

## 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

Paul E

Last name

Hanna

Your social security number

[REDACTED]

If joint return, spouse's first name and middle initial

Natalia

Last name

Linós

Spouse's social security number

[REDACTED]

Home address (number and street). If you have a P.O. box, see instructions.

[REDACTED]

Apt. no.

[REDACTED]

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

[REDACTED]

## Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☒ You ☒ Spouse

Foreign country name

Foreign province/state/county

Foreign postal code

If more than four dependents, see instructions and ☒ here ☐

## Standard Deduction

Someone can claim ☐ You as a dependent ☐ Your spouse as a dependant  
☐ Spouse itemizes on a separate return or you were a dual-status alien

## Age / Blindness

You: ☐ Were born before January 2, 1955 ☐ Are blind Spouse: ☐ Was born before January 2, 1955 ☐ Is blind

## Dependents (see instructions):

(1) First name Last name

(2) Social security number

(3) Relationship to you

(4) ☒ if qualified for (see instructions):

Child Tax Credit Credit for other dependents

|            |            |          |                                     |  |  |  |  |
|------------|------------|----------|-------------------------------------|--|--|--|--|
| [REDACTED] | [REDACTED] | Daughter | <input checked="" type="checkbox"/> |  |  |  |  |
| [REDACTED] | [REDACTED] | Daughter | <input checked="" type="checkbox"/> |  |  |  |  |
| [REDACTED] | [REDACTED] | Son      | <input checked="" type="checkbox"/> |  |  |  |  |

## Standard

## Deduction for --

- Single or married \$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

2 a Tax-exempt interest . . . . . 2a 0

3 a Qualified dividends . . . . . 3a 7,095

4 a IRA Distributions . . . . . 4a 0

c Pensions and annuities . . . . . 4c

5 a Social security benefits . . . . . 5a 0

6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

7 a Other income from Schedule 1, line 9

b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income** . . . . . ▶

8 a Adjustments to income from Schedule 1, line 22 . . . . .

b Subtract line 8a from line 7b. This is your **adjusted gross income** . . . . . ▶9 **Standard deduction or itemized deductions** (from Schedule A) . . . . . 9 24,815

10 Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . . 10 0

11 a Add lines 9 and 10 . . . . .

b **Taxable income.** Subtract lines 11a from line 8b. If zero or less, enter -0- . . . . .

1 300,451

2b 2,492

3b 9,226

4b 0

4d 0

5b 0

6

7a 0

7b 312,169

8a 1,846

8b 310,323

11a 24,815

11b 285,508

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

Cat. No. 11320B

Form 1040 (2019)

|  |  |   |   |            |            |        |
|--|--|---|---|------------|------------|--------|
| • If you have a qualifying child, attach Sch. EIC.<br>• If you have nontaxable combat pay, see instructions. | <b>12 a</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>  | 56,232     | <b>12b</b> | 56,232 |
|  | <b>b</b>   | Add Schedule 2, line 3, and line 12a and enter the total  |   |            |            |        |
|  | <b>13 a</b>  | Child tax credit or credit for other dependents   | <b>13a</b>  | 6,000      |            |        |
|  | <b>b</b>   | Add Schedule 3, line 7, and line 13a and enter the total  |   |            | <b>13b</b> | 6,234  |
|  | <b>14</b>  | Subtract line 13b from line 12b. If zero or less, enter -0-   |   |            | <b>14</b>  | 49,998 |
|  | <b>15</b>  | Other taxes, including self-employment tax, from Schedule 2, line 10  |   |            | <b>15</b>  | 6,804  |
|  | <b>16</b>  | Add lines 14 and 15. This is your <b>total tax</b>  |   |            | <b>16</b>  | 56,802 |
|  | <b>17</b>  | Federal income tax withheld from Forms W-2 and 1099   |   |            | <b>17</b>  | 23,913 |
|  | <b>18</b>  | Other payments and refundable credits:  |   |            |            |        |
|  |  | <b>a</b> Earned income credit (EIC)   | <b>18a</b>  | 0          |            |        |
|  | <b>b</b> Additional child tax credit. Attach Schedule 8812                                     | <b>18b</b>  | 0   |            |            |        |
|  | <b>c</b> American opportunity credit from Form 8863, line 8                                    | <b>18c</b>  |   |            |            |        |
|  | <b>d</b> Schedule 3, line 14   | <b>18d</b>  | 22,204  |            |            |        |
|  | <b>e</b> Add lines 18a through 18d. These are your total other payments and refundable credits |   |   | <b>18e</b> | 22,204     |        |
|  | <b>19</b>  | Add lines 17 and 18e. These are your <b>total payments</b>  |   |            | <b>19</b>  | 46,117 |
|  | <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>  | 0      |
| <b>Refund</b><br>Direct deposit? <input type="checkbox"/><br>See instructions <input type="checkbox"/>       | <b>21 a</b>  | Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here  |   |            | <b>21a</b> | 0      |
|  | <b>b</b>   | Routing number  | <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |            |            |        |
|  | <b>d</b>   | Account number  |   |            |            |        |
|  | <b>22</b>  | Amount of line 20 you want applied to your 2020 estimated tax   | <b>22</b>   | 0          |            |        |
| <b>Amount You Owe</b>  | <b>23</b>  | <b>Amount you owe.</b> Subtract line 18 from line 15. For details on how to pay, see instructions   | <b>23</b>   | 10,685     |            |        |
|  | <b>24</b>  | Estimated tax penalty (see instructions)  | <b>24</b>   | 0          |            |        |

