generally must file l		
	f proprietor N J CARTER				Link:1001	Social s	security number (SSN)
A	Principal business or profession BABYSITTING	on, including p	product or service (se	e instru	uctions)	B Enter	r code from instructions ► $ 6 2 4 4 1 0$
c	Business name. If no separate	business nar	ne, leave blank.			D Empl	oyer ID number (EIN) (see instr.)
E	Business address (including s	uite or room r	0.) ► 212 ALB	ATROS	SS WAY		
1	City, town or post office, state	e, and ZIP cod	e KISSIMMI	EE FI	34758		
F					Other (specify) ►		
G					2019? If "No," see instructions for li		
н	If you started or acquired this	business duri	ng 2019, check here				▶ 🖾
1	Did you make any payments in	n 2019 that w	ould require you to fi	le Form	n(s) 1099? (see instructions)		Yes 🕅 No
J		e required For	ms 1099?				Yes No
Part							
1					this income was reported to you or		2022
				hecked	1		2922
2	Returns and allowances			• •	· · · · · · · · · · · ·	2	2922
3				• •		3	2922
4							2922
5					refund (see instructions)		2522
6 7							2922
Part							2522
8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see	-		19	Pension and profit-sharing plans		
9	instructions).	9	1450	20	Rent or lease (see instructions):	10	
10	Commissions and fees .	10		a	Vehicles, machinery, and equipment	20a	
11	Contract labor (see instructions)	10		b	Other business property		
12	Depletion	12		21	Repairs and maintenance		
13	Depreciation and section 179			22	Supplies (not included in Part III)		
	expense deduction (not			23	Taxes and licenses		
	included in Part III) (see instructions).	13		24	Travel and meals:		
14	Employee benefit programs			a	Travel	24a	800
	(other than on line 19).	14		b	Deductible meals (see		
15	Insurance (other than health)	15			instructions)	24b	
16	Interest (see instructions):			25	Utilities	25	
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other	16b		27a	Other expenses (from line 48) .	27a	
17	Legal and professional services	17		b	Reserved for future use	. 27b	
28	Total expenses before exper	nses for busin	ess use of home. Ad	d lines	8 through 27a	28	2250
29	Tentative profit or (loss). Subt					. 29	672
30	Expenses for business use of unless using the simplified me			e expe	nses elsewhere. Attach Form 8829	)	
	Simplified method filers only	y: enter the to	tal square footage of	: (a) yo		-	
	and (b) the part of your home	used for busin	ness:		. Use the Simplified		
	Method Worksheet in the inst			iter on	line 30	. 30	
31	Net profit or (loss). Subtract	line 30 from l	ine 29.				
	• If a profit, enter on both S						(70)
	13) and on Schedule SE, line		ecked the box on lir	ne 1, se	ee instructions). Estates and	31	672
	trusts, enter on Form 1041, li						
~ ~	If a loss, you must go to lin		dhaa waxa in ta	+ 1 = +1 -1	, antivity (and instruction .)		
32	If you have a loss, check the l						
	If you checked 32a, enter		and an and the second second second			329	All investment is at risk.
	Form 1040-NR, line 13) and			ecked 1	the box on line 1, see the line	32b	
	<ul> <li>31 instructions). Estates and tr</li> <li>If you checked 32b, you mu</li> </ul>			av be	limited		at risk.
-	i you checked 320, you m	and allaon rol		ay be			

For Paperwork Reduction Act Notice, see the separate instructions. QNA

Schedule C (Form 1040 or 1040-SR) 2019

MEGAN J CARTER nk:1001 Schedule C (Form 1040 or 1040-SR) 2019 Page 2 Cost of Goods Sold (see instructions) Part III 33 Method(s) used to value closing inventory: a 🗌 Cost **b** Lower of cost or market c Other (attach explanation) Was there any change in determining quantities, costs, or valuations between opening and closing inventory? 34 Yes X No If "Yes," attach explanation . . . . . . . . . . . . 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . 35 Purchases less cost of items withdrawn for personal use . . . . . . . 36 36 37 37 Cost of labor. Do not include any amounts paid to yourself . . . 38 Materials and supplies . . . . . . . . 38 39 39 Other costs. . . . . . 40 Add lines 35 through 39 . . . . . . . . . . 40 41 41 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 . 42 42 Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. When did you place your vehicle in service for business purposes? (month, day, year) 

05 / 25 / 2019 43 Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for: 44 2500 **b** Commuting (see instructions) c Other a Business No 45 X No 46 X No 47a If "Yes," is the evidence written? · · Yes No No b Other Expenses. List below business expenses not included on lines 8-26 or line 30. Part V 48 Total other expenses. Enter here and on line 27a . . . . . . . . 48

