

**Filing Status**   ☐ 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 Sean T		Last name Leckey	Your social security number
If joint return, spouse's first name and middle initial Ihssane		Last name Leckey	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions.			Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Brookline MA			<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input checked="" type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>			

**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):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Nora R	Leckey		Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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	918,000.
2a	Tax-exempt interest . . . . .	2a		76.
3a	Qualified dividends . . . . .	3a	14,884.	24,784.
4a	IRA distributions . . . . .	4a		
c	Pensions and annuities . . . . .	4c		
5a	Social security benefits . . . . .	5a		
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		6	
7a	Other income from Schedule 1, line 9 . . . . .		7a	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . . ▶		7b	942,860.
8a	Adjustments to income from Schedule 1, line 22 . . . . .		8a	
b	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . . ▶		8b	942,860.
9	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	9	49,652.	
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	10	243.	
11a	Add lines 9 and 10 . . . . .		11a	49,895.
b	<b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .		11b	892,965.

<b>12a</b>	<b>Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>12a</b>	266,007.																						
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total . . . . .			<b>12b</b>	266,007.																				
<b>13a</b>	Child tax credit or credit for other dependents . . . . .	<b>13a</b>																							
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total . . . . .			<b>13b</b>	392.																				
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-			<b>14</b>	265,615.																				
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10 . . . . .			<b>15</b>	7,077.																				
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b> . . . . .			<b>16</b>	272,692.																				
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .			<b>17</b>	196,725.																				
<b>18</b>	Other payments and refundable credits:																								
<b>a</b>	Earned income credit (EIC) . . . . .	<b>18a</b>																							
<b>b</b>	Additional child tax credit. Attach Schedule 8812 . . . . .	<b>18b</b>																							
<b>c</b>	American opportunity credit from Form 8863, line 8 . . . . .	<b>18c</b>																							
<b>d</b>	Schedule 3, line 14 . . . . .	<b>18d</b>																							
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b> . . . . .			<b>18e</b>																					
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b> . . . . .			<b>19</b>	196,725.																				
<b>Refund</b>	<b>20</b> If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b> . . . . .			<b>20</b>																					
	<b>21a</b> Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>			<b>21a</b>																					
Direct deposit? See instructions.	<b>b</b> Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						
	<b>d</b> Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						
	<b>22</b> Amount of line 20 you want <b>applied to your 2020 estimated tax</b> . . . . .	<b>22</b>																							
<b>Amount You Owe</b>	<b>23</b> <b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions . . . . .			<b>23</b>	75,967.																				
	<b>24</b> Estimated tax penalty (see instructions) . . . . .	<b>24</b>																							

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

**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) ▶
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**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 Senior Director	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation Social Justice Advocate	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
Phone no.	Email address										

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ Self-Prepared	Phone no.			
Firm's address ▶	Firm's EIN ▶			

**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](http://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

Sean T & Ihssane Leckey

Your social security number

**Part I Tax**

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

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 . . . . .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>7a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</b>	
<b>8</b>	Taxes from: <b>a</b> <input checked="" type="checkbox"/> Form 8959 <b>b</b> <input checked="" type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____	<b>8</b>	7,077.
<b>9</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>9</b>	
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 15 . . . . .	<b>10</b>	7,077.

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

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**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](http://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

Sean T & Ihssane Leckey

Your social security number

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	392.
<b>2</b>	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
<b>6</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> . . . . .	<b>6</b>	
<b>7</b>	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b . . . . .	<b>7</b>	392.

**Part II Other Payments and Refundable Credits**

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

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

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**Schedule 3 (Form 1040 or 1040-SR) 2019**

## Itemized Deductions

► Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **07**

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

Sean T & Ihssane Leckey

Your social security number

### Medical and Dental Expenses

**Caution:** Do not include expenses reimbursed or paid by others.

- |   |   |          |
|---|---|----------|
| 1 | Medical and dental expenses (see instructions)                        |          |
| 2 | Enter amount from Form 1040 or 1040-SR, line 8b                       | 942,860. |
| 3 | Multiply line 2 by 7.5% (0.075)                                       | 70,715.  |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- |          |

### Taxes You Paid

- |    |   |                          |
|----|---|--------------------------|
| 5  | State and local taxes.  |                          |
| a  | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box | <input type="checkbox"/> |
| 5a |   | 45,906.                  |
| b  | State and local real estate taxes (see instructions)  | 10,111.                  |
| 5b |   |                          |
| c  | State and local personal property taxes   |                          |
| 5c |   |                          |
| d  | Add lines 5a through 5c   | 56,017.                  |
| 5d |   |                          |
| e  | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)   | 10,000.                  |
| 5e |   |                          |
| 6  | Other taxes. List type and amount   |                          |
| 6  |   |                          |
| 7  | Add lines 5e and 6  | 10,000.                  |