**Sign Here**

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

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<br>Spouse's signature. If a joint return, both must sign. | Date<br>Date  | Your occupation<br>Spouse's occupation | If the IRS sent you an Identity Prot. P N, enter here <input type="text"/><br>If the IRS sent you an Identity Prot. P N, enter here <input type="text"/> |
| Phone no.  | Email address |  |  |

**Paid Preparer's Use Only**

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



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

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040 or 1040-SR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2019**

Attachment  
Sequence **01**

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

**Paul E Hanna & Natalia Linos**

Your social security number

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

**Part I Additional Income**

|    |   |    |   |
|----|---|----|---|
| 1  | Taxable refunds, credits, or offsets of state and local income taxes                        | 1  | 0 |
| 2a | Alimony received  | 2a |   |
| b  | Date of original divorce or separation agreement (see instructions) ▶                       |    |   |
| 3  | Business income or (loss). Attach Schedule C  | 3  | 0 |
| 4  | Other gains or (losses). Attach Form 4797   | 4  |   |
| 5  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5  | 0 |
| 6  | Farm income or (loss). Attach Schedule F  | 6  | 0 |
| 7  | Unemployment compensation   | 7  | 0 |
| 8  | Other income. List type and amount ▶  | 8  | 0 |
| 9  | Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a                  | 9  | 0 |

**Part II Adjustments to Income**

|     |   |     |       |
|-----|---|-----|-------|
| 10  | Educator expenses   | 10  |       |
| 11  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | 11  |       |
| 12  | Health savings account deduction. Attach Form 8889  | 12  | 0     |
| 13  | Moving expenses for members of the Armed Forces. Attach Form 3903   | 13  |       |
| 14  | Deductible part of self-employment tax. Attach Schedule SE  | 14  | 1,846 |
| 15  | Self-employed SEP, SIMPLE, and qualified plans  | 15  |       |
| 16  | Self-employed health insurance deduction  | 16  |       |
| 17  | Penalty on early withdrawal of savings  | 17  | 0     |
| 18a | Alimony paid  | 18a |       |
| b   | Recipient's SSN ▶   |     |       |
| c   | Date of original divorce or separation agreement (see instructions) ▶   |     |       |
| 19  | IRA deduction   | 19  | 0     |
| 20  | Student loan interest deduction   | 20  |       |
| 21  | Tuition and fees. Attach Form 8917  | 21  |       |
| 22  | Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or 1040-SR, line 8a    | 22  | 1,846 |

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

Cat. No. 71479F

Schedule 1 (Form 1040 or 1040-SR) 2019

**SCHEDULE 2**  
(Form 1040 or 1040-SR)

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

▶ **Attach to Form 1040 or 1040-SR.**  
Go to [www.irs.gov/Form1040](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

**Paul E Hanna & Natalia Linos**

Your social security number

**[REDACTED]**

**Part I Tax**

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

**Part II Other Taxes**

|    |   |    |       |
|----|---|----|-------|
| 4  | Self-employment tax. Attach Schedule SE   | 4  | 3,691 |
| 5  | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919  | 5  |       |
| 6  | Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts.<br>Attach Form 5329 if required   | 6  |       |
| 7a | Household employment taxes. Attach Schedule H   | 7a | 2,265 |
| b  | Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required   | 7b |       |
| 8  | Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input checked="" type="checkbox"/> Form 8960<br>c <input type="checkbox"/> Instructions; enter code(s) | 8  | 848   |
| 9  | Section 965 net tax liability installment from Form 965-A   | 9  |       |
| 10 | Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 15  | 10 | 6,804 |