QNA

Schedule C (Form 1040 or 1040-SR) 2019

Schedule SE (Form 1040 or 1040-SR) 2019	Attachment Sequence No. 17	Page <b>2</b>
Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR) MEGAN J CARTER	Social security number of person with <b>self-employment</b> income ►	
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 <b>and</b> you filed Form \$\$400 or more of <b>other</b> 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. <b>Note:</b> Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
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	1b	( )
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. <b>Note:</b> Skip this line if you use the nonfarm optional method (see instructions)	2	3100
3	Combine lines 1a, 1b, and 2	3	3100
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	2863
-14	<b>Note:</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	Tu	2005
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
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 <b>church employee income</b> , enter -0- and continue	4c	2863
5a	Enter your church employee income from Form W-2. See instructions for		
	definition of church employee income		
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0	5b	
6	Add lines 4c and 5b	6	2863
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 2019	7	132,900
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 \$132,900 or more, skip lines 8b through 10, and go to line 11		
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	3336
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	129564
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	355
11	Multiply line 6 by 2.9% (0.029)	11	83
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040 or 1040-SR),		
	line 4, or Form 1040-NR, line 55	12	438
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 or 1040-SR), line 14, or Form 1040-NR, line 27	1	
Part		1	
	Optional Method. You may use this method only if (a) your gross farm income <sup>1</sup> wasn't more than		
	0, or (b) your net farm profits <sup>2</sup> were less than \$5,891.	14	5,440
14	Maximum income for optional methods	14	3,440
15	Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$5,440. Also include this amount on line 4b above	15	
and al	<b>rm Optional Method.</b> You may use this method <b>only</b> if <b>(a)</b> your net nonfarm profits <sup>3</sup> were less than \$5,891 so less than 72.189% of your gross nonfarm income, <sup>4</sup> and <b>(b)</b> you had net earnings from self-employment east \$400 in 2 of the prior 3 years. <b>Caution:</b> You may use this method no more than five times.	10	
16	Subtract line 15 from line 14	16	
17	Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross nonfarm income <sup>4</sup> (not less than zero) <b>or</b> the amount on line 16. Also include this amount on line 4b above	17	

<sup>1</sup> From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> 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. <sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A. <sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Schedule SE (Form 1040 or 1040-SR) 2019

Form	8962	

## **Premium Tax Credit (PTC)**

OMB No. 1545-0074

► Attach to Form 1040, 1040-SR, or 1040-NR.