### Interest You Paid

**Caution:** Your mortgage interest deduction may be limited (see instructions).

- |    |   |                          |
|----|---|--------------------------|
| 8  | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box   | <input type="checkbox"/> |
| a  | Home mortgage interest and points reported to you on Form 1098. See instructions if limited   | 39,652.                  |
| 8a |   |                          |
| b  | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address |                          |
| 8b |   |                          |
| c  | Points not reported to you on Form 1098. See instructions for special rules   |                          |
| 8c |   |                          |
| d  | Mortgage insurance premiums (see instructions)  |                          |
| 8d |   |                          |
| e  | Add lines 8a through 8d   | 39,652.                  |
| 8e |   |                          |
| 9  | Investment interest. Attach Form 4952 if required. See instructions.  |                          |
| 9  |   |                          |
| 10 | Add lines 8e and 9  | 39,652.                  |

### Gifts to Charity

**Caution:** If you made a gift and got a benefit for it, see instructions.

- |    |   |  |
|----|---|--|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions   |  |
| 11 |   |  |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500. |  |
| 12 |   |  |
| 13 | Carryover from prior year   |  |
| 13 |   |  |
| 14 | Add lines 11 through 13   |  |

### Casualty and Theft Losses

- |    |  |  |
|----|--|--|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions |  |
| 15 |  |  |

### Other Itemized Deductions

- |    |   |  |
|----|---|--|
| 16 | Other—from list in instructions. List type and amount |  |
| 16 |   |  |

### Total Itemized Deductions

- |    |   |                          |
|----|---|--------------------------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9 | 49,652.                  |
| 17 |   |                          |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box               | <input type="checkbox"/> |

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

Department of the Treasury  
Internal Revenue Service (99)

**Interest and Ordinary Dividends**

► Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **08**

Name(s) shown on return

Sean T & Ihssane Leckey

Your social security number

**Part I**  
**Interest**

(See instructions and the instructions for Forms 1040 and 1040-SR, line 2b.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

**1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

NATIONAL FINANCIAL SERVICES LLC

**Amount**

75.94

**1**

**2** Add the amounts on line 1 . . . . .

**2**

75.94

**3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .

**3**

**4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b . . . . . ►

**4**

75.94

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Amount**

**Part II**  
**Ordinary Dividends**

(See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

**5** List name of payer ► NATIONAL FINANCIAL SERVICES LLC

**5**

24,784.28

**6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b . . . . . ►

**6**

24,784.28

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III**

**Foreign Accounts and Trusts**

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

**Yes No**

**7a** At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .

X

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .

**b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

**8** During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

X

**Child and Dependent Care Expenses**Department of the Treasury  
Internal Revenue Service (99)

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

▶ Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.1040  
1040-SR  
1040-NR

2441

OMB No. 1545-0074

**2019**Attachment  
Sequence No. **21**

Name(s) shown on return

Sean T &amp; Ihssane Leckey

Your social security number

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box. ☐

**Part I Persons or Organizations Who Provided the Care—You must complete this part.**

(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)

Did you receive  
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on the back next.

**Caution:** If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 2 (Form 1040 or 1040-SR), line 7a; or Form 1040-NR, line 59a.

**Part II Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2019 for the person listed in column (a)
First	Last		

**3** Add the amounts in column (c) of line 2. **Don't** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 . . . . .

**3**

**4** Enter your **earned income**. See instructions . . . . .

**4**

**5** If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4 . . . . .

**5**

**6** Enter the **smallest** of line 3, 4, or 5 . . . . .

**6**

**7** Enter the amount from Form 1040 or 1040-SR, line 8b; or Form 1040-NR, line 35 . . . . .

**7**

**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
\$0—15,000		.35
15,000—17,000		.34
17,000—19,000		.33
19,000—21,000		.32
21,000—23,000		.31
23,000—25,000		.30
25,000—27,000		.29
27,000—29,000		.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000—31,000		.27
31,000—33,000		.26
33,000—35,000		.25
35,000—37,000		.24
37,000—39,000		.23
39,000—41,000		.22
41,000—43,000		.21
43,000—No limit		.20

**8**

X

**9** Multiply line 6 by the decimal amount on line 8. If you paid 2018 expenses in 2019, see the instructions . . . . .

**9**

**10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions . . . . .

**10**

**11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Schedule 3 (Form 1040 or 1040-SR), line 2; or Form 1040-NR, line 47 . . . . .

**11**

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

BAA

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Form **2441** (2019)

