

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

Personal information section including name, address, and social security numbers.

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

Table with 5 columns: (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

Main income and deduction section with lines 1 through 11b, including taxable income calculation.

12a Tax (see instructions). Check if any from:1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐ _____ **12a** 423**b** Add Schedule 2, line 3, and line 12a and enter the total **12b** 423**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** 423**15** Other taxes, including self-employment tax, from Schedule 2, line 10 **15** 2,352**16** Add lines 14 and 15. This is your **total tax** **16** 2,775**17** Federal income tax withheld from Forms W-2 and 1099 **17****18 Other payments and refundable credits:****a** Earned income credit (EIC) **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** 17,824**e** Add lines 18a through 18d. These are your **total other payments and refundable credits** **18e** 17,824**19** Add lines 17 and 18e. These are your **total payments** **19** 17,824**Refund****20** If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid** **20** 15,049**21 a** Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here ☐ **21a** 14,981Direct deposit?
See
instructions.**b** Routing number [REDACTED] **c** Type: ☒ Checking ☐ Savings**d** Account number [REDACTED]**22** Amount of line 20 you want **applied to your 2020 estimated tax**. **22****Amount You Owe****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** 68**Third Party Designee**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(Other than
paid preparer)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.

Your signature

Date

Your occupation

If the IRS sent you an Identity
Protection PIN, enter it here
(see inst.)Joint return?
See instructions.
Keep a copy for
your records.

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

If the IRS sent your spouse an
Identity Protection PIN, enter it here
(see inst.)

Phone no. [REDACTED]

Email address

Paid Preparer Use Only

Preparer's signature

Date

PTIN

Check if:

06-04-2020

☒ 3rd Party Designee

Preparer's name [REDACTED]

Phone no. [REDACTED]

☒ Self-employed

Firm's name ▶ [REDACTED]

Firm's address ▶ [REDACTED]

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

Your social security number

James P Flannery

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	16,646
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 ►	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	16,646

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	1,176
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	1,176

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

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

► 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. **02**

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

Your social security number

James P Flannery

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	2,352
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	2,352

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

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE 3
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

► 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. **03**

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

Your social security number

James P Flannery

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	0

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return	8	17,500
9	Net premium tax credit. Attach Form 8962	9	324
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d	14	17,824

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

Schedule 3 (Form 1040 or 1040-SR) 2019

SCHEDULE C
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2019

Attachment
Sequence No. **09**

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

Name of proprietor

James P Flannery

Social security number (SSN)

B Enter code from instructions

► **518210**

A Principal business or profession, including product or service (see instructions)

C Business name. If no separate business name, leave blank.

flantascience

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ►

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2019, check here. ☐ Yes ☐ No

I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No

J If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	76,870
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	76,870
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3.	5	76,870
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	76,870

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	2,818	18 Office expense (see instructions)	18	1,114
9 Car and truck expenses (see instructions)	9	4,884	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	23,841	a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	382	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	339
15 Insurance (other than health)	15		23 Taxes and licenses	23	155
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	9,826
b Other	16b		b Deductible meals (see instructions)	24b	3,427
17 Legal and professional services	17	1,111	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	12,327
			b Reserved for future use	27b	

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a. **28** **60,224**

29 Tentative profit or (loss). Subtract line 28 from line 7 **29** **16,646**

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).

Simplified method filers only: enter the total square footage of: (a) your home: _____
and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

31 **Net profit or (loss).** Subtract line 30 from line 29.
• If a profit, enter on both **Schedule 1 (Form 1040 or 1040-SR), line 3** (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.
• If a loss, you **must** go to line 32.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).
• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040 or 1040-SR), line 3**, (or **Form 1040-NR, line 13**) and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.
• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040 or 1040-SR) 2019

Name(s)

SSN

James P Flannery

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	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.

43	When did you place your vehicle in service for business purposes? (month, day, year) ►	01-01-2016
44	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:	
a	Business	8,421
b	Commuting (see instructions)	
c	Other	
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Statement #1	
48	Total other expenses. Enter here and on line 27a
48	12,327

SCHEDULE SE
(Form 1040 or 1040-SR)

Self-Employment Tax

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.
► Attach to Form 1040, 1040-SR, or 1040-NR.

