

Filing status:		<input type="checkbox"/> Single		<input checked="" type="checkbox"/> Married filing jointly		<input type="checkbox"/> Married filing separately		<input type="checkbox"/> Head of Household		<input type="checkbox"/> Qualifying Widow(er)	
Your first name and initial Paul E				Last name Hanna				Your social security number [REDACTED]			
Your standard deduction:		<input type="checkbox"/> Someone can claim you as a dependent		<input type="checkbox"/> You were born before January 2, 1954		<input type="checkbox"/> You are blind					
Spouse or qualifying person's first name and initial (see inst.) Natalia				Last name Linos				Spouse's social security number [REDACTED]			
Spouse standard deduction:		<input type="checkbox"/> Someone can claim your spouse as a dependent		<input type="checkbox"/> Your spouse was born before January 2, 1954		<input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.)					
<input type="checkbox"/> Spouse is blind		<input type="checkbox"/> Your spouse itemizes on a separate return or you are a dual-status alien.									
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]								Apt. no. [REDACTED]		Presidential Election Campaign (see inst.) <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse	
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. [REDACTED]								If more than four dependents, see inst. and <input checked="" type="checkbox"/> here ▶ <input type="checkbox"/>			
Dependents (see instructions):				(2) Social security number		(3) Relationship to you		(4) <input checked="" type="checkbox"/> if qualifies for (see inst.): Child Tax Credit Credit for other dependents			
(1) First name		Last name									
[REDACTED]		[REDACTED]				Daughter		<input checked="" type="checkbox"/>			
[REDACTED]		[REDACTED]				Daughter		<input checked="" type="checkbox"/>			
[REDACTED]		[REDACTED]				Son		<input checked="" type="checkbox"/>			
Sign Here Joint return? See instructions. <input type="checkbox"/> Sign 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 Prot. P N, enter here [REDACTED]			
Spouse's signature. If a joint return, both must sign.				Date		Spouse's occupation		If the IRS sent you an Identity Prot. P N, enter here [REDACTED]			
Paid Preparer's		Print/type preparer's name		Preparer's signature		PT N		Firm's EIN		Check it: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed	
		Firm's name ▶				Phone no.					
		Firm's address ▶									

Attach Form(s)
W-2. Also attach
Form(s) W-2G and
1099-R if tax was
withheld.

Standard**Deduction for --**

- Single or married
filing separately,
\$12,000
- Married filing
jointly or Qualifying
widow(er)
\$24,000
- Head of
household,
\$18,000
- If you checked
any box under
Standard
deduction,
see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	281,824
2 a	Tax-exempt interest	2a	0
3 a	Qualified dividends	3a	6,481
4 a	IRAs, pensions, and annuities	4a	
5 a	Social security benefits	5a	0
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	291,549
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	281,390
8	Standard deduction or itemized deductions (from Schedule A)	8	26,087
9	Qualified business income deduction (see instructions)	9	0
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	255,303
11 a	Tax (see inst.) 49,268 (check if any from: 1 <input type="checkbox"/> Form 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	49,268
b	Add any amount from Schedule 2 and check here	12	7,372
12 a	Child tax credit/credit for other dependents 6,000	b	Add any amount from Schedule 3 and check here <input checked="" type="checkbox"/> X
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	41,896
14	Other taxes. Attach Schedule 4	14	23,861
15	Total tax. Add lines 13 and 14	15	65,757
16	Federal income tax withheld from Forms W-2 and 1099	16	15,488
17	Refundable credits: a EIC (see inst.) b Sch 8812 0 c Form 8863	17	58,004
18	Add any amount from Schedule 5 58,004	18	73,492
19	Add lines 16 and 17. These are your total payments	19	7,735
20 a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	20a	7,735
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
21	Amount of line 19 you want applied to your 2019 estimated tax	21	0
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	0
23	Estimated tax penalty (see instructions)	23	0

Refund

Direct deposit? ☒
See instructions ☒

Go to www.irs.gov/form1040 for instructions and the latest information.Form **1040** (2018)

