

**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 your 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 BYRON		Last name KAUFFMAN		Your social security number 200-56-5504	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 3010 N PENINSULA DRIVE				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. DAYTONA BEACH			State FL	ZIP code 32118	
Foreign country name		Foreign province/state/county		Foreign postal code	
<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  
 Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:**  Were born before January 2, 1956  Are blind **Spouse:**  Was born before January 2, 1956  Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		1	0
Attach Sch. B if required.	2a Tax-exempt interest . . . . .	2a	0
	b Taxable interest . . . . .	2b	0
	3a Qualified dividends . . . . .	3a	0
	b Ordinary dividends . . . . .	3b	0
	4a IRA distributions . . . . .	4a	
	b Taxable amount . . . . .	4b	0
	5a Pensions and annuities . . . . .	5a	
	b Taxable amount . . . . .	5b	0
	6a Social security benefits . . . . .	6a	
	b Taxable amount . . . . .	6b	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		7	0
8 Other income from Schedule 1, line 9 . . . . .		8	-332
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶		9	-332
10 Adjustments to income: . . . . .			
	a From Schedule 1, line 22 . . . . .	10a	0
	b Charitable contributions if you take the standard deduction. See instructions . . . . .	10b	0
	c Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	10c	0
11 Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶		11	-332
12 <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .		12	12,400
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .		13	0
14 Add lines 12 and 13 . . . . .		14	12,400
15 <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		15	0

**Standard Deduction for-**  
 • Single or Married filing separately, \$12,400  
 • Married filing jointly or Qualifying widow(er), \$24,800  
 • Head of household, \$18,650  
 • If you checked any box under **Standard Deduction**, see instructions.

<b>16</b> Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>16</b>	0
<b>17</b> Amount from Schedule 2, line 3	<b>17</b>	0
<b>18</b> Add lines 16 and 17	<b>18</b>	0
<b>19</b> Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b> Amount from Schedule 3, line 7	<b>20</b>	0
<b>21</b> Add lines 19 and 20	<b>21</b>	0
<b>22</b> Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	0
<b>23</b> Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0
<b>24</b> Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	0
<b>25</b> Federal income tax withheld from:		
<b>a</b> Form(s) W-2	<b>25a</b>	0
<b>b</b> Form(s) 1099	<b>25b</b>	0
<b>c</b> Other forms (see instructions)	<b>25c</b>	0
<b>d</b> Add lines 25a through 25c	<b>25d</b>	0
<b>26</b> 2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	0
<b>27</b> Earned income credit (EIC) <sup>NO</sup>	<b>27</b>	0
<b>28</b> Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b> American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b> Recovery rebate credit. See instructions	<b>30</b>	0
<b>31</b> Amount from Schedule 3, line 13	<b>31</b>	0
<b>32</b> Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	0
<b>33</b> Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	0

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

**Refund**

<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	
<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	
▶ <b>b</b> Routing number <u>XXXXXXXXXX</u> ▶ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ <b>d</b> Account number <u>XXXXXXXXXXXXXXXXXXXX</u>		
<b>36</b> Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	

**Amount You Owe**

For details on how to pay, see instructions.

<b>37</b> Subtract line 33 from line 24. This is the <b>amount you owe now</b> <b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	<b>37</b>	0
<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions ▶  **Yes**. Complete below.  **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

**Sign Here**

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no. 386-677-5854 Email address mailman@tntsouth.com

**Paid Preparer Use Only**

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

**SCHEDULE 1**  
**(Form 1040)**

**Additional Income and Adjustments to Income**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

Department of the Treasury  
Internal Revenue Service

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

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

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

BYRON

KAUFFMAN

Your social security number

200-56-5504

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	0
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	-332
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	0
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____ _____	<b>8</b>	0
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-332

