

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

Your first name and initial: **Real E** Last name: **StateSoleProp** Your social security number: **147-55-8899**

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street): **4 Tax Savings Loop** Apt. no.: Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Spring Hill, FL 34606** If more than four dependents, see inst. and check here

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

Sign Here

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 Real Estate Agent	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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.)

Paid Preparer Use Only

Preparer's signature: Preparer's name: **CRAIG BLACK EA** PTIN: **P01637201** Firm's EIN: **47-5379217** Check if: 3rd Party Designee Self-employed

Firm's name: **Consolidated Financial and Tax** Phone no.: **352-688-4990**

Firm's address: **3257 Commercial Way, Spring Hill, FL 34606**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2018)

Form 1040 (2018)

Page **2**

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRAs, pensions, and annuities	4a	
5a	Social security benefits	5a	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 45,000	6	45,000
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	41,821
8	Standard deduction or itemized deductions (from Schedule A)	8	12,000
9	Qualified business income deduction (see instructions)	9	5,964
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	23,857
11	a Tax (see inst.) 2,675 (check if 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	2,675
12	a Child tax credit/credit for other dependents <input type="checkbox"/> b Add any amount from Schedule 3 & check here <input type="checkbox"/>	12	0
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	2,675
14	Other taxes. Attach Schedule 4	14	6,358
15	Total tax. Add lines 13 and 14	15	9,033
16	Federal income tax withheld from Forms W-2 and 1099	16	
17	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863 Add any amount from Schedule 5	17	
18	Add lines 16 and 17. These are your total payments	18	0
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	20a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
21	Amount of line 19 you want applied to your 2019 estimated tax	21	
Amount You Owe	22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	9,326
23	Estimated tax penalty (see instructions)	23	293

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

2018

Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor: Real E StateSoleProp
Social security number (SSN): 147-55-8899
A Principal business or profession, including product or service (see instructions)
B Enter code from instructions
C Business name. If no separate business name, leave blank.
D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.): 4 Tax Savings Loop
City, town or post office, state, and ZIP code: Spring Hill, FL 34606
F Accounting method: (1) [X] Cash (2) [] Accrual (3) [] Other (specify)
G Did you "materially participate" in the operation of this business during 2018? [X] Yes [] No
H If you started or acquired this business during 2018, check here
I Did you make any payments in 2018 that would require you to file Form(s) 1099?
J If "Yes," did you or will you file required Forms 1099?

Part I Income
Table with 2 columns: Description and Amount.
1 Gross receipts or sales: 75,000
2 Returns and allowances: 0
3 Subtract line 2 from line 1: 75,000
4 Cost of goods sold (from line 42)
5 Gross profit: 75,000
6 Other income, including federal and state gasoline or fuel tax credit or refund
7 Gross income: 75,000

Part II Expenses. Enter expenses for business use of your home only on line 30.
Table with 2 columns: Description and Amount.
8 Advertising
9 Car and truck expenses
10 Commissions and fees
11 Contract labor
12 Depletion
13 Depreciation and section 179 expense deduction
14 Employee benefit programs
15 Insurance
16 Interest
17 Legal and professional services
18 Office expense
19 Pension and profit-sharing plans
20 Rent or lease
21 Repairs and maintenance
22 Supplies
23 Taxes and licenses
24 Travel and meals
25 Utilities
26 Wages
27a Other expenses: 30,000
27b Reserved for future use
28 Total expenses before expenses for business use of home: 30,000
29 Tentative profit or (loss): 45,000
30 Expenses for business use of your home
31 Net profit or (loss): 45,000
32a All investment is at risk
32b Some investment is not at risk

SCHEDULE 1

(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **01**

Name(s) shown on Form 1040

Your social security number

147-55-8899

		Real	E	State	Sole	Prop		
Additional Income	1-9b	Reserved					1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes					10	
	11	Alimony received					11	
	12	Business income or (loss). Attach Schedule C or C-EZ					12	45,000
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>					13	
	14	Other gains or (losses). Attach Form 4797					14	
	15a	Reserved					15b	
	16a	Reserved					16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E					17	
	18	Farm income or (loss). Attach Schedule F					18	
	19	Unemployment compensation					19	
	20a	Reserved					20b	
	21	Other income. List type and amount ▶					21	
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23					22	45,000
Adjustments to Income	23	Educator expenses	23					
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24					
	25	Health savings account deduction. Attach Form 8889	25					
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26					
	27	Deductible part of self-employment tax. Attach Schedule SE	27			3,179		
	28	Self-employed SEP, SIMPLE, and qualified plans	28					
	29	Self-employed health insurance deduction	29					
	30	Penalty on early withdrawal of savings	30					
	31a	Alimony paid b Recipient's SSN ▶	31a					
	32	IRA deduction	32					
	33	Student loan interest deduction	33					
	34	Reserved	34					
	35	Reserved	35					
	36	Add lines 23 through 35	36					3,179