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2018

Attachment
Sequence **01**

Name(s) shown on Form 1040

Paul E Hanna & Natalia Linos

Your social security number

Additional Income	1-9b	Reserved		1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes		10	0
	11	Alimony received		11	
	12	Business income or (loss). Attach Schedule C or C-EZ		12	0
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	<input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797		14	
	15a	Reserved		15b	
	16a	Reserved		16b	
	17	Rental, real estate, royalties, partnerships, S-corporations, trusts, etc. Attach Schedule E		17	0
	18	Farm income or (loss). Attach Schedule F		18	0
	19	Unemployment compensation		19	
	20a	Reserved		20b	
	21	Other income. List type and amount		21	0
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter and include on Form 1040, line 6. Otherwise, go to line 23		22	0
Adjustments to Income	23	Educator expenses	23		
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24		
	25	Health savings account deduction. Attach Form 8889	25		0
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26		
	27	Deductible part of self-employment tax. Attach Schedule SE	27		10,159
	28	Self-employed SEP, SIMPLE, and qualified plans	28		
	29	Self-employed health insurance deduction	29		
	30	Penalty on early withdrawal of savings	30		0
	31a	Alimony paid	31a		
		b Recipient's SSN			
	32	IRA deduction	32		0
	33	Student loan interest deduction	33		
	34	Reserved	34		
	35	Reserved	35		
	36	Add lines 23 through 35		36	10,159

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

Cat. No. 71479F

Schedule 1 (Form 1040) 2018

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Nonrefundable Credits

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

OMB No. 1545-0074

2018

Attachment
Sequence **03**

Name(s) shown on Form 1040

Paul E Hanna & Natalia Linos

Your social security number

[REDACTED]

Nonrefundable Credits	48	Foreign tax credit. Attach Form 1116, if required	48	172
	49	Credit for child and dependent care expenses. Attach Form 2441	49	1,200
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Reserved	52	
	53	Residential energy credit. Attach Form 5695	53	
	54	Other credits from Form a <input type="text"/> 3800 b <input type="text"/> 8801 c <input type="text"/>	54	
	55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55	1,372

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

Cat. No. 71480G

Schedule 3 (Form 1040) 2018

SCHEDULE 4
(Form 1040)

Department of the Treasury
Internal Revenue Service

Other Taxes

▶ **Attach to Form 1040.**

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

OMB No. 1545-0074

2018

Attachment
Sequence **04**

Name(s) shown on Form 1040

Paul E Hanna & Natalia Linos

Your social security number

[REDACTED]

Other	57	Self-employment tax. Attach Schedule SE	57	20,318
Taxes	58	Unreported social security and Medicare tax from: Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	59	
	60a	Household employment taxes. Attach Schedule H	60a	2,930
	b	Repayment of first time homebuyer credit from Form 5404. Attach Form 5405, if required	60b	
	61	Health care: individual responsibility (see instructions)	61	
	62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960	62	613
		c <input type="checkbox"/> Instructions; enter code(s) _____		
	63	Section 965 net tax liability installment from Form 965-A 63		
	64	Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14	64	23,861

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

Cat. No. 71481R

Schedule 4 (Form 1040) 2018

SCHEDULE 5
(Form 1040)

Department of the Treasury
Internal Revenue Service

Other Payments and Refundable Credits

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

OMB No. 1545-0074

2018

Attachment
Sequence **05**

Name(s) shown on Form 1040

Paul E Hanna & Natalia Linos

Your social security number

Other	65	Reserved	65	
Taxes	66	2018 estimated tax payment and amount applied from 2017 return	66	58,004
	67a	Reserved	67a	
	b	Reserved	67b	
	68-69	Reserved	68-69	
	70	Net premium tax credit. Attach Form 8962	70	
	71	Amount paid with request for extension to file (see instructions)	71	
	72	Excess social security and tier 1 RRTA tax withheld	72	0
	73	Credit for federal tax on fuels. Attach Form 4136	73	
	74	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	74	
	75	Add the amounts in the far right column. These are your total other payments and refundable credits. Enter here and on Form 1040, line 17	75	58,004

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

Cat. No. 71482C

Schedule 5 (Form 1040) 2018

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

Attach to Form 1040.

