# Federal Electronic Filing Instructions

**Tax Year 2019**

**You are responsible for confirming the status of your electronically filed return.** You can confirm the status of your return by going to /ef/efile-center. You will need to enter the primary social security number and last name on the return along with your ZIP code.

**Self Select PIN:** You do not need to mail any paper signature forms to the IRS. Your return has been successfully filed once you receive your acceptance from the IRS.

**Refund:**
You have elected to receive your refund of $1,702 via direct deposit.

You can start checking the status of your refund within 24 hours of e-filing at the IRS website https://www.irs.gov/Refunds under Where's My Refund. The IRS issues most refunds in less than 21 days. Updates to refund status are made once daily - usually at night.

Form **1040** Department of the Treasury–Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2019** OMB No. 1545-0074 IRS Use Only – Do not write or staple in this space.

**Filing status:** [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

| Your first name and middle initial | Last name | Your social security number |
|---|---|---|
| Sharon L | Robinson | 261-95-0887 |
| If joint return, spouse's first name and middle initial | Last name | Spouse's social security number |

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
2834 Somerset Park Drive

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Tampa, FL 33613

Foreign country name | Foreign province/state/county | Foreign postal code

**Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. [ ] You [ ] Spouse

If more than four dependents, see inst. and check here ▶ [ ]

**Standard Deduction** **Someone can claim:** [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:** [ ] Were born before January 2, 1955 [ ] Are blind **Spouse:** [ ] Was born before January 2, 1955 [ ] Is blind

| **Dependents** (see instructions): (1) First name Last name | (2) Social security number | (3) Relationship to you | (4) check if qualifies for (see inst.): Child tax credit | Credit for other dependents |
|---|---|---|---|---|
| | | | [ ] | [ ] |
| | | | [ ] | [ ] |
| | | | [ ] | [ ] |
| | | | [ ] | [ ] |



**Standard Deduction for -**
- Single or married filing separately, $12,200
- Married filing jointly or Qualifying widow(er), $24,400
- Head of household, $18,350
- If you checked *any* box under *Standard deduction*, see instructions.

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | | | | 1 | |
| 2a | Tax-exempt interest | 2a | | b Taxable interest. Attach Sch.B if required | 2b | |
| 3a | Qualified dividends | 3a | | b Ordinary dividends. Attach Sch. B if required | 3b | |
| 4a | IRA distributions | 4a | | b Taxable amount | 4b | |
| c | Pensions and annuities | 4c | 68,415. | d Taxable amount | 4d | 67,289. |
| 5a | Social security benefits | 5a | | b Taxable amount | 5b | |
| 6 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ] | | | | 6 | |
| 7a | Other income from Schedule 1, line 9 | | | | 7a | 10,000. |
| b | Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income** ▶ | | | | 7b | 77,289. |
| 8a | Adjustments to income from Schedule 1, line 22 | | | | 8a | |
| b | Subtract line 8a from line 7b. This is your **adjusted gross income** ▶ | | | | 8b | 77,289. |
| 9 | **Standard deduction or itemized deductions** (from Schedule A) | | 9 | 12,200. | | |
| 10 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | | 10 | | | |
| 11a | Add lines 9 and 10 | | | | 11a | 12,200. |
| b | **Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0- | | | | 11b | 65,089. |

| | | | | |
|---|---|---|---|---|
| 12a | **Tax** (see inst.) Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ | 12a | 10,175. | |
| b | Add Schedule 2, line 3, and line 12a and enter the total ▶ | 12b | | 10,175. |
| 13a | Child tax credit or credit for other dependents | 13a | | |
| b | Add Schedule 3, line 7, and line 13a and enter the total ▶ | 13b | | 0. |
| 14 | Subtract line 13b from line 12b. If zero or less, enter -0- | 14 | | 10,175. |
| 15 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 15 | | 0. |
| 16 | Add lines 14 and 15. This is your **total tax** ▶ | 16 | | 10,175. |
| 17 | Federal income tax withheld from Forms W-2 and 1099 | 17 | | 11,877. |
| 18 | Other payments and refundable credits: | | | |
| a | Earned income credit (EIC) NO | 18a | | |
| b | Additional child tax credit. Attach Schedule 8812 | 18b | | |
| c | American opportunity credit from Form 8863, line 8 | 18c | | |
| d | Schedule 3, line 14 | 18d | | |
| e | Add lines 18a through 18d. These are your **total other payments and refundable credits** ▶ | 18e | | 0. |
| 19 | Add lines 17 and 18e. These are your **total payments** ▶ | 19 | | 11,877. |
| 20 | If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid** | 20 | | 1,702. |
| 21a | Amount of line 20 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐ | 21a | | 1,702. |
| ▶ b | Routing number 263183159 ▶ c Type: ☒ Checking ☐ Savings | | | |
| ▶ d | Account number 1000071747087 | | | |
| 22 | Amount of line 20 you want **applied to your 2020 estimated tax** ▶ 22 | | | |
| 23 | **Amount you owe.** Subtract line 19 from line 16. For details on how to pay, see instructions ▶ | 23 | | 0. |
| 24 | Estimated tax penalty (see instructions) ▶ 24 | | | |

- If you have a qualifying child, attach Sch. EIC.
- If you have nontaxable combat pay, see instructions.