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

Cat. No. 71478U

Schedule 2 (Form 1040 or 1040-SR) 2019

**SCHEDULE 3**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Nonrefundable Credits**

▶ **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 **03**

Name(s) shown on Form 1040

**Paul E Hanna & Natalia Linos**

Your social security number

**[REDACTED]**

**Part I Nonrefundable Credits**

|   |  |   |     |
|---|--|---|-----|
| 1 | Foreign tax credit. Attach Form 1116, if required  | 1 | 34  |
| 2 | Credit for child and dependent care expenses. Attach Form 2441   | 2 | 200 |
| 3 | Education credits from Form 8863, line 19  | 3 |     |
| 4 | Retirement savings contributions credit. Attach Form 8880  | 4 |     |
| 6 | Residential energy credit. Attach Form 5695  | 5 |     |
| 6 | Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 6 |     |
| 7 | Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b                                    | 7 | 234 |

**Part II Other Payments and Refundable Credits**

|    |   |    |        |
|----|---|----|--------|
| 8  | 2019 estimated tax payments and amount applied from 2018 return   | 8  | 22,204 |
| 9  | Net premium tax credit. Attach Form 8962  | 9  |        |
| 10 | Amount paid with request for extension to file (see instructions)   | 10 |        |
| 11 | Excess social security and tier 1 RRTA tax withheld   | 11 | 0      |
| 12 | Credit for federal tax on fuels. Attach Form 4136   | 12 |        |
| 13 | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 13 |        |
| 14 | Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d  | 14 | 22,204 |

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

Cat. No. 71480G

Schedule 3 (Form 1040 or 1040-SR) 2019



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

Department of the Treasury  
Internal Revenue Service (99)

**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

**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 or 1040-SR, line 8b                       | 2 | 310,323 |
| 3 Multiply line 2 above by 7.5% (0.075)                                 | 3 | 23,274  |
| 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 | 24,729 |
| 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 | 24,729 |
| 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. See instructions if limited  | 8a | 13,895 |
| 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 Mortgage insurance premiums (see instructions)   | 8d |        |
| e Add lines 8a through 8d  | 8e | 13,895 |
| 9 Investment interest. Attach Form 4952 if required. See instructions  | 9  |        |
| 10 Add lines 8e and 9  | 10 | 13,895 |

**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 | 920 |
| 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 |     |
| 13 Carryover from prior year  | 13 |     |
| 14 Add lines 11 through 13  | 14 | 920 |

**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 or 1040-SR, line 9 | 17 | 24,815 |
| 18 If you elect to itemize deductions even though they are less than your standard deduction, check here                   |    |        |

**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 1040A or 1040.

OMB No. 1545-0074

**2019**

Attachment

Sequence No **08**

Name(s) shown on return

**Paul E Hanna & Natalia Linos**

Your social security number

**Part I**  
**Interest**

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

IRS

Cit Bank

**Amount**

97.80

2,394.36

**1**

**2** Add the amounts on line 1  
**3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815  
**4** Subtract line 3 from line 2. Enter the result here and on Form 1040, Line 2b

**2**

2,492

**3**

**4**

2,492

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

**Amount**

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

(See instructions and the instructions for Form 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