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

OMB No. 1545-0074

2018

Attachment
Sequence No. 07

Name(s) shown on Form 1040

Paul E Hanna & Natalia Linos

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)	1	0
2 Enter amount from Form 1040, line 7	2	281,390
3 Multiply line 2 above by 7.5% (0.075)	3	21,104
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	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	5a	28,832
b State and local real estate taxes (see instructions)	5b	
c State and local personal property taxes	5c	
d Add lines 5a through 5c	5d	28,832
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	10,000
6 Other taxes. List type and amount	6	
7 Add lines 5e and 6	7	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		
a Home mortgage interest and points reported to you on Form 1098	8a	15,923
b Home mortgage interest not reported to you on Form 1098. 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 Reserved	8d	
e Add lines 8a through 8c	8e	15,923
9 Investment interest. Attach Form 4952 if required. See instructions	9	
10 Add lines 8e and 9	10	15,923

**Gifts to
Charity**

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 any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12	164
13 Carryover from prior year	13	
14 Add lines 11 through 13	14	164

**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. Gambling, casualty or theft losses	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, line 8	17	26,087
18 If you elect to itemize deductions even though they are less than your standard deduction, check here		

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Interest and Ordinary Dividends

Go to www.irs.gov/ScheduleB for instructions and the latest information.
Attach to Form 1040A or 1040.

OMB No. 1545-0074

2018

Attachment

Sequence No **08**

Your social security number

Paul E Hanna & Natalia Linos

Part I
Interest

(See instructions
and the
instructions for
Form 1040,
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 instructions and list this interest first. Also, show that buyer's social security number and address

Bank of America -
Cit Bank

Amount

10.99

1,455.08

1

2 Add the amounts on line 1

2 1,466

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, Line 2b

4 1,466

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

Part II
Ordinary
Dividends

(See instructions
and the
instructions for
Form 1040, 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

Vanguard

8,258.91

5

6 Add the amounts on line 5. Enter the total here and on Form 1040, line 3b

6 8,259

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

Part III

Foreign
Accounts
and Trusts

(See instructions.)

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

7a At any time during 2018, did you have interest in or a signature or other authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

Yes

No

☐

☐

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 2018, 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

☐

☐

**SCHEDULE H
(Form 1040)**Department of the Treasury
Internal Revenue Service (99)**Household Employment Taxes**

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

▶ **Attach to Form 1040, 1040NR, 1040-SS, or 1041.**▶ **Go to www.irs.gov/ScheduleH for instructions and the latest information.**

OMB No. 1545-1971

2018Attachment
Sequence No. **44**

Name of employer

Paul Hanna

Social security number

[REDACTED]

Employer identification number

[REDACTED]

Calendar year taxpayers having no household employees in 2018 don't have to complete this form for 2018.

A Did you pay **any one** household employee cash wages of \$2,100 or more in 2018? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

☒ **Yes.** Skip lines B and C and go to line 1.☐ **No.** Go to line B.

B Did you withhold federal income tax during 2018 for any household employee?

☐ **Yes.** Skip line C and go to line 7.☐ **No.** Go to line C.

C Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2017 or 2018 to **all** household employees? (**Don't** count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.)

☐ **No. Stop.** Don't file this schedule.☐ **Yes.** Skip lines 1–9 and go to line 10.**Part I Social Security, Medicare, and Federal Income Taxes**

1 Total cash wages subject to social security tax	1	17500.00		
2 Social security tax. Multiply line 1 by 12.4% (0.124).	2		2170	00
3 Total cash wages subject to Medicare tax	3	17500.00		
4 Medicare tax. Multiply line 3 by 2.9% (0.029)	4		507	50
5 Total cash wages subject to Additional Medicare Tax withholding	5			
6 Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6			
7 Federal income tax withheld, if any	7		210	08
8 Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8		2887	58

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2017 or 2018 to **all** household employees? (**Don't** count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.)

☐ **No. Stop.** Include the amount from line 8 above on Schedule 4 (Form 1040), line 60a. If you're not required to file Form 1040, see the line 9 instructions.☒ **Yes.** Go to line 10.