2019 Attachment Sequence No. 73

Nume and appoint along         Your social social social your about a social social youre about a social your about a social your about a social your a	Depart	ment of the Trea	isury	► Attach t o to www.irs.gov/For	m8962 for instruction		formation.		Attachment Sequence No. 73
You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions).       Image: Control of the Sec Entry your take the target of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry your target status(trians).       Image: Control of the Sec Entry								-	
Part I         Annual and Monthly Contribution Amount           1         Tax family size. Entry your tax family size (see instructions).         1	ME	GAN J C	ARTER						
Part I         Annual and Monthly Contribution Amount           1         Tax family size. Entry your tax family size (see instructions)         1				is married filing separatel	y unless you qualify for a	n exception (see instruc	tions) If you qualify ch	eck th	he box
1         Tax family size. Entry our tax family size (see instructions)         1 <td1< td="">         1         1         1</td1<>									
2a       6217         b       Enter the total of your dependents' modified AGI (see instructions)       2a       6217         c       Federal poverty line. Enter the federal poverty line amounts on lines 2a and 2b (see instructions).       3       6217         c       Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions).       4       1214.00         c       Did you enter 401% on line 5 (See instructions)       5       511.60         c       Did you enter 401% on line 5 (See instructions)       7       0.0.0206         a       Anotal confluction amount. Multely line 3b       120       b       b       7       0.0.0206         a       Anotal confluction amount. Multely line 3b       122       b       b       0.0.0206       6       1.1         C       A oplicable Figure. Using your line 6 percentage, locate your "applicable figure" on the table in the instructions for line 0.0       1.1         C       A oplicable figure 0.0 (see table amount for matage fields figure 0.0 (see table amount	in the second second							1	1
b         Enter the total of your dependents' modified AGI (see instructions)         Description         Base of the second se			a second s			1	6217		
A property line. Enter the fasteral poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the dependence of the fasteral poverty line (see instructions). Check the dependence of the fasteral poverty line (see instructions). Check the dependence of the fasteral poverty line (see instructions). Check the dependence of the fasteral poverty line (see instructions). Check the dependence of the fasteral poverty line (see instructions). Check the dependence of the fasteral poverty line (see instructions). Check the dependence of	b					2b			
appropriate box for the federal powerly table used. a   Alaska b   Hawaii c ⊠ Other 48 states and DC       4       1214 (4)         6       Did you enter 401% on line 57 (See instructions if you entered less than 100%).       5       5.1.%         1       No. Continue to line 7.       Vos us an ot eligible to take the PTC. If advance payment of the PTG was made, see the instructions of how to report your excess advance PTC repayment amount.       7       0.0.0206         8       Anneal contribution mount. Mility line 3 bit is 12.9       Monthy contribution amount. Olida lines ta is 12.9       Monthy contribution mount. Olida lines ta is 12.9       Monthy contribution amount. Olida lines ta is is 12.9       10       Control to line 10.         2       See the instructions to determine if you can use line 11 or must complete lines 12 through 3.       No. Continue to line 10.       10       See the instructions to determine if you can use line 11 or must complete lines 12 through 3.       No. Continue to line 10.       10       No. Continue to line 10.         11       Annual encliment 10 compute your annual PCL. Then skip lines 12-23       No. Continue to line 10.       No. Continue to line 10.       10       See the instructions in 2-32. Compute premium ta 200% (monthy enclimation amount for the divert of the other 10.       10       No. Continue to line 10.       10       10       10       10       10       10       10       10       10       10       10       10       10	3	Household i	income. Add the amo	ounts on lines 2a and 2	2b (see instructions)			3	6217
5       Household income as a preventage of federal poverty line (see instructions)       5       51 %         6       Did you enter 401% on line 57 (See instructions if you entered less than 100%)       7       0.0200         12       No. Continue to line 7       a containe to line 7       7       0.0200         7       Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions in the tope of your access advance PTC repayment amount.       7       0.0200         8       Annual contribution amount. Multiply ins 3 by line 7. Hourd to nearest whole dolar amount is the annual contribution amount. Divide line 8       7       0.0200         9       Are you allocating policy amounts with another tracpayer of do you want to use the alternative calculation for year of marriage (see instructions) of dolaring policy amounts with another tracpayer of do you want to use the alternative calculation for year of marriage (see instructions) of dolaring policy amounts with another tracpayer of do you want to use the alternative calculation for year of marriage (see instructions) of dolaring policy amounts with another tracpayer of dolaring policy amounts with another tracpaye	4								
6       Did you enter 401% on line 57 (See instructions if you entered less than 100%.)       Image: Continue to line 7.       7       0.0200         3a       Anaplicable Figure. Using you fine 5 precisings, locate your "applicable figure" on the table in the instructions on the precision of the						lawaii c 🛛 Other	48 states and DC		
Image: A construction of a set of end eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.       7       0.0200         Base Anall contribution anount. Multiply in 3 by the payment of the PTC was made, see the instructions of the payment of the PTC was made.       7       0.0200         Partill       Perture Vision (Second Control and								5	51 %
Yes, You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your access advance PTC repayment amount.       7       0.0202         3a Annail contribution amount. Multicly lines 10// and the presentage, locate your "applicable figure" on the table in the instructions for the table in the instructions for the table in the instructions of the table in the instructions to determine flyou can use line 11 or must complete lines 12 through 23.         Construct to line 24.       No. Continue to line 10.         Manual continue to line 24.       No. Continue to line 10.         Manual continue to line 24.       No. Continue to line 24.         Monthly continue to line 24.       No. Continue to line 24.         Monthly continue to line 24.       No. Continue to line 24.         Monthly continue to line 24.       No. Continue to line 24.         Monthly continue to line 24.       No. Continue to line 24.         Monthly continue to line 24.       No. Continue to line 24.         Monthly continue to line 24.       No. Continue to line 24.         Monthly continue to line 24.       No. Continue to line 24.         Monthly continue to line 24.       No. Continue to line 24.         Monthly contin the formition formal monthline	6			See instructions if you	entered less than 100	%.)			
Answ to report your excess advance PTC repayment amount.         intervention         intervention <th< td=""><td></td><td>_</td><td></td><td>take the DTC If adva</td><td>nee normant of the D</td><td></td><td>he instructions for</td><td></td><td></td></th<>		_		take the DTC If adva	nee normant of the D		he instructions for		
7       Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions       7       0.0205         8a       Annual contribution amount. Multicly line 3by line 7. Route to ansext whole dollar amount.       b       Monthly contribution amount. Multicly line 3by line 7. Route to ansext whole dollar amount.       b       D       Monthly contribution amount. Multicly line 3by line 7. Route to ansext whole dollar amount.       b       Monthly contribution amount. Multicly line 3by line 7. Route to ansext whole dollar amount.       b       Monthly contribution amount. Multicly line 3by line 7. Route to line 24.         9       Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions) and continue to line 24.       Mon. Continue to line 10.         10       See the instructions to determine if you can use line 1 or must complete lines 12 trough 23. and continue to line 24.       Mon. Continue to line 24.         11       Annual continue to line 24.       (e) Annual (ontribution amount line 38.)       (e) Annual (e) Annual route to line 24.       Monthly continue to line 24.         13       Annual Totals       (e) Annual applicable (scillation)       (e) Annual applicable (scillation)       (e) Annual applicable (scillation)       (f) Annual applica						TO was made, see i	ne instructions for		
Ba         Annual contribution amount. Multiply line 3 by in 2. Round to nearest whole dolar amount.         Ba         1 2.9         Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dolar amount.         Ba         1 1           Carling Formium Tax Credit Claim and Reconcillation of Advance Payment of Premium Tax Credit I amounts or Part V, Alenative Calculation for Year of Marriage.         No. Continue to line 10.         No. Continue to line 10.           See the instructions to determine if you can use line 11 or must complete lines 12 through 23.         No. Continue to lines 12-23. Comput your monthly PCT can continue to line 21.         No. Continue to lines 12-23. Comput your monthly PCT can continue to line 31.           Manual continue to line 11.         0) Annual preliable (i) Monthly assisting i preliable of (a) or (d)         I) Annual advance (in Bis)           11         Annual preliable of (a) or (d)         I) Annual advance (in Bis)         III annual preliable of (a) or (d)         III annual preliable of (a) or (d)         III annual preliable of (a) or (d)         IIII annue of (a) or (d)         IIIII annue of (a) or (d)         IIIII annue of (a) or (d)         IIIIIII annue of (a) or (d)         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	7					on the table in the ir	structions	7	0.0208
Iner 7. Roand to nearest whole dolar amount         Ba         129           Part II         Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit           9         Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of maritage (see instructions)?         No. Continue to line 10.           10         See the instructions to determine if you can use line 11 or must complete lines 12 through 23. and continue to line 24.         No. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.         No. Continue to lines 12 through 23. (and continue to line 34.         (f) Annual applicable SLCSP premium (miler 30)         (f) Annual applicable (subtract (rom (h), it and continue to line 34.         (f) Annual applicable (subtract (rom (h), it and continue to line 34.         (f) Annual applicable (subtract (rom (h), it and continue to line 34.         (f) Annual applicable (subtract (rom (h), it and continue to line 34.         (f) Annual applicable (subtract (rom (h), it and continue to line 34.         (f) Annual applicable (subtract (rom (h), it and continue to line 34.         (f) Annual applicable (subtract (rom (h), it and continue to line 34.         (f) Annual applicable (subtract (rom (h), it and continue to line 34.         (f) Annual applicable (subtract (rom (h), it and continue to line 34.         (f) Annual applicable (subtract (rom (h), it and continue to line 34.         (f) Annual applicable (subtract (rom (h), it and continue to line 34.         (f) Annual applicable (subtract (rom (h), it and continue to line 34.         (f) Annual applicable (subtract (rom (h), it and cont			• • • •					-	1
Part III         Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit           9         Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?         Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?           10         See the instructions to determine if you can use line 11 or must complete lines 12 through 23.         No. Continue to line 10.           10         See the instructions to determine if you can use line 11 or must complete lines 12 through 23.         No. Continue to lines 12-23. Comput: your monthly PTC and continue to line 24.           Annual Cotalization         (a) Annual arcollineating (b) Annual applicable (b) Annual applicable (c) Annual (c) (c) Annual (c)	ua				100			8b	11