**Part III Dependent Care Benefits**

<b>12</b>	Enter the total amount of <b>dependent care benefits</b> you received in 2019. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Don't</b> include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership.	<b>12</b>	4,808.
<b>13</b>	Enter the amount, if any, you carried over from 2018 and used in 2019 during the grace period. See instructions	<b>13</b>	
<b>14</b>	Enter the amount, if any, you forfeited or carried forward to 2020. See instructions	<b>14</b>	( 5,000. )
<b>15</b>	Combine lines 12 through 14. See instructions	<b>15</b>	0.
<b>16</b>	Enter the total amount of <b>qualified expenses</b> incurred in 2019 for the care of the <b>qualifying person(s)</b>	<b>16</b>	
<b>17</b>	Enter the <b>smaller</b> of line 15 or 16.	<b>17</b>	0.
<b>18</b>	Enter your <b>earned income</b> . See instructions	<b>18</b>	918,000.
<b>19</b>	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).</li> <li>If married filing separately, see instructions.</li> <li>All others, enter the amount from line 18.</li> </ul>	<b>19</b>	
<b>20</b>	Enter the <b>smallest</b> of line 17, 18, or 19	<b>20</b>	0.
<b>21</b>	Enter \$5,000 (\$2,500 if married filing separately <b>and</b> you were required to enter your spouse's earned income on line 19)	<b>21</b>	5,000.
<b>22</b>	Is any amount on line 12 from your sole proprietorship or partnership? <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> Enter the amount here	<b>22</b>	0.
<b>23</b>	Subtract line 22 from line 15	<b>23</b>	0.
<b>24</b>	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	<b>24</b>	0.
<b>25</b>	<b>Excluded benefits.</b> If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-	<b>25</b>	0.
<b>26</b>	<b>Taxable benefits.</b> Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 8. On the dotted line next to Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 8, enter "DCB".	<b>26</b>	0.

To claim the child and dependent care credit, complete lines 27 through 31 below.

<b>27</b>	Enter \$3,000 (\$6,000 if two or more qualifying persons)	<b>27</b>	
<b>28</b>	Add lines 24 and 25	<b>28</b>	
<b>29</b>	Subtract line 28 from line 27. If zero or less, <b>stop</b> . You can't take the credit. <b>Exception.</b> If you paid 2018 expenses in 2019, see the instructions for line 9	<b>29</b>	
<b>30</b>	Complete line 2 on the front of this form. <b>Don't</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	<b>30</b>	
<b>31</b>	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11	<b>31</b>	



**Health Savings Accounts (HSAs)**

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

▶ Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.

OMB No. 1545-0074

**2019**Attachment  
Sequence No. **52**

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

Sean T Leckey

Social security number of HSA  
beneficiary. If both spouses have  
HSAs, see instructions ▶**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2019 (see instructions) . . . . . ▶	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2019 (or those made on your behalf), including those made from January 1, 2020, through April 15, 2020, that were for 2019. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) . . . . .	<b>2</b> 0.
<b>3</b>	If you were under age 55 at the end of 2019 and, on the first day of <b>every</b> month during 2019, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,500 (\$7,000 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b> 7,000.
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2019 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2019, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b> 0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b> 7,000.
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2019, see the instructions for the amount to enter . . . . .	<b>6</b> 5,079.
<b>7</b>	If you were age 55 or older at the end of 2019, married, and you or your spouse had family coverage under an HDHP at any time during 2019, enter your additional contribution amount (see instructions) . . . . .	<b>7</b>
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b> 5,079.
<b>9</b>	Employer contributions made to your HSAs for 2019 . . . . .	<b>9</b> 5,079.
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b> 5,079.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b> 0.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040 or 1040-SR), line 12, or Form 1040-NR, line 25 . . . . .	<b>13</b> 0.

**Caution:** If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2019 from all HSAs (see instructions) . . . . .	<b>14a</b>
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) . . . . .	<b>14b</b>
<b>c</b>	Subtract line 14b from line 14a . . . . .	<b>14c</b>
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	<b>15</b>
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. Enter "HSA" and the amount on the line next to the box . . . . .	<b>16</b>
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>	
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HSA" and the amount on the line next to the box . . . . .	<b>17b</b>

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

BAA REV 05/19/20 TTO Form **8889** (2019)

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>	
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. On the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21, enter "HSA" and the amount . . . . .	<b>20</b>	
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HDHP" and the amount on the line next to the box . . . . .	<b>21</b>	

REV 05/19/20 TTO

Form **8889** (2019)

**Qualified Business Income Deduction**

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service▶ **Attach to your tax return.**▶ **Go to [www.irs.gov/Form8995A](http://www.irs.gov/Form8995A) for instructions and the latest information.****2019**  
Attachment  
Sequence No. **55A**

Name(s) shown on return

Sean T &amp; Ihssane Leckey

Your taxpayer identification number

**Part I Trade, Business, or Aggregation Information**

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
<b>A</b>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>B</b>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>C</b>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**Part II Determine Your Adjusted Qualified Business Income**

		<b>A</b>	<b>B</b>	<b>C</b>
<b>2</b> Qualified business income from the trade, business, or aggregation. See instructions . . . . .	<b>2</b>			
<b>3</b> Multiply line 2 by 20% (0.20). If your taxable income is \$160,700 or less (\$160,725 if married filing separately; \$321,400 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13 . . . . .	<b>3</b>			
<b>4</b> Allocable share of W-2 wages from the trade, business, or aggregation . . . . .	<b>4</b>			
<b>5</b> Multiply line 4 by 50% (0.50) . . . . .	<b>5</b>			
<b>6</b> Multiply line 4 by 25% (0.25) . . . . .	<b>6</b>			
<b>7</b> Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property . . . . .	<b>7</b>			
<b>8</b> Multiply line 7 by 2.5% (0.025) . . . . .	<b>8</b>			
<b>9</b> Add lines 6 and 8 . . . . .	<b>9</b>			
<b>10</b> Enter the greater of line 5 or line 9 . . . . .	<b>10</b>			
<b>11</b> W-2 wage and qualified property limitation. Enter the smaller of line 3 or line 10 . . . . .	<b>11</b>			
<b>12</b> Phased-in reduction. Enter the amount from line 26, if any. See instructions . . . . .	<b>12</b>			
<b>13</b> Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12 . . . . .	<b>13</b>			
<b>14</b> Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions . . . . .	<b>14</b>			
<b>15</b> Qualified business income component. Subtract line 14 from line 13 . . . . .	<b>15</b>			
<b>16</b> Total qualified business income component. Add all amounts reported on line 15 . . . . . ▶	<b>16</b>			