2019

Attachment
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

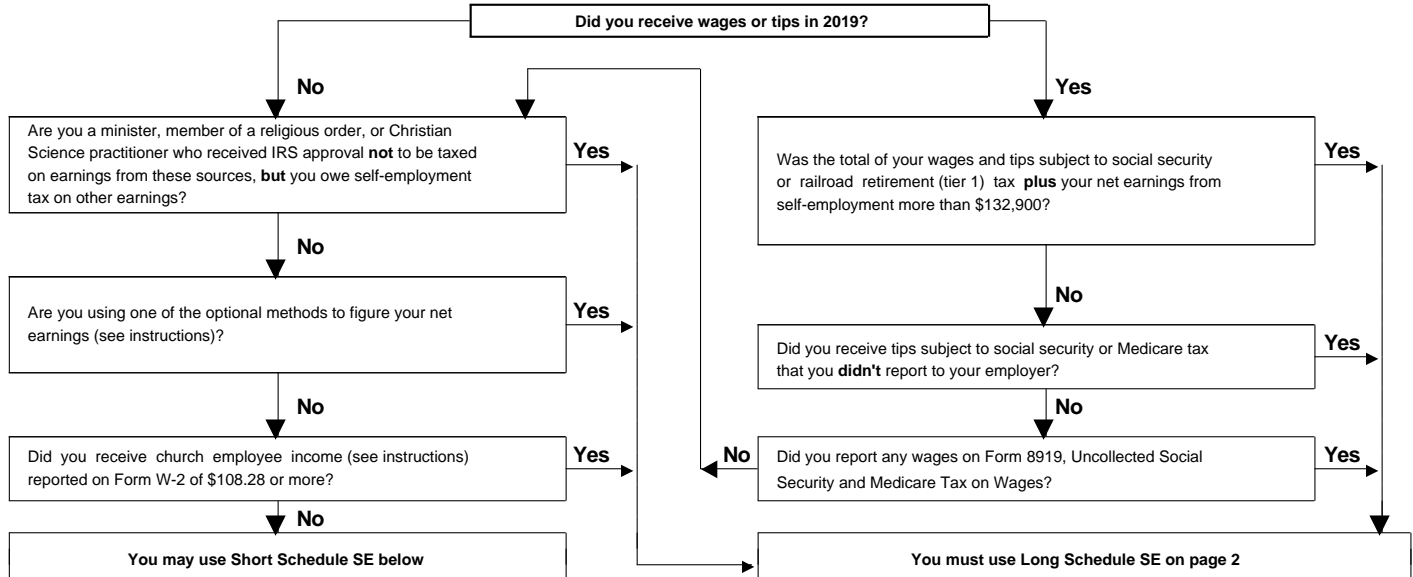
James P Flannery

Social security number of person
with self-employment income ►

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; 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	2	16,646
3	Combine lines 1a, 1b, and 2	3	16,646
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	15,373
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: <ul style="list-style-type: none">• \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.• More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.	5	2,352
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 or 1040-SR), line 14, or Form 1040-NR, line 27	6	1,176

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

Schedule SE (Form 1040 or 1040-SR) 2019

Premium Tax Credit (PTC)

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

▶ Go to www.irs.gov/Form8962 for instructions and the latest information.**2019**Attachment
Sequence No. **73**

Name shown on your return

Your social security number

James P FlanneryYou cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box ☐**Part I Annual and Monthly Contribution Amount**

1 Tax family size. Enter your tax family size (see instructions)	1	1
2a Modified AGI. Enter your modified AGI (see instructions)	2a	17,480
b Enter the total of your dependents' modified AGI (see instructions)	2b	
3 Household income. Add the amounts on lines 2a and 2b (see instructions)	3	17,480
4 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 table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	12,140
5 Household income as a percentage of federal poverty line (see instructions)	5	143%
6 Did you enter 401% on line 5? (See instructions if you entered less than 100%) <input checked="" type="checkbox"/> No. Continue to line 7. <input type="checkbox"/> 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 excess advance PTC repayment amount.		
7 Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0372
8a Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	650
b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	54

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 marriage (see instructions)?
☐ **Yes.** Skip to Part IV, Allocation of Policy 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.
☐ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.
☒ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32 column C)
12 January	464	393	54	339	339	312
13 February	464	393	54	339	339	312
14 March	464	393	54	339	339	312
15 April	464	393	54	339	339	312
16 May	464	393	54	339	339	312
17 June	464	393	54	339	339	312
18 July	464	393	54	339	339	312
19 August	464	393	54	339	339	312
20 September	464	393	54	339	339	312
21 October	464	393	54	339	339	312
22 November	464	393	54	339	339	312
23 December	464	393	54	339	339	312
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	4,068
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	3,744
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	324