Yes. Skip to Part IV, Allocation of Palicy Amounts, or Part V, Alternative Calculation for Year of Marriage.       No. Continue to line 10.         10       See the instructions to determine if you can use line 11 or must complete lines 12 through 23.       No. Continue to line 11.         11       Annual continue to line 24.       (a) Annual applicable SLCSP premium if Pomium 25.CSP premium 25.	Part	II Pren	nium Tax Credit	Claim and Reco	nciliation of Adv	ance Payment of	of Premium Tax	Cre	edit
10       See the instructions to determine if you can use line 11 or must complete lines 12 through 23.       Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12–23       X       No. Continue to lines 12–23. Compute your annual PTC. Then skip lines 12–23         X       Annual continue to line 24.       X       No. Continue to lines 12–23. Compute your annual PTC. Then skip lines 12–23.       X       No. Continue to lines 12–23. Compute your annual PTC. Then skip lines 12–23.         X       Annual continue to line 24.       (a) Annual enrolinent premium Stamm, form(s), 1055-A, lines 321–32.       (b) Annual premium skip lines 321–32.       (c) Annual continue to lines 12–23.       (c) Annual continue to lines 12–23.       (c) Annual continue to lines 12–23.       (c) Annual premium skip lines 321–32.       (c) Annual continue to lines 12–23.       (c) Annual continue to lines 12–23.       (c) Annual continue to line 24.         Monthly encliment (a) Monthly applicable (c) Monthly applicable (c) Monthly applicable (c) Monthly calculation 11       (c) Monthly encliment (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	9	Are you allo	cating policy amount	s with another taxpaye	er or do you want to us	se the alternative cald	culation for year of m	narria	ge (see instructions)?
Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.       M. No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.         Annual Calculation       (a) Annual envolument premium (Form(s))       (b) Annual applicable SLCSP premium (Fine(s) 1085-A, line 33B).       (c) Annual contribution amount (ine 8a)       (d) Annual maximum premium assistance, ine 33B).       (d) Annual maximum premium sestance, ine 33B).       (d) Annual maximum premium sestance, ine 33B).       (d) Monthly and advance premium sestance, ine 33B).       (d) Monthly and contribution amount (ine 8a)       (d) Monthly maximum premium sestance, ine 33B).       (e) Monthly contribution amount (amount from line 8b) or alterative marriage monthy calculation)       (e) Monthly premium tax premium sestance, ine 34B).       (f) Monthly advance premium sestance, ine 34B).         12       January       4 01       371       11       360       360       2899         13       February       3 94       371       11       360       360       3455         14       March       4 01       371       11       360       360       3455         16       May       4 01       371       11       360       360       3455         18       July       4 01       371       11       360       360       3455         19       August       4 01       <		Yes. Skip	p to Part IV, Allocation o	of Policy Amounts, or Part	V, Alternative Calculation	n for Year of Marriage.	No. Continue to	line	10.
your monthly PTC and continue to line 24           your monthly PTC and continue to line 24           Annual Calculation         (a) Annual erroliment (press) mass 1095-A, line 33A)         (b) Annual applicable SLCSP premium (Form(s) 1095-A, line 3A)         (b) Annual applicable (messation)         (c) Annual maximum (subtract () horth), it cantification         (e) Annual arroliment (massistance (subtract () horth), it cantification         (e) Annual premium tassistance (subtract () horth), it cantification         (e) Monthly premium tassistance (subtract () horth), it cantification         (e) Monthly premium tassistance (subtract () horth), it cantification         (f) Monthly divance (subtract () horth), it can else, enter -0)         (f) Monthly premium tassistance (subtract () horth), it can else, enter -0)         (f) Monthly divance (subtract () horth), it can else, enter -0)         (f) Monthly divance (subtract () horth), it can else, enter -0)         (f) Monthly divance (subtract () horth), it can else, enter -0)         (f) Monthly divance (subtract () horth), it can else, enter -0)         (f) Monthly divance (subtract () horth), it can else, enter -0)         (f) Monthly divance (subtract () horth), it can else, enter -0)         (f) Monthly divance (subtract () horth), it can else, enter -0)         (f) Monthly divance (subtract () horth), it can else, enter -0)         (f) Monthly divance (subtract () horth), it can else, enter -0)         (f) Monthly divance (subtract () horth), it can else, enter -0)         (f) Monthly divance (subtract () (so () (a) (3 - )         (f) Monthly divance (subtract () (a) ((a) ((a) (a) (a) (a) (a) (a) (a	10								
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Annual Calculation         Primiums Form(s) 195-A, line 33A)         SLCSP premium (Form(s) 195-A, line 3A)         Combution amount (line 8a)         premiums sestance (subtract (c) form (b), if zer or less, enter -0)         premiums (competition advance (subtract (c) form (b), if zer or less, enter -0)         (e) Monthly advance (mailer of (a) or (d)         (f) Annual advance (subtract (c) form (b), if zer or less, enter -0)         (f) Annual advance (subtract (c) form (b), if zer or less, enter -0)         (f) Annual advance (subtract (c) form (b), if zer or less, enter -0)         (f) Annual advance (subtract (c) form (b), if zer or less, enter -0)         (f) Annual advance (subtract (c) form (b), if zer or less, enter -0)         (f) Annual advance (subtract (c) form (b), if zer or less, enter -0)         (f) Annual advance (subtract (c) form (b), if zer or less, enter -0)         (f) Annual advance (subtract (c) form (b), if zer or less, enter -0)         (f) Annual advance (subtract (c) form (b), if zer or less, enter -0)         (f) Annual advance (subtract (c) form (b), if zer or less, enter -0)         (f) Annual Secting (subtract (c) form (b), if zer or less, enter -0)         (f) Monthly advance (subtract (c) form (b), if zer or less, enter -0)         (f) Monthly nemium tax cell allowed (smaller of (a) or (d)         (f) Monthly nemium tax readmatshare (subtract (c) form (b), if zer or less, enter -0)         (f) Monthly nemium tax cell allowed (smaller of (a) or (d)         (f) Monthly nemium tax readmatshare (subtract (c) form (b), if zer or less, enter -0)         (f) Monthly nemium tax cell allowed (smaller of (a) or (d)         (f) Monthly nemium tax readmatshare (subtract (c) form (b), if zer or less, enter -0)         (f) Monthly nemium tax ce	-	and con		(h) Annual annlinghte		(d) Approximent		1	Id continue to line 24.
Calculation         performance (Forme), if In 33A)         control (In a Ba)         (e) Monthly environment performance (Forme), if area or less, enter -0-)         if and or dial (subtract (c) from (b), if zero or less, enter -0-)         if and or dial (subtract (c) from (b), if (subtract (c) from (b), if subtract (c) from (b), if sub		Annual						CONTRACTOR OF T	
Inductor	C	alculation					1 /		
Monthly Calculation         (a) Monthly enrollment premiums (Form(s) (B) (morth)         (b) Monthly applicable SLCSP premium (SCRSP premium (SCRSP premium 21-32, column A)         (c) Monthly contribution amount amount from line B) or afternative marriage monthly calculation)         (d) Monthly memium assistance (subtract (c) from (b), if cardit allowed (smaller of (a) or (d))         (f) Monthly advance payment of PTC (Form(s) 195. Alpres 21-32, column C)           12         January         4.01         3.71         1.11         3.60         3.60         2.89           13         February         3.94         3.71         1.11         3.60         3.60         3.45           14         March         4.01         3.71         1.11         3.60         3.60         3.45           15         April         4.01         3.71         1.11         3.60         3.60         3.45           16         May         4.01         3.71         1.11         3.60         3.60         3.45           17         June         4.01         3.71         1.11         3.60         3.60         3.45           18         July         4.01         3.71         1.11         3.60         3.60         3.45           21         October         4.01         3.71         1.11         3.60	11	Annual Totala		inte 55b)		Zero or less, enter -0-			
Monthly Calculation         (a) Monthly equilibrium (Form) 195-A, lines 21-32, column A)         (b) Monthly equilibrium (Form) 195-A, lines 21-32, column A)         (c) Monthly advance subtract (s) from (b), if eraiter analige monthly calculation)         (c) Monthly premium (subtract (s) from (b), if zero or less, enter -0-)         (e) Monthly premium tax credit allowed (smaller or (a) or (d))         (f) Monthly premium (subtract (s) from (b), if zero or less, enter -0-)           12         January         4.01         3.71         1.1         3.60         3.60         2.89           13         February         3.94         3.71         1.1         3.60         3.60         3.45           14         March         4.01         3.71         1.1         3.60         3.60         3.45           15         April         4.01         3.71         1.1         3.60         3.60         3.45           16         May         4.01         3.71         1.1         3.60         3.60         3.45           17         June         4.01         3.71         1.1         3.60         3.60         3.45           18         July         4.01         3.71         1.1         3.60         3.60         3.45           20         September         4.01         3.71         1.1		Annual Totais			(c) Monthly				
Calculation         1095-A, lines 21-32, column A)         (Form(s) 1095-A, lines 21-32, column B)         amenature maring monthly calculation)         cubtract (c) from (b), if zero or less, enter -0.)         Create allowed (smaller of (a) or (d))         1095-A, lines 21-32, column C)           12         January         4.01         3.71         1.1         3.60         3.60         2.89           13         February         3.94         3.71         1.1         3.60         3.60         3.45           14         March         4.01         3.71         1.11         3.60         3.60         3.45           15         April         4.01         3.71         1.11         3.60         3.60         3.45           16         May         4.01         3.71         1.11         3.60         3.60         3.45           18         July         4.01         3.71         1.11         3.60         3.60         3.45           20         September         4.01         3.71         1.11         3.60         3.60         3.45           21         October         4.01         3.71         1.11         3.60         3.60         3.45           23         December         4.01         3.71		Monthly			contribution amount	[1] A. M. O. M. C. M. C. M. M. S. M. M. S. M. M. M. S. M.	(e) Monthly premiun	n tax	
column A)         21-32, column B)         monthly calculation         Zero or less, enter -0-)         column C)           12         January         4 01         371         11         360         360         289           13         February         394         371         11         360         360         345           14         March         4 01         371         11         360         360         345           15         April         4 01         371         11         360         360         345           16         May         4 01         371         11         360         360         345           17         June         4 01         371         11         360         360         345           18         July         4 01         371         11         360         360         345           20         September         4 01         371         11         360         360         345           21         October         4 01         371         11         360         360         345           22         November         4 01         371         11         360         360			1095-A, lines 21-32,	(Form(s) 1095-A, lines		(subtract (c) from (b),	if credit allowed		1095-A, lines 21-32,