Vanguard

9,226.21

**5**

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

**6**

9,226

**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 2019, 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

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

**Yes** **No**

☐ ☒

☐ ☐

☐ ☒



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

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

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

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **17**

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

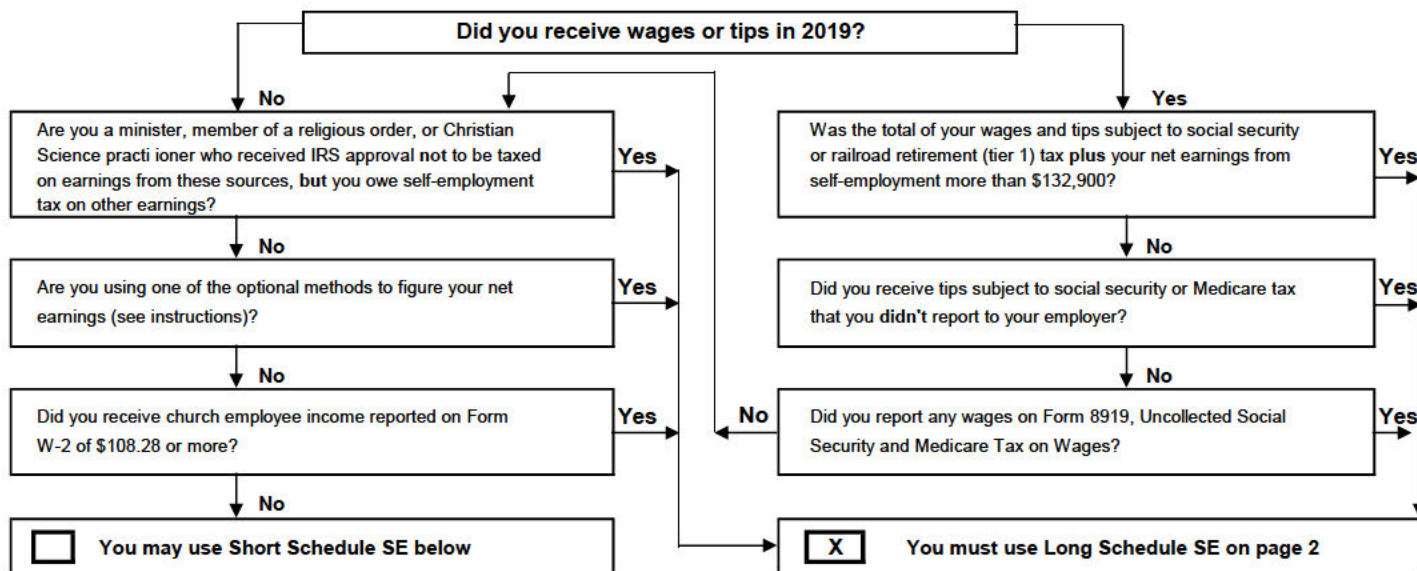
Natalia Linos

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.

|  |           |  |
|--|-----------|--|
| <b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A  | <b>1a</b> |  |
| <b>b</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  | <b>1b</b> |  |
| <b>2</b> Net profit or (loss) from Schedule C, line 31; Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report   | <b>2</b>  |  |
| <b>3</b> Combine lines 1a, 1b, and 2.  | <b>3</b>  |  |
| <b>4</b> Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; <b>don't</b> file this schedule unless you have an amount on line 1b<br><b>Note.</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.   | <b>4</b>  |  |
| <b>5 Self-employment tax.</b> If the amount on line 4 is:<br>• \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the results here and on <b>Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040NR, line 55</b><br>• More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on <b>Schedule 2 (Form 1040), line 4, or Form 1040NR, line 55</b> | <b>5</b>  |  |
| <b>6 Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on <b>Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040NR, line 27</b>   | <b>6</b>  |  |

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

Cat. No. 11358Z

Schedule SE (Form 1040 or 1040-SR) 2019



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

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 K-1 (Form 1065), box 14, code A (other than farming); Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. **Note.** Skip this line if you use the nonfarm optional method (see instructions) . . . . .**2** 137,836**3** Combine lines 1a, 1b, and 2. . . . .**3** 137,836**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 . . . . .**4a** 127,292**Note.** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.**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** 127,292**5a** Enter your **church employee income** from Form W-2. See

instructions for definition of church employee income . . . . .

**5a****b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- . . . . .**5b** 0**6** Add lines 4c and 5b . . . . .**6** 127,292**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 2019 . . . . .**7** 132,900**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 \$132,900 or more, skip lines 8b through 10 and go to line 11 . . . . .

**8a** 137,836**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****9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . . . . .**9****10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) . . . . .**10****11** Multiply line 6 by 2.9% (0.029) . . . . .**11** 3,691**12** **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040 or 1040-SR), line 4 or Form 1040NR, line 5b** . . . . .**12** 3,691**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 or 1040-SR), line 14, or Form 1040NR, line 27** . . . . .**13**

1,846

**Part II Optional Methods To Figure Net Earnings (see instructions)****Farm Optional Method.** You may use this method **only** if (a) your gross farm income<sup>1</sup> was not more than \$8,160 or (b) your net farm profits were less than \$5,891.**14** Maximum income for optional methods . . . . .**14** 5,440**15** Enter the **smaller** of: two-thirds (2/3) of gross farm income<sup>1</sup> (not less than zero) **or** \$5,440. Also, include this amount on line 4b above . . . . .**15****Nonfarm Optional Method.** You may use this method **only** if (a) your net nonfarm profits<sup>3</sup> were less than \$5,891 and also less than 72.189% of your gross nonfarm income<sup>4</sup> **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<sup>4</sup> (not less than zero) **or** the amount on line 16. Also include this amount on line 4b above . . . . .**17**<sup>1</sup> From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.<sup>2</sup> 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.<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.



## Foreign Tax Credit

(Individual, Estate, or Trust)

Department of the Treasury  
Internal Revenue Service (99)▶ Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.  
Go to [www.irs.gov/Form1116](http://www.irs.gov/Form1116) for instructions and the latest information.

OMB No. 1545-0121

2019

Attachment  
Sequence  
No. 19

Name

Paul E Hanna &amp; Natalia Linos

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions.

