

INJURED SPOUSE

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

Your first name and initial: **CARL R** Last name: **EVANS** Your social security number: **015-00-7001**

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

If joint return, spouse's first name and initial: **JANICE** Last name: **BRYANT** Spouse's social security number: **115-00-0000**

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)
 Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **8705 SOMERBY WAY** Apt. no. **Presidential Election Campaign** (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **OMAHA, NE 68101** If more than four dependents, see inst. and ✓ here

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

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.	Your signature	Date 01/12/19	Your occupation RETIRED	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	<input type="text"/>
	Spouse's signature. If a joint return, both must sign.	Date 01/12/19	Spouse's occupation TEACHER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)	<input type="text"/>

Preparer's name	Preparer's signature	PTIN S53052884	Firm's EIN -	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ PRACTICE LAB		Phone no. 202-202-2022		
Firm's address ▶ 15 PRACTICE LAB WAY WASHINGTON DC 20005				

		1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	33293
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	2a	Tax-exempt interest	2a		2b	Taxable interest
	3a	Qualified dividends	3a		3b	Ordinary dividends
	4a	IRAs, pensions, and annuities	4a		4b	Taxable amount
	5a	Social security benefits	5a		5b	Taxable amount
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6		6	33293
	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		7	33293
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.	8	Standard deduction or itemized deductions (from Schedule A)	8		8	25300
	9	Qualified business income deduction (see instructions)	9		9	
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10		10	7993
	11	a Tax (see inst.) <u>798</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____)	11		11	798
		b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	a Child tax credit/credit for other dependents _____ b Add any amount from Schedule 3 and check here <input checked="" type="checkbox"/>	12	500
	12	Subtract line 12 from line 11. If zero or less, enter -0-	13	Other taxes. Attach Schedule 4	13	298
	13	Total tax. Add lines 13 and 14	14	Federal income tax withheld from Forms W-2 and 1099	14	0
	14	Federal income tax withheld from Forms W-2 and 1099	15	Refundable credits: a EIC (see inst.) _____ b Sch. 8812 _____ c Form 8863 _____	15	298
	15	Refundable credits: a EIC (see inst.) _____ b Sch. 8812 _____ c Form 8863 _____	16	Add any amount from Schedule 5 _____	16	3328
	16	Add any amount from Schedule 5 _____	17	Add lines 16 and 17. These are your total payments	17	
17	Add lines 16 and 17. These are your total payments	18		18	3328	
Direct deposit? See instructions.	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19		19	3030
	20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a		20a	3030
	b	Routing number <u>X X X X X X X X X X</u> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
d	Account number <u>X X X X X X X X X X X X X X X X</u>					
21	Amount of line 19 you want applied to your 2019 estimated tax	21		21		
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22		22		
23	Estimated tax penalty (see instructions)	23		23		

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

QNA

**SCHEDULE 3
(Form 1040)**

Nonrefundable Credits

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

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

2018
Attachment
Sequence No. **03**

Name(s) shown on Form 1040

Your social security number

EVANS

015-00-7001

Nonrefundable Credits	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	500
	52	Reserved	52	
	53	Residential energy credit. Attach Form 5695	53	
	54	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	54	
	55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55	500

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

Schedule 3 (Form 1040) 2018

QNA

a Employee's social security number 115-00-0000		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile					
b Employer identification number (EIN) 25-5123456				1 Wages, tips, other compensation 21010		2 Federal income tax withheld 2100							
c Employer's name, address, and ZIP code JEFFERSON COUNTY SCHOOL DISTRICT 12210 ROBIN ROAD INDIANAPOLIS IN 46204				3 Social security wages 22010		4 Social security tax withheld 1365							
				5 Medicare wages and tips 22010		6 Medicare tax withheld 319							
				7 Social security tips		8 Allocated tips							
d Control number				9 Verification code		10 Dependent care benefits							
e Employee's first name and initial JANICE		Last name BRYANT		Suff.		11 Nonqualified plans		12a See instructions for box 12 E 1000					
f Employee's address and ZIP code 125 WEST ELM OMAHA NE 68101				13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b DD 4735							
				14 Other		12c							
						12d							
15 State NE		Employer's state ID number 216123456		16 State wages, tips, etc. 21010		17 State income tax 1051		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2 Wage and Tax Statement** **2018** Department of the Treasury—Internal Revenue Service

a Employee's social security number 015-00-7001		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile					
b Employer identification number (EIN) 25-6123456				1 Wages, tips, other compensation 12283		2 Federal income tax withheld 1228							
c Employer's name, address, and ZIP code PETROLEUM OIL AND GAS 624 KASPAR DRIVE INDIANAPOLIS IN 46202				3 Social security wages 12283		4 Social security tax withheld 762							
				5 Medicare wages and tips 12283		6 Medicare tax withheld 178							
				7 Social security tips		8 Allocated tips							
d Control number				9 Verification code		10 Dependent care benefits							
e Employee's first name and initial CARL R		Last name EVANS		Suff.		11 Nonqualified plans		12a See instructions for box 12					
f Employee's address and ZIP code 125 WEST ELM OMAHA NE 68101				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b							
				14 Other		12c							
						12d							
15 State NE		Employer's state ID number 312123456		16 State wages, tips, etc. 12283		17 State income tax 614		18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form **W-2 Wage and Tax Statement** **2018** Department of the Treasury—Internal Revenue Service

Injured Spouse-TSO TY18

Form 8379 Injured Spouse Form

Is the Primary Taxpayer the Injured Spouse?

Are you divorced or separated from the spouse with whom you filed the joint return AND do you want the refund check issued in your name only?

Did (or will) the IRS use the joint overpayment to pay any of the following legally enforceable past-due debt(s) owed only by your spouse?