13       February       394       371       11       360       360       345         14       March       401       371       11       360       360       345         15       April       401       371       11       360       360       345         15       April       401       371       11       360       360       345         16       May       401       371       11       360       360       345         17       June       401       371       11       360       360       345         18       July       401       371       11       360       360       345         18       July       401       371       11       360       360       345         20       September       401       371       11       360       360       345         21       October       401       371       11       360       360       345         22       November       401       371       11       360       360       345         23       December       401       371       11       360       360			column A)	21–32, column B)		zero or less, enter -0-	-)   (		column C)
10       Normal       401       371       11       360       360       345         15       April       401       371       11       360       360       345         16       May       401       371       11       360       360       345         16       May       401       371       11       360       360       345         17       June       401       371       11       360       360       345         18       July       401       371       11       360       360       345         19       August       401       371       11       360       360       345         20       September       401       371       11       360       360       345         21       October       401       371       11       360       360       345         22       November       401       371       11       360       360       345         22       November       401       371       11       360       360       345         23       December       401       371       11       360       360	12	January	401	371	11	36	3	60	289
15       April       4 01       371       11       360       360       345         16       May       4 01       371       11       360       360       345         17       June       4 01       371       11       360       360       345         17       June       4 01       371       11       360       360       345         18       July       4 01       371       11       360       360       345         18       July       4 01       371       11       360       360       345         19       August       4 01       371       11       360       360       345         20       September       4 01       371       11       360       360       345         21       October       4 01       371       11       360       360       345         22       November       4 01       371       11       360       360       345         23       December       4 01       371       11       360       360       345         24       Total premium tax credit. If line 24 is greater than line 25, subtract line 25. from line 24, equa	13	February	394						
16       May       401       371       11       360       360       345         17       June       401       371       11       360       360       345         18       July       401       371       11       360       360       345         18       July       401       371       11       360       360       345         19       August       401       371       11       360       360       345         20       September       401       371       11       360       360       345         20       September       401       371       11       360       360       345         21       October       401       371       11       360       360       345         22       November       401       371       11       360       360       345         23       December       401       371       11       360       360       345         24       Total premium tax credit. Enter the amount from line 11(f) or add lines 12(f) through 23(e) and enter the total here       24       4320         25       Advance payment of PTC. Enter the amount from line 25, subtract line	14	March							
17       June       401       371       11       360       360       345         18       July       401       371       11       360       360       345         19       August       401       371       11       360       360       345         20       September       401       371       11       360       360       345         20       September       401       371       11       360       360       345         21       October       401       371       11       360       360       345         22       November       401       371       11       360       360       345         23       December       401       371       11       360       360       345         24       Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here       24       4320         25       Advance payment of PTC. Enter the amount from line 25, subtract line 24 from line 24. Enter the difference here and on Schedule 3 (Form 1040 or 1040-SR), line 9, or Form 1040-NR, line 65. If line 24 equals line 25, enter -0 Stop here. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here       26       236         27 <td>15</td> <td>April</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	15	April							
18       July       401       371       11       360       360       345         19       August       401       371       11       360       360       345         20       September       401       371       11       360       360       345         20       September       401       371       11       360       360       345         21       October       401       371       11       360       360       345         22       November       401       371       11       360       360       345         23       December       401       371       11       360       360       345         24       Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here       24       4320         25       Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here       25       4084         26       Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040 or 1040-SR), line 9, or Form 1040-NR, line 65. If line 24 equals line 25, enter -0 Stop here. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here       27       28 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
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20September4013711136036034521October4013711136036034522November4013711136036034523December4013711136036034524Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here24432025Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here25408426Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040 or 1040-SR), line 9, or Form 1040-NR, line 65. If line 24 equals line 25, enter -0 Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 272623627Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here (Form 1040 or 1040-SR), line 2, or Form 1040-NR, line 44272829Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040 or 1040-SR), line 2, or Form 1040-NR, line 4429Form 8962 (2018)									
21       October       401       371       11       360       360       345         22       November       401       371       11       360       360       345         23       December       401       371       11       360       360       345         23       December       401       371       11       360       360       345         24       Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here       24       4320         25       Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here       25       4084         26       Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040 or 1040-SR), line 9, or Form 1040-NR, line 65. If line 24 equals line 25, enter -0 Stop here. If line 25 is greater than line 24, subtract line 27       26       236         27       Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here       27         28       Repayment limitation (see instructions)									
11       000000000000000000000000000000000000									
22       November       101       371       11       360       360       345         23       December       401       371       11       360       360       345         24       Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here       24       4320         25       Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here       25       4084         26       Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040 or 1040-SR), line 9, or Form 1040-NR, line 65. If line 24 equals line 25, enter -0 Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27       26       236         27       Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here       27       28         28       Repayment limitation (see instructions)	Aurica								
24       Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here       24       4 3 2 0         25       Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here       25       4 0 8 4         26       Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040 or 1040-SR), line 9, or Form 1040-NR, line 65. If line 24 equals line 25, enter -0 Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27       26       23 6         27       Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here       27       28         28       Repayment limitation (see instructions)									345
25       Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here       25       4 0 8 4         26       Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040 or 1040-SR), line 9, or Form 1040-NR, line 65. If line 24 equals line 25, enter -0 Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27       26       2 3 6         Part III       Repayment of Excess Advance Payment of the Premium Tax Credit       27       28       28         27       Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here are repayment limitation (see instructions)       28       27         29       Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040 or 1040-SR), line 2, or Form 1040-NR, line 44       29       Form 8962 (2018)								1	
26       Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040 or 1040-SR), line 9, or Form 1040-NR, line 65. If line 24 equals line 25, enter -0 Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27       26       23.6         Part III       Repayment of Excess Advance Payment of the Premium Tax Credit       27       28       28         27       Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here       27       28         29       Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2       29         For Paperwork Reduction Act Notice, see your tax return instructions.       Form 8962 (2018)								25	4084
on Schedule 3 (Form 1040 or 1040-SR), line 9, or Form 1040-NR, line 65. If line 24 equals line 25, enter -0 Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27									
here. If line 25 is greater than line 24, leave this line blank and continue to line 27       26       236         Part III       Repayment of Excess Advance Payment of the Premium Tax Credit       27         27       Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here       27         28       Repayment limitation (see instructions)       28         29       Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2       29         For Paperwork Reduction Act Notice, see your tax return instructions.       Form 8962 (2015)	26	on Schedul	e 3 (Form 1040 or 10	040-SR), line 9, or For	m 1040-NR, line 65. l	f line 24 equals line	25, enter -0 Stop		
27       Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here       27         28       Repayment limitation (see instructions)       28         29       Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2       29         For Paperwork Reduction Act Notice, see your tax return instructions.       Form 8962 (2018)		here. If line	25 is greater than line	e 24, leave this line bla	ank and continue to lin	ne 27		26	236
28       28         29       Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2         29       (Form 1040 or 1040-SR), line 2, or Form 1040-NR, line 44         For Paperwork Reduction Act Notice, see your tax return instructions.	Part	III Rep	ayment of Exce	ss Advance Payr	nent of the Prem	ium Tax Credit		1	1
28       Repayment limitation (see instructions)       1 <td>27</td> <td></td> <td></td> <td></td> <td>n line 24, subtract line 2</td> <td>24 from line 25. Enter</td> <td>the difference here</td> <td>-</td> <td></td>	27				n line 24, subtract line 2	24 from line 25. Enter	the difference here	-	
(Form 1040 or 1040-SR), line 2, or Form 1040-NR, line 44         .	28							28	
For Paperwork Reduction Act Notice, see your tax return instructions. Form 8962 (2019)	29	Excess adv	vance premium tax o	credit repayment. Ente	er the smaller of line	27 or line 28 here a	nd on Schedule 2	00	
For Paperwork Reduction Act Notice, see your tax return insuddutions.						<u></u>	· · · · · ·	29	
QNA		aperwork Re	duction Act Notice,	see your tax return i	nstructions.				
	QNA								