Check only one box on each

Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Section 951A income      c ☒ Passive category income      e ☐ Section 901(j) income      g ☐ Lump-sum distributions  
 b ☐ Foreign branch income      d ☐ General category income      f ☐ Certain income re-sourced by treaty

h Resident of (name of country) ▶

**Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.

**Part I Taxable Income or Loss From Sources Outside the United States** (for category checked above)

| i Enter the name of the foreign country or U.S. possession  | Foreign Country or U.S. Possession |   |   | Total<br>(Add cols. A, B, and C.) |
|---|------------------------------------|---|---|-----------------------------------|
|   | A<br>RIC                           | B | C |                                   |
| 1a Gross income from sources within country shown above and of the type checked above (see instructions):   |                                    |   |   |                                   |
|   | 183                                |   |   | 183                               |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/> |                                    |   |   |                                   |
| <b>Deductions and losses (Caution: See instructions.):</b>  |                                    |   |   |                                   |
| 2 Expenses <b>definitely related</b> to the income on line 1a (attach statement)  |                                    |   |   |                                   |
| 3 Pro rata share of other deductions <b>not definitely related</b> :  |                                    |   |   |                                   |
| a Certain itemized deductions or standard deduction (see instructions)  |                                    |   |   |                                   |
| b Other deductions (attach statement)   |                                    |   |   |                                   |
| c Add lines 3a and 3b   | 0                                  | 0 | 0 |                                   |
| d Gross foreign source income (see instructions)  |                                    |   |   |                                   |
| e Gross income from all sources (see instructions)  |                                    |   |   |                                   |
| f Divide line 3d by line 3e (see instructions)  |                                    |   |   |                                   |
| g Multiply line 3c by line 3f   |                                    |   |   |                                   |
| 4 Pro rata share of interest expense (see instructions):  |                                    |   |   |                                   |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)   |                                    |   |   |                                   |
| b Other interest expense  |                                    |   |   |                                   |
| 5 Losses from foreign sources   |                                    |   |   |                                   |
| 6 Add lines 2, 3g, 4a, 4b, and 5  | 0                                  | 0 | 0 | 0                                 |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2  |                                    |   |   | 183                               |

**Part II Foreign Taxes Paid or Accrued** (see instructions)

| Country | Credit is claimed for taxes (you must check one)<br>(j) <input checked="" type="checkbox"/> Paid<br>(k) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued   |               |                         |              |   |               |                         |   |   |              |
|---------|--|---|---------------|-------------------------|--------------|---|---------------|-------------------------|---|---|--------------|
|         |  | In foreign currency   |               |                         |              | In U.S. dollars                         |               |                         |   |   |              |
|         |  | Taxes withheld at source on:  |               |                         |              | Taxes withheld at source on:            |               |                         | (t) Other foreign taxes paid or accrued | (u) Total foreign taxes paid or accrued (add cols. (q) through (t)) |              |
|         |  | (l) Date paid or accrued  | (m) Dividends | (n) Rents and royalties | (o) Interest | (p) Other foreign taxes paid or accrued | (q) Dividends | (r) Rents and royalties |   |   | (s) Interest |
| A       |  | 1099 taxes  |               |                         |              |   | 183           |                         |   |   | 183          |
| B       |  |   |               |                         |              |   |               |                         |   |   | -            |
| C       |  |   |               |                         |              |   |               |                         |   |   | -            |
| 8       |  | Add lines A through C, column (u). Enter the total here and on line 9, page 2 |               |                         |              |   |               |                         |   | 8   | 183          |

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11440U

Form 1116 (2019)



**Part III Figuring the Credit**

|           |   |           |         |  |
|-----------|---|-----------|---------|--|
| <b>9</b>  | Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I . . . . .  | <b>9</b>  | 183     |  |
| <b>10</b> | Carryback or carryover (attach detailed computation) . . . . .<br>(If your income was section 951A income (box a above Part I), leave line 10 blank.)   | <b>10</b> |         |  |
| <b>11</b> | Add lines 9 and 10 . . . . .  | <b>11</b> | 183     |  |
| <b>12</b> | Reduction in foreign taxes (see instructions) . . . . .   | <b>12</b> |         |  |
| <b>13</b> | Taxes reclassified under high tax kickout (see instructions) . . . . .  | <b>13</b> |         |  |
| <b>14</b> | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit . . . . .  | <b>14</b> | 183     |  |
| <b>15</b> | Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions) . . . . .  | <b>15</b> | 183     |  |
| <b>16</b> | Adjustments to line 15 (see instructions) . . . . .   | <b>16</b> |         |  |
| <b>17</b> | Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.) . . . . .   | <b>17</b> | 183     |  |
| <b>18</b> | <b>Individuals:</b> Enter the amount from Form 1040 or 1040-SR, line 11b; or Form 1040-NR, line 41. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption . . . . .<br><b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.   | <b>18</b> | 285,508 |  |
| <b>19</b> | Divide line 17 by line 18. If line 17 is more than line 18, enter "1" . . . . .   | <b>19</b> | 0.0006  |  |
| <b>20</b> | <b>Individuals:</b> Enter the total of Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, lines 42 and 44.<br><b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 40, 41, and 43. Foreign estates and trusts should enter the amount from Form 1040-NR, line 42 . . .<br><b>Caution:</b> If you are completing line 20 for separate category <b>g</b> (lump-sum distributions), see instructions. | <b>20</b> | 56,232  |  |
| <b>21</b> | Multiply line 20 by line 19 (maximum amount of credit) . . . . .  | <b>21</b> | 34      |  |
| <b>22</b> | Enter the <b>smaller</b> of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions) . . . . .   | <b>22</b> | 34      |  |