- Federal tax
- State income tax
- Child support
- Spousal support
- Federal nontax debt (such as a student loan)

Are you legally obligated to pay this past-due amount?

Check here if you want any injured spouse refund mailed to an address different from the one on your joint return.

Was your main home in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI)?

Did you make and report payments, such as federal income tax withholding or estimated tax payments?

Did (or will) you claim a refundable tax credit, such as the health coverage tax credit, or refundable credit for prior year minimum tax?

Allocated Items	Amount Shown on Joint Return	Allocated to Injured Spouse
Wages	\$33,293.00	\$ 1228
Interest income or loss	\$0.00	\$
Business income or loss	\$0.00	\$
Interest income or loss	\$0.00	\$
Business income or loss	\$0.00	\$
Farm income or loss	\$0.00	\$
Capital gain or loss	\$0.00	\$
Pensions and/or IRA's	\$0.00	\$
Other income or loss	\$0.00	\$
Adjustments to income	\$0.00	\$
Standard -or- itemized deductions	\$25,300.00 -or- \$0.00	\$ 13300
Number of exemptions	2	1
Credits	\$500.00	\$
Other taxes	\$0.00	\$
Federal tax withheld	\$3,328.00	Pulled from Return
Estimated tax payments	\$0.00	\$



Note: According to the IRS, there may be an 11-14 week delay in receiving your refund when filing Form 8379, Injured Spouse Allocation.

Injured Spouse Allocation

▶ Information about Form 8379 and its separate instructions is at www.irs.gov/form8379.

Part I Should You File This Form? You must complete this part.

- 1 Enter the tax year for which you are filing this form. ▶ 2018 Answer the following questions for that year.
- 2 Did you (or will you) file a joint return?
 Yes. Go to line 3.
 No. Stop here. Do not file this form. You are not an injured spouse.
- 3 Did (or will) the IRS use the joint overpayment to pay any of the following legally enforceable past-due debt(s) owed only by your spouse? (see instructions)
 • Federal tax • State income tax • State unemployment compensation • Child support • Spousal support
 • Federal nontax debt (such as a student loan)
 Yes. Go to line 4.
 No. Stop here. Do not file this form. You are not an injured spouse.
Note: If the past-due amount is for a federal tax liability owed by both you and your spouse, you may qualify for innocent spouse relief for the year to which the joint overpayment was (or will be) applied. See *Innocent Spouse Relief* in the instructions.
- 4 Are you legally obligated to pay this past-due amount?
 Yes. Stop here. Do not file this form. You are not an injured spouse.
Note: If the past-due amount is for a federal tax liability owed by both you and your spouse, you may qualify for innocent spouse relief for the year to which the joint overpayment was (or will be) applied. See *Innocent Spouse Relief* in the instructions.
 No. Go to line 5a.
- 5a Were you a resident of a community property state at any time during the tax year entered on line 1? (see instructions)
 Yes. Enter the name(s) of the community property state(s) _____
 Go to line 5b.
 No. Skip line 5b and go to line 6.
- b If you answered "Yes" on line 5a, was your marriage recognized under the laws of the community property state(s)? (see instructions)
 Yes. Skip lines 6 through 9. **Go to Part II** and complete the rest of this form.
 No. Go to line 6.
- 6 Did you make and report payments, such as federal income tax withholding or estimated tax payments?
 Yes. Skip lines 7 through 9 and **go to Part II** and complete the rest of this form.
 No. Go to line 7.
- 7 Did you have earned income, such as wages, salaries, or self-employment income?
 Yes. Go to line 8.
 No. Skip line 8 and go to line 9.
- 8 Did (or will) you claim the earned income credit or additional child tax credit?
 Yes. Skip line 9 and **go to Part II** and complete the rest of this form.
 No. Go to line 9.
- 9 Did (or will) you claim a refundable tax credit? (see instructions)
 Yes. Go to Part II and complete the rest of this form.
 No. Stop here. Do not file this form. You are not an injured spouse.

Part II Information About the Joint Tax Return for Which This Form Is Filed

- 10 Enter the following information exactly as it is shown on the tax return for which you are filing this form.
 The spouse's name and social security number shown first on that tax return must also be shown first below.

First name, initial, and last name shown first on the return CARL R EVANS	Social security number shown first 015-00-7001	If Injured Spouse, check here ▶ <input checked="" type="checkbox"/>
First name, initial, and last name shown second on the return JANICE BRYANT	Social security number shown second 115-00-0000	If Injured Spouse, check here ▶ <input type="checkbox"/>
- 11 Check this box only if you want your refund issued in both names. Otherwise, separate refunds will be issued for each spouse, if applicable
- 12 Do you want any injured spouse refund mailed to an address different from the one on your joint return? **Yes** **No**
 If "Yes," enter the address. _____

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

Part III Allocation Between Spouses of Items on the Joint Tax Return (See the separate Form 8379 instructions for Part III.)

Allocated Items (Column (a) must equal columns (b) + (c))	(a) Amount shown on joint return	(b) Allocated to injured spouse	(c) Allocated to other spouse
13 Income: a. Income reported on Form(s) W-2	33293	12283	21010
b. All other income			
14 Adjustments to income			
15 Standard deduction or Itemized deductions	25300	13300	12000
16 Number of exemptions	2	1	1
17 Credits (do not include any earned income credit)	500		500
18 Other taxes			
19 Federal income tax withheld	3328	1228	2100
20 Payments			

Part IV Signature. Complete this part only if you are filing Form 8379 by itself and not with your tax return.

Under penalties of perjury, I declare that I have examined this form and any accompanying schedules or 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.

Keep a copy of this form for your records	Injured spouse's signature		Date	Phone number
	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
Paid Preparer Use Only	Firm's name ▶		Firm's EIN ▶	
	Firm's address ▶		Phone no.	