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No."	10 X	
11 Did you pay all state unemployment contributions for 2018 by April 15, 2019? Fiscal year filers, see instructions	11 X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12 X	

Next: If you checked the **"Yes"** box on **all** the lines above, complete Section A.If you checked the **"No"** box on **any** of the lines above, skip Section A and complete Section B.**Section A**

13 Name of the state where you paid unemployment contributions	NEW YORK			
14 Contributions paid to your state unemployment fund	14	391	28	
15 Total cash wages subject to FUTA tax	15	7000	00	
16 FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25	16	42	00	

Section B**17** Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-	(h) Contributions paid to state unemployment fund
		From	To					
18 Totals						18		
19 Add columns (g) and (h) of line 18					19			
20 Total cash wages subject to FUTA tax (see the line 15 instructions)						20		
21 Multiply line 20 by 6.0% (0.060)						21		
22 Multiply line 20 by 5.4% (0.054)					22			
23 Enter the smaller of line 19 or line 22 (If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here) <input type="checkbox"/>						23		
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25						24		

Part III Total Household Employment Taxes

25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	25	2887	58
26 Add line 16 (or line 24) and line 25	26	2929	58
27 Are you required to file Form 1040? <input type="checkbox"/> Yes. Stop. Include the amount from line 26 above on Schedule 4 (Form 1040), line 60a. Don't complete Part IV below. <input type="checkbox"/> No. You may have to complete Part IV. See instructions for details.			

Part IV Address and Signature — Complete this part only if required. See the line 27 instructions.

Address (number and street) or P.O. box if mail isn't delivered to street address		Apt., room, or suite no.	
City, town or post office, state, and ZIP code			

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only	Employer's signature		Date	
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name	Firm's EIN		
	Firm's address	Phone no.		

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

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

OMB No. 1545-0074

2018

Attachment
Sequence No. **17**

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

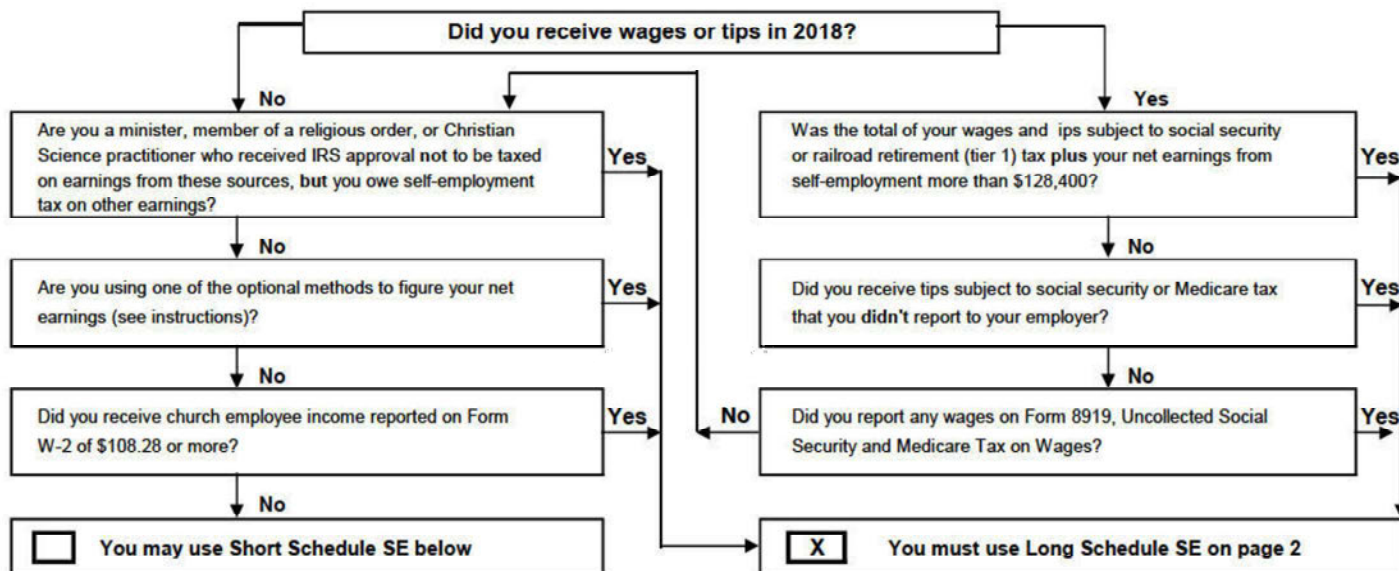
Natalia Linos

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	
1b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH	1b	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	
3 Combine lines 1a, 1b, and 2.	3	
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you do not owe self-employment tax; don't file this schedule unless you have an amount on line 1b Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	
5 Self-employment tax. If the amount on line 4 is: <ul style="list-style-type: none">\$128,400 or less, multiply line 4 by 15.3% (0.153). Enter the results here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55More than \$128,400, multiply line 4 by 2.9% (0.029). Then, add \$15,921.60 to the result. Enter the total here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55	5	
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27	6	

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

Cat. No. 11358Z

Schedule SE (Form 1040) 2018

Name of person with self-employment income (as shown on Form 1040)

Natalia Linos

Social security number of person
with self-employment income**Section B—Long Schedule SE****Part I Self-Employment Tax****Note.** If your only income subject to self-employment tax is **church employee income**, see instructions. Also, see instructions for the definition of church employee income.