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

REV 05/19/20 TTO

Form **8995-A** (2019)

**Part III Phased-in Reduction**

Complete Part III only if your taxable income is more than \$160,700 but not \$210,700 (\$160,725 and \$210,725 if married filing separately; \$321,400 and \$421,400 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

			A	B	C
17	Enter the amounts from line 3 . . . . .	17			
18	Enter the amounts from line 10 . . . . .	18			
19	Subtract line 18 from line 17 . . . . .	19			
20	Taxable income before qualified business income deduction . . . . .	20			
21	Threshold. Enter \$160,700 (\$160,725 if married filing separately; \$321,400 if married filing jointly) . . . . .	21			
22	Subtract line 21 from line 20 . . . . .	22			
23	Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly) . . . . .	23			
24	Phase-in percentage. Divide line 22 by line 23 . . . . .	24	%		
25	Total phase-in reduction. Multiply line 19 by line 24 . . . . .	25			
26	Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business . . . . .	26			

**Part IV Determine Your Qualified Business Income Deduction**

27	Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16 . . . . .	27			
28	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions . . . . .	28	1,216.		
29	Qualified REIT dividends and PTP (loss) carryforward from prior years . . . . .	29	( )		
30	Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0- . . . . .	30	1,216.		
31	REIT and PTP component. Multiply line 30 by 20% (0.20) . . . . .	31	243.		
32	Qualified business income deduction before the income limitation. Add lines 27 and 31 . . . . .	32		243.	
33	Taxable income before qualified business income deduction . . . . .	33	893,208.		
34	Net capital gain. See instructions . . . . .	34	14,884.		
35	Subtract line 34 from line 33. If zero or less, enter -0- . . . . .	35		878,324.	
36	Income limitation. Multiply line 35 by 20% (0.20) . . . . .	36		175,665.	
37	Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36 . . . . .	37		243.	
38	DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37 . . . . .	38			
39	Total qualified business income deduction. Add lines 37 and 38 . . . . .	39		243.	
40	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0- . . . . .	40	( 0. )		

# Additional Medicare Tax

► If any line does not apply to you, leave it blank. See separate instructions.  
► Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
► Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **71**

Name(s) shown on return

Sean T & Ihssane Leckey

Your social security number

## Part I Additional Medicare Tax on Medicare Wages

<b>1</b>	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	<b>1</b>	936,494.	
<b>2</b>	Unreported tips from Form 4137, line 6 . . . . .	<b>2</b>		
<b>3</b>	Wages from Form 8919, line 6 . . . . .	<b>3</b>		
<b>4</b>	Add lines 1 through 3 . . . . .	<b>4</b>	936,494.	
<b>5</b>	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) . . . . . \$200,000	<b>5</b>	250,000.	
<b>6</b>	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	<b>6</b>		686,494.
<b>7</b>	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	<b>7</b>		6,178.

## Part II Additional Medicare Tax on Self-Employment Income

<b>8</b>	Self-employment income from Schedule SE (Form 1040 or 1040-SR), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions.) . . . . .	<b>8</b>		
<b>9</b>	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) . . . . . \$200,000	<b>9</b>		
<b>10</b>	Enter the amount from line 4 . . . . .	<b>10</b>		
<b>11</b>	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	<b>11</b>		
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>		
<b>13</b>	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	<b>13</b>		

## Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

<b>14</b>	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	<b>14</b>		
<b>15</b>	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) . . . . . \$200,000	<b>15</b>		
<b>16</b>	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	<b>16</b>		
<b>17</b>	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .	<b>17</b>		

## Part IV Total Additional Medicare Tax

<b>18</b>	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040 or 1040-SR), line 8 (check box a) (Form 1040-NR, 1040-PR, or 1040-SS filers, see instructions), and go to Part V . . . . .	<b>18</b>		6,178.
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## Part V Withholding Reconciliation

<b>19</b>	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	<b>19</b>	20,208.	
<b>20</b>	Enter the amount from line 1 . . . . .	<b>20</b>	936,494.	
<b>21</b>	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	<b>21</b>	13,579.	
<b>22</b>	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	<b>22</b>		6,629.
<b>23</b>	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .	<b>23</b>		
<b>24</b>	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040 or 1040-SR, line 17 (Form 1040-NR, 1040-PR, or 1040-SS filers, see instructions) . . . . .	<b>24</b>		6,629.