MEGAN CARTER	$\bigcirc$	
Worksheet <b>A</b> _	2019 EIC-Line 18a	Keep for Your Records
Before you begi	7. √ Be sure you are using the correct worksheet. Use this worksheet only if y answered "No" to Step 5, question 2. Otherwise, use Worksheet B.	оц
Part 1	1. Enter your earned income from Step 5.	
All Filers Using Worksheet A	<ol> <li>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.</li> <li>If line 2 is zero, Tow You can't take the credit.</li> <li>Enter "No" on the dotted line next to Form 1040 or 1040-SR, line 18a.</li> </ol>	2
	3. Enter the amount from Form 1040 or 1040-SR, line 8b. 3	
	<ul> <li>4. Are the amounts on lines 3 and 1 the same?</li> <li>Yes. Skip line 5; enter the amount from line 2 on line 6.</li> <li>No. Go to line 5.</li> </ul>	
Part 2 Filers Who Answered "No" on Line 4	<ul> <li>5. If you have:</li> <li>No qualifying children, is the amount on line 3 less than \$8,650 (\$14,450 if married filing jointly)?</li> <li>I or more qualifying children, is the amount on line 3 less than \$19,050 (\$24,850 if married filing jointly)?</li> <li>Yes. Leave line 5 blank; enter the amount from line 2 on line 6.</li> <li>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.</li> </ul>	e <b></b>
Part 3 Your Earned Income Credit	<ul> <li>6. This is your earned income credit.</li> <li>Reminder—</li> <li>√ If you have a qualifying child, complete and attach Schedule EIC.</li> <li>If your EIC for a year after 1996 was reduced or d Form 8862, who must file, earlier, to find out if you credit for 2019.</li> </ul>	