## Refund

Direct deposit? See instructions.

## Amount you owe

## Third Party Designee

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☐ **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶



## Sign Here

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

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

| Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
|---|---|---|---|
| | | retired | |
| Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| | | | |

Phone no. (727)687-9989 Email address

## Paid Preparer Use Only

| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
|---|---|---|---|---|
| | | | | ☐ 3rd Party Designee |
| Firm's name ▶ | | Phone no. | | ☐ Self-employed |
| Firm's address ▶ | | | Firm's EIN ▶ | |

**SCHEDULE 1**
**(Form 1040 or 1040-SR)**

Department of the Treasury
Internal Revenue Service

# Additional Income and Adjustments to Income

▶ **Attach to Form 1040 or 1040-SR.**
▶ **Go to *www.irs.gov/Form1040* for instructions and the latest information.**

OMB No. 1545-0074

**2019**

Attachment Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

**Sharon L Robinson**

**Your social security number**

**261-95-0887**

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ **Yes** ☒ **No**

## Part I Additional Income

| | | | |
|---|---|---|---|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 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 ▶ **See Attached** | 8 | **10,000.** |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a | 9 | **10,000.** |

## Part II Adjustments to Income

| | | | |
|---|---|---|---|
| 10 | Educator expenses | 10 | |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 11 | |
| 12 | Health savings account deduction. Attach Form 8889 | 12 | |
| 13 | Moving expenses for members of the Armed Forces. Attach Form 3903 | 13 | |
| 14 | Deductible part of self-employment tax. Attach Schedule SE | 14 | |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | 15 | |
| 16 | Self-employed health insurance deduction | 16 | |
| 17 | Penalty on early withdrawal of savings | 17 | |
| 18a | Alimony paid | 18a | |
| b | Recipient's SSN ▶ | | |
| c | Date of original divorce or separation agreement (see instructions) ▶ | | |
| 19 | IRA deduction | 19 | |
| 20 | Student loan interest deduction | 20 | |
| 21 | Tuition and fees. Attach Form 8917 | 21 | |
| 22 | Add lines 10 through 21. These are your **adjustments to income.** Enter here and on Form 1040 or 1040-SR, line 8a | 22 | **0.** |

# 2019 Other Income - Supporting Details for Schedule 1 (Form 1040), Line 8

| Name(s) shown on Form 1040 | Your social security number |
|---|---|
| **Sharon L Robinson** | **261-95-0887** |

| Enter sources of other income below: | Sharon | Not Applicable |
|---|---|---|
| **1.** | | |
| **2.** | | |
| **3.** Gambling Winnings reported on Form W-2G | **10,000.** | |
| Other winnings where a Form W-2G not received | | |
| **4.** Jury Pay | | |
| **5.** Net Operating Loss carry forward from 2018 | | |
| **6.** Foreign earned income exclusion from Form 2555 | | |
| **7.** Other Income from Schedule K-1 | | |
| **8.** Income from personal property rental | | |
| **9.** Child's income amount from Form 8814, line 12 | | |
| **10.** MSA Distributions, Form 8853 | | |
| **11.** Medicare Advantage MSA Distributions, Form 8853 | | |
| **12.** Long-term Care Distribution, Form 8853 | | |
| **13.** Form 1099-MISC, Boxes 3 and 8 | | |
| **14.** Alaska Permanent Fund dividends | | |
| **15.** Coverdell ESA or Qualified Tuition Program | | |
| **16.** Cancellation of a nonbusiness debt, Form 1099-C | | |
| **17.** Cancellation of a business debt, Partnership Sch K-1 | | |
| **18.** HSA distributions and excess contributions, Form 8889 | | |
| **19.** Reemployment trade adjustment assistance (RTAA) | | |
| **20.** Recapture of prior year tuition and fees deduction | | |
| **21.** Recapture of charitable contribution deduction of a fractional interest in tangible personal property | | |
| **22.** Recapture of charitable contribution deduction if no exempt use | | |
| **23.** Income from Foreign Corporation, Form 5471 | | |
| **24.** Hobby income | | |
| **25.** Income or loss, Form 8621 | | |
| **26.** Loss on excess deferral distribution | | |
| **27.** Disaster relief payments | | |
| **28.** Medicaid waiver payments to care provider (NOTICE 2014-07) | | |
| **29.** Credit adjustment from regular income, Form 6478 and Form 8864 | | |
| **30.** Indian gaming proceeds (from 1099-MISC) | | |
| **31.** Indian tribal distrib (from 1099-MISC) | | |
| **32.** Native American distrib (from 1099-MISC) | | |
| **33.** Taxable distributions from ABLE accounts, Form 1099-QA | | |
| **34.** Airline Payments. If rolled over to traditional IRA, enter amount up to 90% as a negative number | | |
| **35.** Foreign currency transaction electing section 988 treatment as ordinary income (Fomr 1099-B) | | |
| **36.** Section 461(1) excess business loss adjustments | | |
| **37.** Net section 965(a) inclusion | | |
| **38.** Section 965(n) election - reduction of NOL | | |
| **39.** Section 951A. Share of GILTI, Form 8992, Part II, Line 3 | | |
| **Total Other Income** | **10,000.** | |