- A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065),box 14, code A. **Note.** Skip lines 1a and 1b if you use the farm optional method (see instructions)**1a** 0**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 0**2** Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1.Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. **Note.** Skip this line if you use the nonfarm optional method (see instructions)**2** 164,135**3** Combine lines 1a, 1b, and 2.**3** 164,135**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3**Note.** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.**4a** 151,579**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here**4b** 0**c** Combine lines 4a and 4b. If less than \$400, **stop**; you do not owe self-employment tax.**Exception.** If less than \$400 and you had **church employee income**, enter -0- and continue**4c** 151,579**5a** Enter your **church employee income** from Form W-2. See

instructions for definition of church employee income

5a 0**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-**5b** 0**6** Add lines 4c and 5b**6** 151,579**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2018**7** 128,400**8a** Total social security wages and tips (total of boxes 3 and 7 on

Form(s) W-2) and railroad retirement (tier 1) compensation.

If \$128,400 or more, skip lines 8b through 10 and go to line 11

8a 0**b** Unreported tips subject to social security tax (from Form 4137, line 10)**8b****c** Wages subject to social security tax (from Form 8919, line 10)**8c****d** Add lines 8a, 8b, and 8c**8d** 0**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11**9** 128,400**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)**10** 15,922**11** Multiply line 6 by 2.9% (0.029)**11** 4,396**12** **Self-employment tax.** Add lines 10 and 11. Enter here and on Schedule 4 (Form 1040), line 5r, or Form 1040NR, line 5b**12** 20,318**13** **Deduction for one-half of self-employment tax.**

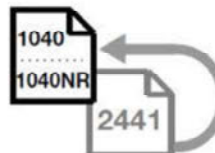
Multiply line 12 by 50% (0.50). Enter the result here and on

Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27

13 10,159**Part II Optional Methods To Figure Net Earnings (see instructions)****Farm Optional Method.** You may use this method **only** if (a) your gross farm income¹ was not more than \$7,920 or (b) your net farm profits were less than \$5,717.**14** Maximum income for optional methods**14** 5,280**15** Enter the **smaller** of: two-thirds (2/3) of gross farm income* (not less than zero) **or** \$5,280. Also include this amount on line 4b above**15****Nonfarm Optional Method.** You may use this method **only** if (a) your net nonfarm profits² were less than \$5,717 and also less than 72.189% of your gross nonfarm income* **and** (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.**16** Subtract line 15 from line 14**16****17** Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income* (not less than zero) **or** the amount on line 16. Also include this amount on line 4b above**17**¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Child and Dependent Care Expenses

▶ Attach to Form 1040 or Form 1040NR.
 ▶ Go to www.irs.gov/Form2441 for instructions and the latest information.



OMB No. 1545-0074

2018

Attachment
 Sequence No. **21**

Name(s) shown on return
Paul E Hanna & Natalia Linos

Your social security number
XXXXXXXXXX

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)
	<div style="background-color: black; width: 100%; height: 40px;"></div>			17,000
				10,000

Did you receive
 dependent care benefits?