**Net Investment Income Tax—  
Individuals, Estates, and Trusts**

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

OMB No. 1545-2227

**2019**  
Attachment  
Sequence No. **72**

Name(s) shown on your tax return

Sean T &amp; Ihssane Leckey

Your social security number or EIN

**Part I Investment Income**

- ☐ Section 6013(g) election (see instructions)  
☐ Section 6013(h) election (see instructions)  
☐ Regulations section 1.1411-10(g) election (see instructions)

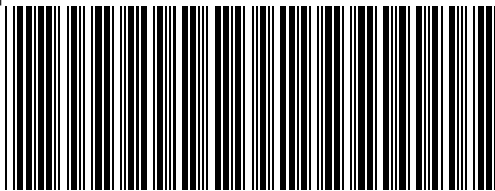
<b>1</b>	Taxable interest (see instructions)	<b>1</b>	76.
<b>2</b>	Ordinary dividends (see instructions)	<b>2</b>	24,784.
<b>3</b>	Annuities (see instructions)	<b>3</b>	
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	<b>4a</b>	
<b>b</b>	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	<b>4b</b>	
<b>c</b>	Combine lines 4a and 4b	<b>4c</b>	
<b>5a</b>	Net gain or loss from disposition of property (see instructions)	<b>5a</b>	
<b>b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	<b>5b</b>	
<b>c</b>	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	<b>5c</b>	
<b>d</b>	Combine lines 5a through 5c	<b>5d</b>	
<b>6</b>	Adjustments to investment income for certain CFCs and PFICs (see instructions)	<b>6</b>	
<b>7</b>	Other modifications to investment income (see instructions)	<b>7</b>	
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	<b>8</b>	24,860.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

<b>9a</b>	Investment interest expenses (see instructions)	<b>9a</b>	
<b>b</b>	State, local, and foreign income tax (see instructions)	<b>9b</b>	1,212.
<b>c</b>	Miscellaneous investment expenses (see instructions)	<b>9c</b>	
<b>d</b>	Add lines 9a, 9b, and 9c	<b>9d</b>	1,212.
<b>10</b>	Additional modifications (see instructions)	<b>10</b>	
<b>11</b>	Total deductions and modifications. Add lines 9d and 10	<b>11</b>	1,212.

**Part III Tax Computation**

<b>12</b>	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-	<b>12</b>	23,648.
<b>Individuals:</b>			
<b>13</b>	Modified adjusted gross income (see instructions)	<b>13</b>	942,860.
<b>14</b>	Threshold based on filing status (see instructions)	<b>14</b>	250,000.
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0-	<b>15</b>	692,860.
<b>16</b>	Enter the smaller of line 12 or line 15	<b>16</b>	23,648.
<b>17</b>	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)	<b>17</b>	899.
<b>Estates and Trusts:</b>			
<b>18a</b>	Net investment income (line 12 above)	<b>18a</b>	
<b>b</b>	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	<b>18b</b>	
<b>c</b>	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	<b>18c</b>	
<b>19a</b>	Adjusted gross income (see instructions)	<b>19a</b>	
<b>b</b>	Highest tax bracket for estates and trusts for the year (see instructions)	<b>19b</b>	
<b>c</b>	Subtract line 19b from line 19a. If zero or less, enter -0-	<b>19c</b>	
<b>20</b>	Enter the smaller of line 18c or line 19c	<b>20</b>	
<b>21</b>	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). <b>Enter here and include on your tax return</b> (see instructions)	<b>21</b>	



# 2019 Form 1

MA19001011555

## Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1–December 31, 2019 or other taxable

Year beginning

Ending

SEAN  
IHSSANE

T LECKEY  
LECKEY

BROOKLINE

MA

Fill in if: ☒ Original return ☐ Amended return ☐ Amended return due to federal change