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

Schedule 1 (Form 1040) 2018

EEA



**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

▶ Go to www.irs.gov/ScheduleSE for instructions and the latest information.
▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2018

Attachment
Sequence No. **17**

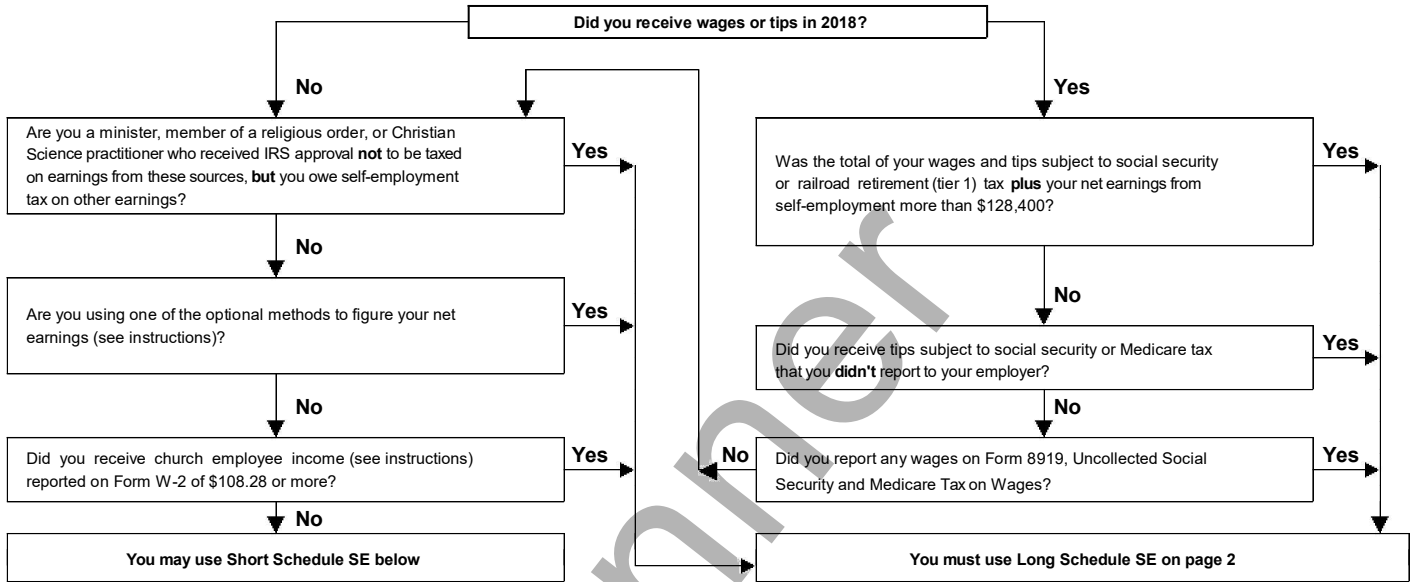
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)
Real E StateSoleProp

Social security number of person
with self-employment income ▶ 147-55-8899

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A - Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	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; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	45,000
3 Combine lines 1a, 1b, and 2	3	45,000
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b ▶	4	41,558
Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. If the amount on line 4 is: • \$128,400 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55 • More than \$128,400, multiply line 4 by 2.9% (0.029). Then, add \$15,921.60 to the result. Enter the total here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55	5	6,358
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27	6	3,179

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

Schedule SE (Form 1040) 2018

SCHEDULE 4

(Form 1040)

Department of the Treasury
Internal Revenue Service

Other Taxes

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **04**

Name(s) shown on Form 1040

Your social security number

147-55-8899

Real E StateSoleProp

Other Taxes	57	Self-employment tax. Attach Schedule SE	57	6,358
	58	Unreported social security and Medicare tax from: Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	59	
	60a	Household employment taxes. Attach Schedule H	60a	
	b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions)	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	62	
	63	Section 965 net tax liability installment from Form 965-A	63	
64	Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14	64	6,358	

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

Schedule 4 (Form 1040) 2018

EEA

Tax Planner