## Worksheet **B**-2019 EIC-Line 18a

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

- $\sqrt{}$  Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- $\sqrt{10}$  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.

Part 1	<ol> <li>Enter the amount from Schedule SE, Section A, line 3; or Section B, line 3, whichever applies.</li> </ol>		1a	3100
Self-Employed, Members of the	b. Enter any amount from Schedule SE, Section B, line 4b and line 5a.	+	1b	
Clergy, and	c. Combine lines 1a and 1b.	=	1c	3100
People With Church Employee	d. Enter the amount from Schedule SE, Section A, line 6; or Section B, line 13, whichever applies.	-	1d	219
Income Filing Schedule SE	e. Subtract line 1d from line 1c.	=	1e	2881

Part 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.

\*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

Self-Employed NOT Required To File Schedule SE

For example, your net earnings from self-employment were less than \$400.

#### Part 3

Statutory Employees 3. Filing Schedule C

Enter the amount from Schedule C, line 1, that you are filing as a statutory employee.

your name and social security number on Schedule SE and attach it to your return.

a. Enter any net farm profit or (loss) from Schedule F, line 34; and

K-1 (Form 1065), box 14, code A (other than farming)\*.

c. Combine lines 2a and 2b.

from farm partnerships, Schedule K-1 (Form 1065), box 14, code A\*.

b. Enter any net profit or (loss) from Schedule C, line 31; and Schedule

granter of	
3	

Part 4	4a. Enter your earned income from Step 5. 4a 3336
All Filers Using Worksheet B	b. Combine lines 1e, 2c, 3, and 4a. This is your total earned income. 4b 6217
Note. If line 4b includes income on which you should	If line 4b is zero or less, You can't take the credit. Enter "No" on the dotted line next to Form 1040 or 1040-SR, line 18a.
have paid self-	5. If you have:
employment tax but didn't, we may	• 3 or more qualifying children, is line 4b less than \$50,162 (\$55,952 if married filing jointly)?
reduce your credit by	• 2 qualifying children, is line 4b less than \$46,703 (\$52,493 if married filing jointly)?
the amount of	<ul> <li>1 qualifying child, is line 4b less than \$41,094 (\$46,884 if married filing jointly)?</li> </ul>
self-employment tax	<ul> <li>No qualifying children, is line 4b less than \$15,570 (\$21,370 if married filing jointly)?</li> </ul>
not paid.	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. Stop You can't take the credit. Enter "No" on the dotted line next to Form 1040 or 1040-SR, line 18a.

Need more information or forms? Visit IRS.gov.