No ☒ Complete only Part II below.
 Yes ☐ 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 4 (Form 1040), line 60a; or Form 1040NR, 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 2018 for the person listed in column (a)
First	Last		
<div style="background-color: black; width: 100%; height: 40px;"></div>			17,000
			10,000

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

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

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

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

7 Enter the amount from Form 1040, line 7; or Form 1040NR, line 36. **7** 281,390

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

If line 7 is:

If line 7 is:

Over But not over

Decimal amount 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

\$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 0.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2017 expenses in 2018, see the instructions

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

11 Credit for child and dependent care expenses. Enter the **smaller** of line 9 or line 10 here and on Schedule 3 (Form 1040), line 49; or Form 1040NR, line 47

Part III Dependent Care Benefits

12	Enter total amount of dependent care benefits you received for 2018. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't 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	12	0
13	Enter the amount, if any, you carried over from 2017 and used in 2018 during the grace period. See instructions	13	
14	Enter the amount, if any, you forfeited or carried forward to 2019. See instructions	14	
15	Combine lines 12 through 14. See instructions	15	
16	Enter the total amount of qualified expenses incurred in 2018 for care of the qualifying person(s)	16	
17	Enter the smaller of line 15 or 16	17	
18	Enter your earned income . See instructions	18	
19	Enter the amount shown below that applies to you.		
	<ul style="list-style-type: none"> If married filing a joint return, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). If married filing separately, see instructions. All others, enter the amount from line 18. 	19	
20	Enter the smallest of line 17, 18, or 19	20	
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)	21	
22	Is any amount on line 12 from your sole proprietorship or partnership?		
	<input checked="" type="checkbox"/> No. Enter -0-.		
	<input type="checkbox"/> Yes. Enter the amount here	22	
23	Subtract line 22 from line 15	23	
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	
25	Excluded benefits. 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-.	25	
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 1; or Form 1040NR, line 8. On the dotted line next to Form 1040, line 1; or Form 1040NR, line 8, enter "DCB"	26	

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

27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	
28	Add lines 24 and 25	28	
29	Subtract line 28 from line 27. If zero or less, stop . You can't take the credit. Exception. If you paid 2017 expenses in 2018, see the instruction for line 9.	29	
30	Complete line 2 on the front of this form. Don't include in column (c) any benefits shown on on line 28 above. Then, add the amounts in column (c) and enter the total here	30	
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form form and complete lines 4 through 11	31	

Additional Medicare Tax**2018**Department of the Treasury
Internal Revenue Service (99)

- ▶ If any line doesn't apply to you, leave it blank. See separate instructions.
- ▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
- ▶ Go to www.irs.gov/Form8959 for instructions and the latest information.

Attachment
Sequence No. **71**

Name(s) shown on return

Paul E Hanna & Natalia Linos

Your social security number

Part I Additional Medicare Tax on Medicare Wages

1 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	1	125,454	
2 Unreported tips from Form 4137, line 6	2		
3 Wages from Form 8919, line 6	3		
4 Add lines 1 through 3	4	125,454	
5 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	5	250,000	
6 Subtract line 5 from line 4. If the result is zero or less, enter -0-	6		0
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		0

Part II Additional Medicare Tax on Self-Employment Income

8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8	151,579	
9 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	9	250,000	
10 Enter the amount from line 4	10	125,454	
11 Subtract line 10 from line 9. If zero or less, enter -0-	11	124,546	
12 Subtract line 11 from line 8. If the result is zero or less, enter -0-	12		27,033
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		243

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

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15 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	15		
16 Subtract line 15 from line 14. If the result is zero or less, enter -0-	16		
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Schedule 4 (Form 1040), line 62 (check box a) (Form 1040-NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V	18		243
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Part V Withholding Reconciliation

19 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	19	1,819	
20 Enter the amount from line 1	20	125,454	
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	1,819	
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 16 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24		0

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

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.**2018**Attachment
Sequence No. **72**

Name(s) shown on your tax return

Paul E Hanna & Natalia Linos

Your social security number

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)

1	Taxable interest (see instructions)		1	1,466
2	Ordinary dividends (see instructions)		2	8,259
3	Annuities (see instructions)		3	0
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a 0		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	b		
c	Combine lines 4a and 4b		4c	0
5a	Net gain or loss from disposition of property (see instructions)	5a 0		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	c		
d	Combine lines 5a through 5c		5d	0
6	Changes to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	9,725

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b 0		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		9d	0
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	0

Part III Tax Computation

12	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-		12	9,725
Individuals:				
13	Modified adjusted gross income (see instructions)	13 281,390		
14	Threshold based on filing status (see instructions)	14 250,000		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15 31,390		
16	Enter the smaller of line 12 or line 15		16	9,725
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	370
Estates and Trusts:				
18a	Net investment income (line 12 above)	18a 9,725		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c 0		
20	Enter the smaller of line 18c or line 19c		20	0
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	0