### State Election Campaign Fund:

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

a. Total federal income 942860

b. Federal adjusted gross income 942860

#### 1. Filing status (select one only):

Single

☒ Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

#### 2. Exemptions

a. Personal exemptions

b. Number of dependents. (Do not include yourself or your spouse.) Enter number

1

c. Age 65 or over before 2020 You + Spouse =

d. Blindness You + Spouse =

e. Medical/dental

f. Adoption

g. Total exemptions. Add lines 2a through 2f. Enter here and on line 18

2a

8800

× \$1,000 = 2b

1000

× \$700 = 2c

0

× \$2,200 = 2d

0

2e

0

2f

0

2g

9800

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

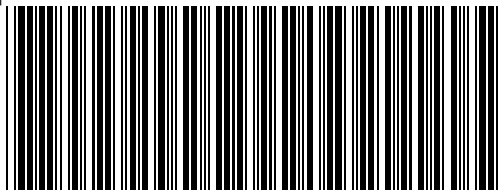
Your signature

Date

Spouse's signature

Date

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST



## 2019 Form 1, pg. 2

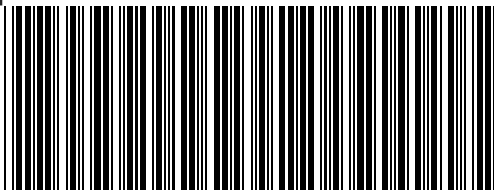
MA19001021555

Massachusetts Resident Income Tax Return

3.	Wages, salaries, tips	3	918000
4.	Taxable pensions and annuities	4	0
5.	Mass. bank interest: a. 0 – b. exemption 0	= 5	0
6a.	Business/profession income/loss	6a	0
6b.	Farming income/loss	6b	0
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	0
8a.	Unemployment	8a	0
8b.	Mass. lottery winnings	8b	0
9.	Other income from Schedule X, line 5	9	0
10.	<b>TOTAL 5.05% INCOME</b>	10	918000
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	2000
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	0
12.	Child under age 13, or disabled dependent/spouse care expenses	12	0
13.	Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/19, or disabled dependent(s) <b>Not more than two.</b> a. 1	$\times \$3,600 = 13$	3600
14.	Rental deduction. a. 0	$\div 2 = 14$	0
15.	Other deductions from Schedule Y, line 19	15	0
16.	<b>Total deductions.</b> Add lines 11 through 15	16	5600
17.	<b>5.05% INCOME AFTER DEDUCTIONS.</b> Subtract line 16 from line 10. <b>Not less than "0"</b>	17	912400
18.	Exemption amount	18	9800
19.	<b>5.05% INCOME AFTER EXEMPTIONS.</b> Subtract line 18 from line 17. <b>Not less than "0"</b>	19	902600
20.	<b>INTEREST AND DIVIDEND INCOME</b>	20	24860
21.	<b>TOTAL TAXABLE 5.05% INCOME.</b> Add lines 19 and 20	21	927460

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1





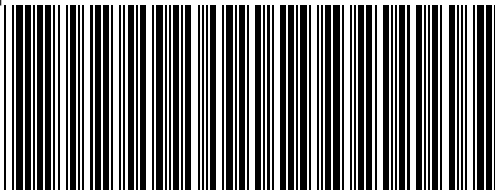
## 2019 Form 1, pg. 3

MA19001031555

Massachusetts Resident Income Tax Return

<b>22. TAX ON 5.05% INCOME.</b> Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585	<b>22</b>	<b>46837</b>
<b>23. 12% INCOME.</b> Not less than "0." a. 0	$\times .12 =$ <b>23</b>	0
<b>24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."</b> Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 20, 23 or 24	<b>24</b>	0
<b>25.</b> Credit recapture amount (from Credit Recapture Schedule)	<b>25</b>	0
<b>26.</b> Additional tax on installment sale	<b>26</b>	0
<b>27.</b> If you qualify for No Tax Status, fill in and enter "0" on line 28		
<b>28. TOTAL INCOME TAX.</b> Add lines 22 through 26	<b>28</b>	<b>46837</b>
<b>29.</b> Limited Income Credit	<b>29</b>	0
<b>30.</b> Income tax due to another state or jurisdiction	<b>30</b>	0
<b>31.</b> Other credits from Credit Manager Schedule	<b>31</b>	0
<b>32. INCOME TAX AFTER CREDITS.</b> Subtract the total of lines 29 through 31 from line 28. Not less than "0"	<b>32</b>	<b>46837</b>
<b>33. Voluntary Contributions</b>		
a. Endangered Wildlife Conservation	<b>33a</b>	0
b. Organ Transplant Fund	<b>33b</b>	0
c. Massachusetts Public Health HIV and Hepatitis Fund	<b>33c</b>	0
d. Massachusetts U.S. Olympic Fund	<b>33d</b>	0
e. Massachusetts Military Family Relief Fund	<b>33e</b>	0
f. Homeless Animal Prevention and Care	<b>33f</b>	0
Total. Add lines 33a through 33f	<b>33</b>	0
<b>34.</b> Use tax due on Internet, mail order and other out-of-state purchases	<b>34</b>	0
<b>35.</b> Health care penalty a. You 0 + b. Spouse 0	<b>35</b>	0
<b>36. Amended return only.</b> Overpayment from original return	<b>36</b>	0
<b>37. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.</b> Add lines 32 through 36	<b>37</b>	<b>46837</b>





## 2019 Schedule DI

MA19SDI011555

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### Schedule DI. Dependent Information

NORA

DAUGHTER

R LECKEY

Is dependent a qualifying child for earned income credit? ▶ X

Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

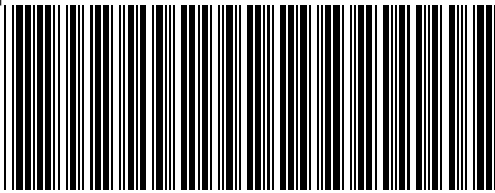
Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶

Is dependent a qualifying child for earned income credit? ▶



## 2019 Schedule B

MA19010011555

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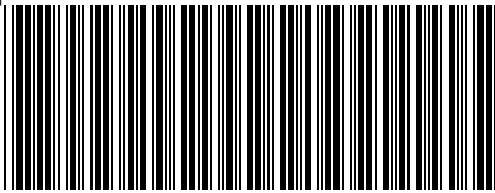
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### Part 1. Interest and Dividend Income