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

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 (Form 1040 or 1040-SR), line 2, or Form 1040-NR, line 44.	29	

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

Form **8962** (2019)

Federal Supporting Statements**2019 PG01**

Name(s) as shown on return

James P Flannery

Tax ID Number

Schedule C - Part V - Other Expenses

Statement #1

Description	Amount
Drop Shipping	2,184
Continuing Edu	1,199
Equipment	705
Gift	1,012
Postage	746
Printing	123
Internet	765
Telephone	1,201
Web Maintenance	2,472
Website Plugins	<u>1,920</u>
Total	<u><u>12,327</u></u>

1040**Overflow Statement****2019**
Page 1

Name(s) as shown on return

James P Flannery

Your Social Security Number

Schedule C, Line 24 - Travel

Description	Amount
Flight	\$ 1,327
Hotel	8,152
Car Rental taxi	347
Total:	\$ 9,826

Auto Expense Worksheet

(Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

James P Flannery

Profession/Business

Web Designer \flantascience

Description Auto

Date placed in service 2016-01-01

Number of miles your vehicle was used for:

Total Business miles driven during the year 8,421

Total Commuting miles driven during the year

Total Other miles driven during the year

Total Miles driven during the year 8,421

Business Use percentage 100.00

Expenses:

Total

Business
Percentage

Section 179

Bonus Depreciation

Depreciation

Garage Rent

Gas

Insurance

Licenses

Oil

Parking Fees

Rental Fees

Interest

Personal Property Tax

Repairs

Tires

Tolls

Lease Add Back

Other Expenses:

_____

_____

_____

Total Expenses

Standard Mileage Rate Calculation

Business miles 8,421 X 0.58 4,884 4,884

Parking fees

Tolls

Interest

Personal Property Tax

Total Standard Mile Rate deduction 4,884

How it is reported:

Depreciation deduction

Auto Expense 4,884

Personal Property Taxes, Schedule A, Line 5c

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0123

2019Department of the Treasury
Internal Revenue Service▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

James P Flannery

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Schedule C: flantascience		15,470
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	15,470	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income, Combine lines 2 and 3. If zero or less, enter -0-	4	15,470	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		3,094
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		3,094
11	Taxable income before qualified business income deduction	11	5,280	
12	Net capital gain (see instructions)	12	0	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	5,280	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		1,056
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶	15		1,056
16	Total qualified business (loss) carryforward Combine lines 2 and 3. If greater than zero, enter -0-	16	()	0
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()	0

For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8995** (2019)

EEA

Amount from Form 1040, line 8b..... 17,480

Amount from Form 1040, line 9..... 12,200

Line 11 above is the difference between these amounts 5,280

QBI Explanation Worksheet

Form 1040

(Do not file. Keep for your records)

2019

Name(s) as shown on return

Tax ID Number

James P Flannery

Name of business activity

Schedule C: flantascience

	As reported	As allowed on 1040 after limitations
1. Ordinary business income (loss)	16,646	16,646
2. Rental income (loss)		
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction		
7. Charitable contributions		
8. Other deductions		
9. Deduction for half of SE tax		1,176
10. Self-employed health insurance deduction		
11. Self-employed pension deduction		
12. QBI amount carried to Form 8995 / 8995-A		15,470
13. W-2 wages carried to Form 8995 / 8995-A		
14. UBIA of qualified property carried to Form 8995 / 8995-A		6,640
15. Section 199A REIT dividends		
16. 199(A)(g) deduction		
17. QBI allocable to cooperative payments		
18. W-2 wages allocable to cooperative payments		

The income amount from line 12 will show on one of the following lines, depending on circumstances:

- ☒ Form 8995, line 1
- ☐ Form 8995-A, line 2
- ☐ Form 8995-A, Schedule A, line 2
- ☐ Form 8995-A, Schedule A, line 16
- ☐ Form 8995-A, Schedule B, line 3
- ☐ Form 8995-A, Schedule C, line 1

Note: The Tax Cuts and Jobs Act and the related proposed regulations state that losses or deductions that were disallowed, suspended, limited, or carried over from taxable years ending before January 1, 2018 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

Name(s) as shown on return

Depreciation Detail Listing

flantascience

For your records only

2019

PAGE 1

James P Flannery

Social security number/EIN

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Auto	01012016	8,300 *		80.00		PY 3,320	3,320	5	200 DB HY	11.52	5,683	382	6,065	382
Totals			8,300					3,320				5,683	382	6,065	382

Land Amount
Net Depreciable Cost

PY 3,320

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

382 ST ADJ: (383)
UBIA: 6,640

1040

Individual Diagnostic Summary

2019

Name(s)

James P Flannery

Social Security No.