2a

2Ь

= 2c

+



Worksheet <b>B</b> -	-2019 EIC—Line 18a—Continued Keep for Your Records
Part 5 All Filers Using Worksheet B	<ul> <li>6. Enter your total earned income from Part 4, line 4b.</li> <li>6 6217</li> <li>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.</li> <li>7 476</li> <li>7 176</li> <li>7 100</li> <li>7 1040 or 1040 or 1040-SR, line 18a.</li> <li>8 186</li> <li>8 186</li> <li>9 186</li> <l< th=""></l<></ul>
Part 6 Filers Who Answered "No" on Line 9	<ul> <li>10. If you have:</li> <li>No qualifying children, is the amount on line 8 less than \$8,650 (\$14,450 if married filing jointly)?</li> <li>I or more qualifying children, is the amount on line 8 less than \$19,050 (\$24,850 if married filing jointly)?</li> <li>Yes. Leave line 10 blank; enter the amount from line 7 on line 11.</li> <li>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.</li> <li>Look at the amounts on lines 10 and 7. Then, enter the smaller amount on line 11.</li> </ul>
Part 7 Your Earned Income Credit	<ul> <li>11. This is your earned income credit.</li> <li>Reminder—</li> <li>√ If you have a qualifying child, complete and attach Schedule EIC.</li> <li>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 2019.</li> </ul>

Employer's name, address and tip code U.S. Department of Commerce U.S. Census Bureau ATLANTA REGIONAL OFFICE MARQUIS II, 11TH FLOOR 285 PEACHTREE CENTER AVE NE ATLANTA GA 30303 1701		Employee's first name MEGANJ CARTER Employee's address and zip code 212 ALBATROSS WAY KISSIMMEE FL 34758		Was other compensation 3335.98     Social security wages 3335.98     S. Modicare wages and tips 3335.98     R     12DD. FEMB Contributions     146.		2. Federal income las withheld 206.81 4. Social accurity las withheld 206.83 6. Medicare las withheld 48.37 12W. HSA Contributions 13. 401K TSP 148.		
Employer's ID No. 58-0708638		Employee's SSN:			1			
15. State Employer's State ID	No.	16. State wages, lips, etc.	17. State income tax	18. Lo:	cal wages, tips, etc.	19. Local Income	tax	20. Locality name
Form W-2 Wage and Tax Statement 20	19	Copy 1 - For STATE.			QM8 No 1545-00	Sector Se		Department of the Treasury Internal Revenue Service

Employer's name, address and zip code U.S. Department of Commerce U.S. Census Bureau ATLANTA REGIONAL OFFICE MARQUIS II, 11TH FLOOR 285 PEACHTREE CENTER AVE NE ATLANTA GA 30303 1701		Employee's first name			1. Wages, tips, other compensation 3335.98		2. Federal income tax withheld 205.81	
		MEGAN J CARTER Employee's address and zip code		3. Social security wages 3335.98 5. Medicare wages and tipe 3335.98 9.		4. Social security tax withheld 206.83 6. Medicare tax withheld 48.37 12W. HSA Contributione		
		212 ALBATROSS WAY						
		KISSIARIE FL 34759						
			12DD. FEHB Contributions		12. 401K TSP			
Employer's 10 No. 58-0708638		Employee's SSN:			144.		348.	
15. State	Employer's State ID No.	16. State wages, tips, etc. 1	7. State income tax	18. Local wages, tips, etc. 19. Lo		. 19. Local Income tax		20. Locality name
	• • • • • • • • • • • • • • • • • • • •						••••	
Form W-2 Wage and Tax Statement 2019		Copy B - To be filed with employee's FEDERAL tax retu: This information is being lumished to the Internal Revenue Ser				No.		Department of the Treasury Internal Revenue Service

Employer's name, address and zip code U.S. Department of Commerce U.S. Census Bureau ATLANTA REGIONAL OFFICE MARQUIS II, 11TH FLOOR	Employee's address and zip code 212 ALBATROSS WAY KISSIMMEE FL 34758			Wages, tips, other companiation 3335.98     Social security wages 3335.98     Social security wages 3335.98     Social security wages and lips 3335.98			2. Federal income tas withheld 206.81 4. Social security tas withheld 206.83 5. Medicare tas withheld 48.37	
285 PEACHTREE CENTER AVE NE ATLANTA GA 30303 1701				8. 12DD. FEHB Contributions 144.		12W. HSA Contributions 13. 401K TSP 14B.		
Employer's ID No. 58-0708638								
15. State Employer's State ID No.	16. State wages, tips, etc.	17. State income tax	18. Loc	al wages, tips, etc.	19. Local Income	tax	20. Locality name	
Form W-2 Wage and Tax Statement 2019	Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			OMB No. 1545-0008			Department of the Treasury Internal Revenue Service	

Employer's name, address and zip code U.S. Department of Commerce U.S. Census Bureau ATLANTA REGIONAL OFFICE MARQUIS II, 11TH FLOOR 285 PEACHTREE CENTER AVE NE ATLANTA GA 30303 1701		MEGAN J CARTER			Wages, tips, other compensation 3335.98     3. Social security wages 3335.98     5. Medicare wages and tips 3335.98     9.     1200. FEMB Contributions		2. Federal income tas withheld 206.81 4. Social security tas withheld 206.83 6. Medicare tas withheld 48.37 12W. HSA Contributions 13. 401K TSP 148.	
Employer's ID No. 58-0708638		Employee's SSN:					1	
15. State	Employer's State ID No.	16. State wayoo, fips, etc. 1	7. State income lax 18.	Loca	al wages, Tips, etc.	18. Local Income	tax	20. Locality name
Form W-2	2019	Copy 2 - To be filed with employee's STATE, CITY or			OMB No 1545-00			Department of the Treasury