1. Total interest income	1	76
2. Total ordinary dividends	2	24784
3. Other interest and dividends not included above	3	0
4. Total interest and dividends	4	24860
5. Total interest from Massachusetts banks	5	0
6a. Other interest and dividends to be excluded	6a	0
6b. Part-year/Nonresidents only	6b	0
7. Subtotal	7	24860
8. Allowable deductions from your trade or business	8	0
9. Subtotal	9	24860

### Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10. Massachusetts short-term capital gains	10	0
11. Massachusetts long-term capital gains on collectibles and pre-1996 installment sales	11	0
12. Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	0
13a. Add lines 10 through 12	13a	0
13b. Part-year/Nonresidents only	13b	0
13c. Subtract line 13b from line 13a. Not less than 0	13c	0
14. Allowable deductions from your trade or business	14	0
15. Subtotal	15	0
16. Massachusetts short-term capital losses	16	0
17. Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	0
18. Prior short-term unused losses for years beginning after 1981	18	0



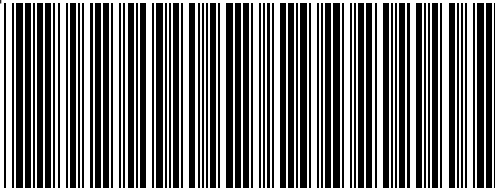
## 2019 Schedule B, pg. 2

MA19010021555

19a.	Combine lines 15 through 18	19a	0
19b.	Part-year/Nonresidents only	19b	0
19c.	Exclude line 19b losses from line 19a	19c	0
20.	Short-term losses applied against interest and dividends	20	0
21.	Available short-term losses	21	0
22.	Short-term losses applied against long-term gains	22	0
23.	Short-term losses available for carryover in 2020	23	0
24.	Short-term gains and long-term gains on collectibles	24	0
25.	Long-term losses applied against short-term gain	25	0
26.	Subtotal	26	0
27.	Long-term gains deduction	27	0
28.	Short-term gains after long-term gains deduction	28	0

### Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29.	Enter the amount from line 9	29	24860
30.	Short-term losses applied against interest and dividends	30	0
31.	Subtotal interest and dividends	31	24860
32.	Long-term losses applied against interest and dividends	32	0
33.	Adjusted interest and dividends	33	24860
34.	Enter the amount from line 28	34	0
35.	Adjusted gross interest, dividends and certain capital gains	35	24860
36.	Excess exemptions	36	0
37.	Subtract line 36 from line 35	37	24860
38.	Interest and dividends taxable at 5.05%	38	24860
39.	Taxable 12% capital gains	39	0
40.	Available short-term losses for carryover in 2020	40	0



**2019 Schedule INC**

MA19INC011555

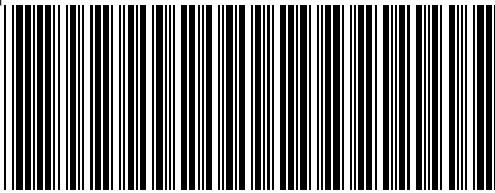
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**Form W-2 and 1099 Information**

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
	45906	918000	28447	0	W2

TOTALS	45906	918000	28447	0	
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## 2019 Schedule HC

MA19029011555

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

**Note:** Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

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1a. Date of birth  
1b. Spouse's date of birth  
1c. Family size 3  
2. Federal adjusted gross income 2 942860

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. **Note:** MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2019, you turned 18, you were a part-year resident or a taxpayer was deceased.

3a You: ☒ Full-year MCC  
3b Spouse: ☒ Full-year MCC

Part-year MCC No MCC/None  
Part-year MCC No MCC/None

If you filled in the full-year or part-year MCC oval, go to line 4. If you filled in No MCC/None, go to line 6.

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2019, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)

☒ You ☒ Spouse

4b. MassHealth. Fill in and go to line 5

You Spouse

4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5

You Spouse

4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5

You Spouse

4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). **Note:** Health Safety Net is not considered insurance or minimum creditable coverage.

You Spouse

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

Fill in if you were not issued Form MA 1099-HC.

CIGNA HEALTH AND LIFE INSURANCE

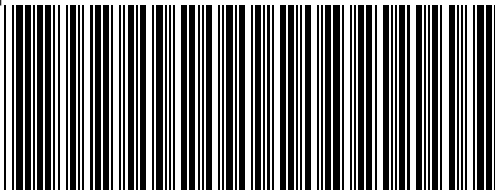
4g. Spouse's Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

Fill in if you were not issued Form MA 1099-HC.

CIGNA HEALTH AND LIFE INSURANCE

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2019, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.



**2019 Schedule HC, pg. 2**  
MA19029021555

**Uninsured for All or Part of 2019**

**6.** Was your income in 2019 at or below 150% of the federal poverty level? **6** Yes No  
If you answer Yes, you are not subject to a penalty in 2019. Skip the remainder of this schedule and complete your tax return. If you answer No and you were enrolled in a health insurance plan that met the MCC requirements for part, but not all, of 2019, go to line 7. If you answer No and you had no insurance or you were enrolled in a plan that did not meet the MCC requirements during the period that the mandate applied, go to line 8a.