**Part IV Summary of Credits From Separate Parts III** (see instructions)

|           |  |           |    |  |
|-----------|--|-----------|----|--|
| <b>23</b> | Credit for taxes on section 951A income . . . . .  | <b>23</b> |    |  |
| <b>24</b> | Credit for taxes on foreign branch income . . . . .  | <b>24</b> |    |  |
| <b>25</b> | Credit for taxes on passive category income . . . . .  | <b>25</b> |    |  |
| <b>26</b> | Credit for taxes on general category income . . . . .  | <b>26</b> |    |  |
| <b>27</b> | Credit for taxes on section 901(j) income . . . . .  | <b>27</b> |    |  |
| <b>28</b> | Credit for taxes on certain income re-sourced by treaty . . . . .  | <b>28</b> |    |  |
| <b>29</b> | Credit for taxes on lump-sum distributions . . . . .   | <b>29</b> |    |  |
| <b>30</b> | Add lines 23 through 29 . . . . .  | <b>30</b> |    |  |
| <b>31</b> | Enter the <b>smaller</b> of line 20 or line 30 . . . . .   | <b>31</b> | 34 |  |
| <b>32</b> | Reduction of credit for international boycott operations. See instructions for line 12 . . . . .   | <b>32</b> |    |  |
| <b>33</b> | Subtract line 32 from line 31. This is your <b>foreign tax credit</b> . Enter here and on Schedule 3 (Form 1040 or 1040-SR), line 1; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 45a . . . . . | <b>33</b> | 34 |  |

2441

Department of the Treasury  
Internal Revenue Service (99)

## Child and Dependent Care Expenses

▶ 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

Paul E Hanna &amp; Natalia Linos

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<br>(number, street, apt. no., city, state, and ZIP code) | (c) Identifying number<br>(SSN or EIN) | (d) Amount paid<br>(see instructions) |
|----------------------------|--|--|---------------------------------------|
|                            |  |  | 9,670                                 |

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 2 (Form 1040 or 1040-SR), line 7a; or Form 1040NR, line 59a.

**Part II** Credit for Child and Dependent Care Expenses2 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 |  |  |
|                              |      |  | 4,835  |
|                              |      |  | 4,835  |

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 or 1040-SR, line 8b; or Form 1040-NR, line 35

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

3 1,000

4 123,858

5 312,583

6 1,000

7 310,323

8 X 0.20

9 200

10 56,198

11 200

9 Multiply line 6 by the decimal amount on line 8. If you paid 2018 expenses in 2019, 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 and here and on Schedule 3 (Form 1040 or 1040-SR), line 2; or Form 1040-NR, line 47

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

Cat. No. 11862M

Form 2441 (2019)



**Part III Dependent Care Benefits**

|    |  |    |         |
|----|--|----|---------|
| 12 | Enter total amount of <b>dependent care benefits</b> you received for 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 | 12 | 5,000   |
| 13 | Enter the amount, if any, you carried over from 2018 and used in 2019 during the grace period. See instructions  | 13 |         |
| 14 | Enter the amount, if any, you forfeited or carried forward to 2020. See instructions   | 14 |         |
| 15 | Combine lines 12 through 14. See instructions  | 15 | 5,000   |
| 16 | Enter the total amount of <b>qualified expenses</b> incurred in 2019 for care of the <b>qualifying person(s)</b>   | 16 | 5,000   |
| 17 | Enter the <b>smaller</b> of line 15 or 16  | 17 | 5,000   |
| 18 | Enter your <b>earned income</b> . See instructions   | 18 | 123,858 |
| 19 | Enter the amount shown below that applies to you.<br><ul style="list-style-type: none"> <li>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).</li> <li>If married filing separately, see instructions.</li> <li>All others, enter the amount from line 18.</li> </ul>                           | 19 | 312,583 |
| 20 | Enter the <b>smallest</b> of line 17, 18, or 19  | 20 | 5,000   |
| 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 | 5,000   |
| 22 | Is any amount on line 12 from your sole proprietorship or partnership?<br><input checked="" type="checkbox"/> <b>No.</b> Enter -0-.<br><input type="checkbox"/> <b>Yes.</b> Enter the amount here  | 22 | 0       |
| 23 | Subtract line 22 from line 15  | 23 | 5,000   |
| 24 | <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   | 24 | 0       |
| 25 | <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-.  | 25 | 5,000   |
| 26 | <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"  | 26 | 0       |