Spouse SSN No.

Mailing Address:

Taxpayer

Spouse

Daytime Phone:

Evening Phone:

Cell Phone:

TP email:

SP email:

Resident State: CT

Date of Birth: Taxpayer 03-17-1986

Spouse

Dependent Information: (*If more than 5 dependents see last page of summary)

Name

SSN

Relationship

Date of Birth

Preparer:

Invoice:

Date: 06-04-2020

Return Information

Form Type: 1040

Item on Return	2019 Federal	2018 Federal (If available)
Filing Status	1	1
Exemptions (suspended until tax year 2025)	N\A	N\A
Total Income	18,656	16,233
AGI	17,480	15,086
Deductions	12,200	12,000
Taxable Income	4,224	2,469
Tax (before credits)	423	246
Tax (after credits)	423	
Tax Rate Percentage	10	10
EIC		15
Additional CTC		
Overpayment	15,049	
Refund	14,981	
Refund Applied to ES		
Balance Due		1,930

Form of Refund/Payment: The client will receive the refund by direct deposit.

State/City Information (* If more than 8 states see last page of summary)

T/S/J	State/City	AGI	Taxable Income	Tax	Refund/ (Balance Due)
T	CT1040	17,480	17,480	18	4,982

**TAX RETURN COMPARISON
2017 / 2018 / 2019**

2019

Name(s) as shown on return

Identifying number

James P Flannery

██████████

	2017	2018	2019	Difference 2018-2019
Filing Status	Single	Single	Single	
Number of Exemptions	1	N/A	N/A	N/A
Number of Dependents	N/A			
Income				
Wages, salaries, tips, etc.				
Taxable interest and dividends			2,010	2,010
Taxable state and local refunds				
Alimony				
Business income (loss)	10,471	16,233	16,646	413
Gains (losses)				
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss) . . .				
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income	10,471	16,233	18,656	2,423
Adjusted Gross Income				
Half of self-employment tax	740	1,147	1,176	29
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	9,731	15,086	17,480	2,394
Deductions				
Medical deductions				
State and local taxes				
Interest				
Contributions				
Employee business expenses				
Standard or other deductions	6,350	12,000	12,200	200
Total Itemized or Standard Ded . . .	6,350	12,000	12,200	200
Exemption Amount	4,050	N/A	N/A	N/A
Qualified Business Income Deduction .	N/A	617	1,056	439
Tax and Credits				
Taxable Income		2,469	4,224	1,755
Tax		246	423	177
Credits				
Self-employment tax	1,480	2,294	2,352	58
Other taxes				
Total Tax	1,480	2,540	2,775	235
Payments				
Withholdings				
Estimated tax payments			17,500	17,500
Earned income credit	404	15		(15)
Other payments and credits	792	648	324	(324)
Overpayment			15,049	15,049
Overpayment Applied				
Refund			14,981	14,981
Balance Due	284	1,930		(1,930)
Marginal tax rate	10.00	10.00	10.00	
Effective tax rate		10.00	10.01	0.01

Account Transaction Summary**2019**

Name(s) as shown on return

James P Flannery

Your ID Number

Account #1

Financial Institution**Routing Transit Number****Account Number****Account Type**

Checking

Federal Main Form

Federal Deposit

14,981

State Main Form(s)

CT Deposit

4,982

Net Deposit**19,963**

PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize
to use this account.

Your Signature

06-04-2020

Date

Spouse's Signature (If Married Filing Jointly)

Date

Form CT-1040 - 2019

Connecticut Resident Income Tax Return
(Rev. 12/18)

Page 1 of 4

Other taxable year, beginning: and ending:

Y S N FJ

N MFS

N HOH N QW

JAMES

P FLANNERY

N Dec.

N Dec.