**7.** Complete this section **only** if you, and/or your spouse if married filing jointly, were enrolled in a health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements for part, but not all of 2019. Fill in below the months that met the MCC requirements, as shown on Form MA 1099-HC. If you did not receive this form, fill in the months you were covered by a plan that met the MCC requirements at least **15 days or more**. If, during 2019, you **turned 18**, you were a **part-year resident** or a taxpayer was **deceased**, fill in the oval(s) below for the month(s) that met the MCC requirements during the period that the mandate applied. See instructions.  
You may only fill in the month(s) you had health insurance that met MCC requirements. If you had health insurance, but it did not meet MCC requirements, you must skip this section and go to line 8a.

**Months Covered By Health Insurance**

You	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Spouse	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.

If you had four or more consecutive months either with no insurance or insurance that did not meet the MCC requirements (four or more blank months in a row), go to line 8a. Otherwise, a penalty does not apply to you in 2019. Skip the remainder of this schedule and complete your tax return.

**Religious Exemption and Certificate of Exemption**

**8a. Religious exemption:** Are you claiming an exemption from the requirement to purchase health insurance based on your sincerely held religious beliefs that cause you to object to substantially all forms of treatment covered by health insurance? **8a** You Yes No  
Spouse Yes No

If you answer Yes, go to line 8b. If you answer No, go to line 9.

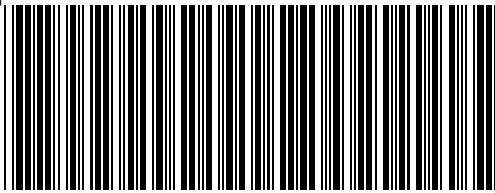
**8b.** If you are claiming a religious exemption in line 8a, did you receive medical health care during the 2019 tax year? **8b** You Yes No  
Spouse Yes No

If you answer No to line 8b, skip the remainder of this schedule and continue completing your tax return. If you answer Yes to line 8b, go to line 9.

**9. Certificate of exemption:** Have you obtained a Certificate of Exemption issued by the Massachusetts Health Connector for the 2019 tax year? **9** You Yes No  
Spouse Yes No

If you answer Yes, enter the certificate number, skip the remainder of this schedule and continue completing your tax return. If you answer No to line 9, go to line 10.





## 2019 Schedule HC, pg. 3

MA19029031555

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### Affordability as Determined By State Guidelines

**Note:** This section will require the use of worksheets and tables found in the instructions. You must complete the worksheet(s) to determine if health insurance was affordable to you during the 2019 tax year.

- |     |  |    |        |     |    |
|-----|--|----|--------|-----|----|
| 10. | Did your employer offer affordable health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 10 in the instructions? | 10 | You    | Yes | No |
|     |  |    | Spouse | Yes | No |

Fill in No if your employer did not offer health insurance that met minimum creditable coverage requirements, you were not eligible for health insurance offered by your employer, you were self-employed or you were unemployed.

- |     |   |    |        |     |    |
|-----|---|----|--------|-----|----|
| 11. | Were you eligible for government-subsidized health insurance as determined by completing the Schedule HC Worksheet for Line 11 in the instructions? | 11 | You    | Yes | No |
|     |   |    | Spouse | Yes | No |

If you answer No, go to line 12. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

- |     |  |    |        |     |    |
|-----|--|----|--------|-----|----|
| 12. | Were you able to purchase affordable private health insurance that met minimum creditable coverage requirements as determined by completing the Schedule HC Worksheet for Line 12 in the instructions? | 12 | You    | Yes | No |
|     |  |    | Spouse | Yes | No |

If you answer No, you are not subject to a penalty. Continue completing your tax return. If you answer Yes, go to the Health Care Penalty Worksheet in the instructions to calculate your penalty amount.

### Complete Only If You Are Filing An Appeal

**You must complete the Health Care Penalty Worksheet to determine your penalty amount before completing this section.**

You may have grounds to appeal if you were unable to obtain affordable insurance that meets the minimum creditable coverage requirements in 2019 due to a hardship or other circumstances. The grounds for appeal are explained in more detail in the instructions. If you believe you have grounds for appealing the penalty, fill in the field(s) below. The appeal will be heard by the Massachusetts Health Connector. By filling in the field below, you (or your spouse if married filing jointly) are authorizing DOR to share information from your tax return, including this schedule, with the Massachusetts Health Connector for purposes of deciding your appeal.

**You will receive a follow-up letter asking you to state your grounds for appeal in writing, and submit supporting documentation. Failure to respond to that letter within the time specified in the letter will lead to dismissal of your appeal and will result in a future assessment of a penalty.** Once your documentation is received, it will be reviewed by the Massachusetts Health Connector and you may be required to attend a hearing on your case. You will be required to file your claims under the pains and penalties of perjury.

**Note:** If you are filing an appeal, make sure you have calculated the penalty amount that you are appealing, but do **not** assess yourself or enter a penalty amount on your Form 1 or Form 1-NR/PY. Also, do not include any hardship documentation with your original return. You will be required to submit substantiating hardship documentation at a later date during the appeal process.

You ☐ I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.

Spouse ☐ I wish to appeal the penalty. I authorize DOR to share this tax return including this schedule with the Massachusetts Health Connector for purposes of deciding this appeal.