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 | 6,000 |
| 28 | Add lines 24 and 25  | 28 | 5,000 |
| 29 | Subtract line 28 from line 27. If zero or less, <b>stop</b> . You can't take the credit.<br><b>Exception.</b> If you paid 2018 expenses in 2019, see the instruction for line 9. | 29 | 1,000 |
| 30 | 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  | 30 | 9,670 |
| 31 | 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   | 31 | 1,000 |

**SCHEDULE H**  
**(Form 1040 or 1040-SR)**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, 1040-SR, 1040-NR, 1040-SS, or 1041.**▶ **Go to [www.irs.gov/ScheduleH](http://www.irs.gov/ScheduleH) for instructions and the latest information.**

OMB No. 1545-1971

**2019**  
Attachment  
Sequence No. **44**

Name of employer

Paul Hanna

Social security number

[REDACTED]

Employer identification number

[REDACTED]

Calendar year taxpayers having no household employees in 2019 don't have to complete this form for 2019.

**A** Did you pay **any one** household employee cash wages of \$2,100 or more in 2019? (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 2019 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 2018 or 2019 to **all** household employees? (**Don't** count cash wages paid in 2018 or 2019 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**

|          |  |          |          |          |         |
|----------|--|----------|----------|----------|---------|
| <b>1</b> | Total cash wages subject to social security tax . . . . .  | <b>1</b> | 13650.00 |          |         |
| <b>2</b> | Social security tax. Multiply line 1 by 12.4% (0.124) . . . . .                                      |          |          | <b>2</b> | 1692.60 |
| <b>3</b> | Total cash wages subject to Medicare tax . . . . .   | <b>3</b> | 13650.00 |          |         |
| <b>4</b> | Medicare tax. Multiply line 3 by 2.9% (0.029) . . . . .  |          |          | <b>4</b> | 395.85  |
| <b>5</b> | Total cash wages subject to Additional Medicare Tax withholding . . . . .                            | <b>5</b> |          |          |         |
| <b>6</b> | Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009) . . . . .                       |          |          | <b>6</b> |         |
| <b>7</b> | Federal income tax withheld, if any . . . . .  |          |          | <b>7</b> | 134.94  |
| <b>8</b> | <b>Total social security, Medicare, and federal income taxes.</b> Add lines 2, 4, 6, and 7 . . . . . |          |          | <b>8</b> | 2223.39 |

**9** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2018 or 2019 to **all** household employees? (**Don't** count cash wages paid in 2018 or 2019 to your spouse, your child under age 21, or your parent.)

☐ **No. Stop.** Include the amount from line 8 above on Schedule 2 (Form 1040 or 1040-SR), line 7a. If you're not required to file Form 1040 or 1040-SR, see the line 9 instructions.☒ **Yes.** Go to line 10.



**Part II Federal Unemployment (FUTA) Tax**

|  | Yes         | No |
|--|-------------|----|
| <b>10</b> Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check <b>"No."</b> | <b>10</b> X |    |
| <b>11</b> Did you pay all state unemployment contributions for 2019 by April 15, 2020? Fiscal year filers, see instructions  | <b>11</b> X |    |
| <b>12</b> Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?   | <b>12</b> 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**

|  |                  |                   |
|--|------------------|-------------------|
| <b>13</b> Name of the state where you paid unemployment contributions  | NEW YORK         |                   |
| <b>14</b> Contributions paid to your state unemployment fund   | <b>14</b> 139.66 |                   |
| <b>15</b> Total cash wages subject to FUTA tax   |                  | <b>15</b> 7000.00 |
| <b>16</b> FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25 |                  | <b>16</b> 42.00   |

**Section B**

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

| (a)<br>Name of state | (b)<br>Taxable wages (as defined in state act) | (c)<br>State experience rate period |    | (d)<br>State experience rate | (e)<br>Multiply col. (b) by 0.054 | (f)<br>Multiply col. (b) by col. (d) | (g)<br>Subtract col. (f) from col. (e). If zero or less, enter -0- | (h)<br>Contributions paid to state unemployment fund |
|----------------------|--|-------------------------------------|----|------------------------------|-----------------------------------|--------------------------------------|--|--|
|                      |  | From                                | To |                              |                                   |                                      |  |  |
|                      |  |                                     |    |                              |                                   |                                      |  |  |
|                      |  |                                     |    |                              |                                   |                                      |  |  |

|   |           |  |
|---|-----------|--|
| <b>18</b> Totals  | <b>18</b> |  |
| <b>19</b> Add columns (g) and (h) of line 18  | <b>19</b> |  |
| <b>20</b> Total cash wages subject to FUTA tax (see the line 15 instructions)   | <b>20</b> |  |
| <b>21</b> Multiply line 20 by 6.0% (0.060)  | <b>21</b> |  |
| <b>22</b> Multiply line 20 by 5.4% (0.054)  | <b>22</b> |  |
| <b>23</b> Enter the <b>smaller</b> of line 19 or line 22<br>(If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here) <input type="checkbox"/> | <b>23</b> |  |
| <b>24</b> FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25  | <b>24</b> |  |