N CT-8379 N CT-2210

N CT-1040CRC

1. Federal adjusted gross income (from federal Form 1040, Line 8b or federal Form 1040-SR, Line 8b)	1.	17480
2. Additions to federal adjusted gross income (from Schedule 1, Line 38)	2.	0
3. Add Line 1 and Line 2	3.	17480
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50)	4.	0
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3.	5.	17480
6. Income tax	6.	18
7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)	7.	0
8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered.	8.	18
9. Connecticut alternative minimum tax (from Form CT-6251)	9.	0
10. Add Line 8 and Line 9.	10.	18
11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68)	11.	0
12. Line 11 subtracted from Line 10. If less than zero, "0" is entered.	12.	18
13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11)	13.	0
14. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered.	14.	18
15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered.	15.	0
16. Total tax: Add Line 14 and Line 15.	16.	18

Clip check here. Do not staple.
Do not send W-2 or 1099 forms.

17. Amount from Line 16

17. 18

Forms W-2, W-2G, and 1099 Information**Col. A - Employer or Payer's Fed. ID #****Col. B - CT Wages, Tips, etc.****Col. C - CT Income Tax Withheld**

18a.	-	•	0	0
18b.	-	•	0	0
18c.	-	•	0	0
18d.	-	•	0	0
18e.	-	•	0	0

18f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 18f. 0

18. **Total Connecticut income tax withheld:** Amounts in Column C. 18. 0

19. All 2019 estimated tax payments and any overpayments applied from a prior year 19. 5000

20. Payments made with Form CT-1040 EXT 20. 0

20a. Earned income tax credit (from Schedule CT-EITC, Line 16) 20a. 0

20b. Claim of right credit (from Form CT-1040CRC, Line 6) 20b. 0

20c. Pass-through entity tax credit: (from Schedule CT-PE, Line 1). Schedule must be attached. 20c. 0

21. **Total payments and refundable credits:** Add Lines 18, 19, 20, 20a, 20b and 20c. 21. 5000

22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21. 22. 4982

23. Amount of Line 22 you want applied to your 2020 estimated tax 23. 0

24. Amount of Line 22 you want applied as a CHET contribution (from Schedule CT-CHET, Line 4) 24. 0

24a. Total contributions of refund to designated charities (from Schedule 5, Line 70) 24a. 0

25. **Refund:** Lines 23, 24, and 24a subtracted from Line 22. 25. 4982**If you have not elected to direct deposit, a refund check will be issued and processing may be delayed.**

25a. Acct. type Y Ck. N Sv. 25b. Rout. # 25c. Acct. #

25d. Refund going to a bank account outside the U.S. 25d. N

26. **Tax due:** If Line 17 is more than Line 21, Line 21 subtracted from Line 17. 26. 0

27. If late: Penalty entered. Line 26 multiplied by 10% (.10). 27. 0

28. If late: Interest entered.

Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01). 28. 0

29. Interest on underpayment of estimated tax (from Form CT-2210) 29. 0

30. **Total amount due:** Add Lines 26 through 29. 30. 0 .00

Declaration: I declare under penalty of law that I have examined this return and all accompanying schedules and statements, including reporting and payment of any use tax due, and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature •		Date 06-04-2020	Home/cell telephone number •
Spouse's signature (if joint return) •		Date •	Daytime telephone number •
Paid preparer's signature •	Date 06-04-2020	Telephone number •	Paid Preparer's PTIN •
Paid preparer's name •			FEIN •
Firm's name, address, and ZIP code •			Self-employed X

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name •	Telephone number •	Personal identification number (PIN) •
----------------------	-----------------------	-------------------------------------------

Schedule 1 - Modifications to Federal Adjusted Gross Income

31. Interest on state and local government obligations other than Connecticut	31.	0
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.	0
33. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	33.	0
34. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	34.	0
35. Loss on sale of Connecticut state and local government bonds	35.	0
36. Section 168(k) federal bonus depreciation deduction allowed for property placed in service during this year.	36.	0
36a. 80% of Section 179 federal deduction.	36a.	0
37. Other - specify •	37.	0
38. Total additions: Add Lines 31 through 37.	38.	0
39. Interest on U.S. government obligations	39.	0
40. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	40.	0
41. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	41.	0
42. Refunds of state and local income taxes	42.	0
43. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	43.	0
44. Military retirement pay	44.	0
45. 25% of Connecticut teacher's retirement pay	45.	0
46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	46.	0
47. Gain on sale of Connecticut state and local government bonds	47.	0
48. CHET contributions made in 2019 or an excess carried forward from a prior year Acct. #:	48.	0
48a. 25% of Section 168(k) federal bonus depreciation deduction added back in preceding two years.	48a.	0
48b. 14% of pension or annuity income	48b.	0
49. Other - specify •	49.	0
50. Total subtractions: Add Lines 39 through 49.	50.	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

51. Modified Connecticut adjusted gross income	51.	0
	Col. A	Col. B
52. Qualifying jurisdiction's name and two-letter code 52.		
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return (from Schedule 2 worksheet) 53.	0	0
54. Line 53 divided by Line 51 54.	0 . 0000	0 . 0000
55. Income tax liability: Line 11 subtracted from Line 6. 55.	0	0
56. Line 54 multiplied by Line 55 56.	0	0
57. Income tax paid to a qualifying jurisdiction 57.	0	0
58. Lesser of Line 56 or Line 57 58.	0	0
59. Total credit: Add Line 58, all columns.	59.	0

N	65 years or older	N	One or more dependents on federal return
---	-------------------	---	------------------------------------------

	Qualifying Property	<i>Primary Residence</i>		<i>Auto 1</i>		<i>Auto 2</i>
Name of Connecticut Tax Town or District	●		●		●	
Description of Property	●		●		●	
Date(s) Paid	● ●		● ●		● ●	
Amount Paid	60.	0	61.	0	62.	0
63. Total property tax paid: Add Lines 60, 61, and 62.					63.	0
64. Maximum property tax credit allowed					64. ●	
65. Lesser of Line 63 or Line 64.					65. ●	0
66. Property tax credit limitation decimal amount. If zero, the amount from Line 65 is entered on Line 68.					66. ●	0 . 0 0
67. Line 65 multiplied by Line 66.					67. ●	0
68. Line 67 subtracted from Line 65.					68.	0

Schedule 4 - Individual Use Tax

69a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	69a.	0
69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	69b.	0
69c. Use tax at 7.75% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	69c.	0
69d. Use tax at 2.99% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	69d.	0
69. Individual use tax: Add Lines 69a, 69b, 69c, and 69d.	69. •	0

Schedule 5 - Contributions to Designated Charities

70a. AR	70a.	0
70b. OT	70b.	0
70c. ES/W	70c.	0
70d. BCR	70d.	0
70e. SNS	70e.	0
70f. MR	70f.	0
70g. CBS	70g.	0
70h. MHCIA	70h.	0
70. Total Contributions: Add Lines 70a through 70h.	70.	0

Form CT-1040 Required Fields

The following fields are required to be automatically populated or completed for taxpayers to continue filing, or must be completed in response to the selection of other fields.

Required to be Automatically-Populated Fields

Each page of each form submitted to DRS must include the following automatically populated fields:

1. **Document Identification Numbers** - Three occurrences of the Document Identification Number (DIN) must be on each page. The QR Code and two DINs must be on each scannable page. (See Document Identification Number and Quick Reference (QR) Code, on Page 4.)
2. **Social Security Number** - The Social Security Number must appear at the top of Form CT-1040, Pages 2, 3, and 4.
3. In addition, the following **Checklist for filing your Connecticut income tax return** must be included when hard copies of the form are printed. Taxpayers should not send the checklist to DRS with the return.

Do not send this sheet with your return.

Checklist for filing your Connecticut income tax return:

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Verify that the address lines on the return are correct and proper abbreviations are used.
3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18e, Column A, **all** withholding claimed will be disallowed and your return will not be successfully processed.
4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at www.ct.gov/TSC using the Taxpayer Service Center.)
8. **Do not attach or send copies of forms W-2 or 1099.**
9. Send **all** completed pages of CT-1040, Schedule CT-EITC, Schedule CT-CHET, Supplemental Schedule CT-1040WH, Schedule CT-IT Credit, Schedule CT-PE, and Form CT-6251. Send **all** four pages of your completed return, both pages of your completed CT-EITC schedule, the completed Schedule CT-CHET, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2019 Form CT-1040" on your check.
12. To mail your return, use the following addresses:
For all tax returns with payment:
Department of Revenue Services
PO Box 2977
Hartford CT 06104-2977
For refunds and tax returns without payment:
Department of Revenue Services
PO Box 2976
Hartford CT 06104-2976
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You **must** enter bank information on both the federal and Connecticut returns for each to be correctly deposited.
15. When making payment using Form CT-1040V, **DO NOT** attach copies of your previously filed Form CT-1040.