**Part III Total Household Employment Taxes**

|  |           |         |
|--|-----------|---------|
| <b>25</b> Enter the amount from line 8. If you checked the <b>"Yes"</b> box on line C of page 1, enter -0- | <b>25</b> | 2223.39 |
| <b>26</b> Add line 16 (or line 24) and line 25   | <b>26</b> | 2265.39 |

**27** Are you required to file Form 1040 or 1040-SR?

☐ **Yes. Stop.** Include the amount from line 26 above on Schedule 2 (Form 1040 or 1040-SR), line 7a. **Don't** complete Part IV below.

☐ **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.

|                            |  |
|----------------------------|--|
| 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.  |

**Paid Preparer Use Only**

**Additional Medicare Tax****2019**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, 1040-SR, 1040NR, 1040-PR, or 1040-SS.  
 ▶ Go to [www.irs.gov/Form8959](http://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 . . . . . | <b>1</b> | 171,397 |   |
| 2 Unreported tips from Form 4137, line 6 . . . . .  | <b>2</b> |         |   |
| 3 Wages from Form 8919, line 6 . . . . .  | <b>3</b> |         |   |
| 4 Add lines 1 through 3 . . . . .   | <b>4</b> | 171,397 |   |
| 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  | <b>5</b> | 250,000 |   |
| 6 Subtract line 5 from line 4. If the result is zero or less, enter -0-   | <b>6</b> |         | 0 |
| 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .                    | <b>7</b> |         | 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.) . . . . . | <b>8</b>  | 127,292 |        |
| 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  | <b>9</b>  | 250,000 |        |
| 10 Enter the amount from line 4 . . . . .  | <b>10</b> | 171,397 |        |
| 11 Subtract line 10 from line 9. If zero or less, enter -0- . . . . .  | <b>11</b> | 78,603  |        |
| 12 Subtract line 11 from line 8. If the result is zero or less, enter -0-  | <b>12</b> |         | 48,689 |
| 13 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> |         | 438    |

**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) . . . . .                                       | <b>14</b> |  |  |
| 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  | <b>15</b> |  |  |
| 16 Subtract line 15 from line 14. If the result is zero or less, enter -0- . . . . .  | <b>16</b> |  |  |
| 17 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**

|  |           |  |     |
|--|-----------|--|-----|
| 18 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, & 1040-SS filers, see instructions) and go to Part V . . . . . | <b>18</b> |  | 438 |
|--|-----------|--|-----|

**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 . . . . .  | <b>19</b> | 2,485   |   |
| 20 Enter the amount from line 1 . . . . .   | <b>20</b> | 171,397 |   |
| 21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .  | <b>21</b> | 2,485   |   |
| 22 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> |         | 0 |
| 23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) . . . . .  | <b>23</b> |         |   |
| 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040 or 1040-SR, line 17 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) . . . . . | <b>24</b> |         | 0 |



Form **8960**Department of the Treasury  
Internal Revenue Service (99)**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

**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  | 2,492  |
| 2  | Ordinary dividends (see instructions)   |      | 2  | 9,226  |
| 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)           | 5b   |    |        |
| c  | Adjustment from disposition of partnership interest or S corporation stock (see instructions)                               | 5c   |    |        |
| 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  | 11,718 |

**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 | 934 |     |
| c  | Miscellaneous investment expenses (see instructions)    | 9c |     |     |
| d  | Add lines 9a, 9b, and 9c                                |    | 9d  | 934 |
| 10 | Additional modifications (see instructions)             |    | 10  |     |
| 11 | Total deductions and modifications. Add lines 9d and 10 |    | 11  | 934 |

**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 | 10,784 |
| 13  | Modified adjusted gross income (see instructions)  | 13 310,323 |    |        |
| 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 60,323  |    |        |
| 16  | Enter the smaller of line 12 or line 15  |            | 16 | 10,784 |
| 17  | Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038).<br>Enter here and include on your tax return (see instructions)                                 |            | 17 | 410    |
| 18a | Net investment income (line 12 above)  | 18a 10,784 |    |        |
| 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).<br>Enter here and include on your tax return (see instructions)                          |            | 21 | 0      |