CTWK_REF

2019 Taxable State / Local Refund

2019

Carries to Federal worksheet WK_REF19 to determine total Taxable Refunds

Name(s) as shown on return

Your Social Security Number

James P Flannery

A. State / Local Refund

A1. Bottom line on return, after state adjustments 4,982

A2. Adjustments to Line A1

A3. Total Adjusted State/Local Refund (Line A1 Less A2) **A.** 4,982

B. Applied amounts

B1. Total Contributions, Donation, Checkoffs (Will carry to 2020 Sch A)

B2. Penalty and/or interest

B3. Overpayment applied to 2020 (Will carry to 2020 ES screen)

B4. Other Tax (Use tax, Property tax, Tangible tax, etc)

B5. Total applied amounts (Total of B1 thru B4) **B.**

C. Subtotal: State / Local Refund plus Applied amounts (Line A plus line B) **C.** 4,982

D. Payments

D1. Tax withheld/2019 payments deducted on Schedule A

D2. 4th quarter estimate and extension paid in 2020 5,000

D3. Total payments applied to 2019 State / Local tax return (Total of D1 thru D2) **D.** 5,000

E. Allocation of Payments

E1. Percent of payments made in 2019 (D1 divided by D3)

E2. Line C multiplied by line E1.

E3. Percent of payments made in 2020 (D2 divided by D3) 1.0000

E4. Line C multiplied by line E3 4,982

F. Potential Taxable State / Local Refund . . . (Lesser of E2 or D1, BUT NOT LESS THAN ZERO) **F.**

G. Taxes paid in 2020 deductible on 2020 Schedule A

G1. 4th quarter estimate and extension paid in 2020 (From line D2) 5,000

G2. Balance of refund that did not carry to the 1040, line 10 . . . (From line E4) 4,982

G3. Adjusted taxes paid in 2020 allowed to carry to 2020 Sch A (Line G1 less line G2) **G.** 18

Subject to tax benefit rules

CTDEPDIF

State Income Adjustment
due to differences in depreciation between the Federal and State
(Keep for your records)

2019

Name(s) as shown on return

James P Flannery

Identification number

Taxpayer/Business

	Federal	State Portion	Difference
Bonus Depreciation	0	0	0
Section 179 Expense	0	0	0
Regular Depreciation not associated with Section 179	382	765	(383)
Regular Depreciation on Section 179 Difference	0	0	0
Total:	382	765	(383)

Spouse

	Federal	State Portion	Difference
Bonus Depreciation	0	0	0
Section 179 Expense	0	0	0
Regular Depreciation not associated with Section 179	0	0	0
Regular Depreciation on Section 179 Difference	0	0	0
Total:	0	0	0

Combined Totals

	Federal	State Portion	Difference
Bonus Depreciation	0	0	0
Section 179 Expense	0	0	0
Regular Depreciation not associated with Section 179	382	765	(383)
Regular Depreciation on Section 179 Difference	0	0	0
Total:	382	765	(383)

CTWK_A5

State / Local tax payments made after 12/31/2019 that
will be deductible on 2020 Federal Schedule A

2019

Name(s) as shown on return

James P Flannery

Your Social Security Number

A. 2019 Income taxes due that were paid after 12/31/2019

A1. 4th quarter estimate/extension (may be adj. by refund) 18 See CTWK_REF Line G3

A2. Amount paid with return

A3. Total payments made in 2020 A. 18

B. Adjustments made to payments

B1. Interest & Penalty

B2. Contributions, Donations, Checkoffs

B3. Other Tax payments (Use Tax, property tax, tangible tax, etc)

B4. Total adjustments B.

C. Total tax payments potentially deductible in 2020 (Line A less line B) C. 18

CT-COMP	Three-year State Tax Return Comparison			2019
Name(s) as shown on return James P Flannery				Taxpayer ID Number [REDACTED]
[State] Income Tax Return	2017	2018	2019	Difference 2018-2019
Filing Status	S	S	S	
Gross Income	9,731	15,086	17,480	2,394
Deductions				
Taxable Income	9,731	15,086	17,480	2,394
Actual State Income	9,731	15,086	17,480	2,394
State Income Tax		1	18	17
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld				
Estimates and Extension payments . . .			5,000	5,000
Underpayment Penalty				
Overpayment Applied to Next Year . . .				
Refund	93	2	4,982	4,980
Balance Due				
Marginal tax rate			3.000000	3.000000
Effective tax rate		0.010000	0.100000	0.090000