**Part II Adjustments to Income**

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

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

**Schedule 1 (Form 1040) 2020**

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
**(Sole Proprietorship)**

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **09**

Name of proprietor BYRON KAUFFMAN		Social security number (SSN) 200-56-5504
<b>A</b> Principal business or profession, including product or service (see instructions) ILLUSTRATOR	<b>B</b> Enter code from instructions ▶ 541400	
<b>C</b> Business name. If no separate business name, leave blank. BYRON KAUFFMAN ILLUSTRATOR	<b>D</b> Employer ID number (EIN) (see instr.)	
<b>E</b> Business address (including suite or room no.) ▶ 3010 N PENINSULA DRIVE City, town or post office, state, and ZIP code DAYTONA BEACH FL 32118		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
<b>G</b> Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>H</b> If you started or acquired this business during 2020, check here		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I</b> Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>J</b> If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	50
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	50
4 Cost of goods sold (from line 42)	4	0
5 <b>Gross profit.</b> Subtract line 4 from line 3	5	50
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	0
7 <b>Gross income.</b> Add lines 5 and 6	7	50

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

8 Advertising	8		18	274
9 Car and truck expenses (see instructions)	9	0	19	
10 Commissions and fees	10		20	
11 Contract labor (see instructions)	11		a	0
12 Depletion	12		b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0	21	
14 Employee benefit programs (other than on line 19)	14		22	24
15 Insurance (other than health)	15		23	84
16 Interest (see instructions):			24	
a Mortgage (paid to banks, etc.)	16a		a	0
b Other	16b		b	0
17 Legal and professional services	17		25	
			26	
			27a	0
			b	
			27b	
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	28		28	382
29 Tentative profit or (loss). Subtract line 28 from line 7	29		29	-332
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		30	0
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	31		31	-332
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			32a	<input checked="" type="checkbox"/> All investment is at risk.
			32b	<input type="checkbox"/> Some investment is not at risk.

**SUPPORTING FORMS**

**RE:** 2020 Tax Returns

**PREPARED FOR:** BYRON KAUFFMAN

**SSN:** 200-56-5504

**PRINTED ON:** March 03, 2021

**PREPARED USING:** H&R Block 2020 [7001]

**SUPPORTING FORMS WHICH CAN BE SUBMITTED TO THE IRS**

**SUPPORTING FORMS IN YOUR RETURN**

1. - Background Worksheet - Background Information Worksheet
2. - Last Year's Data Worksheet - Last Year's Data Worksheet

\*\*\*\*\* DO NOT MAIL THIS PAGE \*\*\*\*\*

1. YOUR NAME, ADDRESS AND TELEPHONE NUMBER

File Form 1040 instead of Form 1040-SR...
Your name (first, MI, last, Jr/III) ... BYRON KAUFFMAN
Spouse's name (first,MI,last,Jr/III) ...
C/O information, if necessary ...
Foreign address (not APO/FPO) ...
Your street and apartment # (if any) ... 3010 N PENINSULA DRIVE
Your city, state, and ZIP code ... DAYTONA BEACH, FL 32118
Foreign country ...
Foreign province/state/county ...
Foreign postal code ...
Domestic telephone number (daytime) ... 386-677-5854
Foreign telephone number (daytime) ...
Foreign mobile phone ...
Domestic mobile phone number ...
Foreign mobile phone number ...
Email address ... mailman@tntsouth.com

- I live outside the U.S. and Puerto Rico and my main place of work is outside the U.S. and Puerto Rico, or I'm in military or naval service outside the U.S. and Puerto Rico.
Check here if you received a letter from the IRS with an identity protection personal identification number (IP PIN). IP PIN's are uncommon. They are sent to certain taxpayers taxpayers who have had a problem with identity theft.
Taxpayer 6-digit IP PIN ...
Spouse 6-digit IP PIN ...

2. GENERAL INFORMATION

Table with 2 columns: Yours, Your spouse's. Rows include Social Security number, Date of birth, 'X' if legally blind, Enter 'X' if disabled, Occupation, 'X' if you want \$3 to go to Pres. Elec. Campaign Fund, If this return is for a deceased person, Full-time student, Affected by fed. disaster.

3. FILING STATUS

- Choose your filing status below:
[X] Single
[ ] Married filing joint return
[ ] Married filing separate return
[ ] Head of household
[ ] Qualifying widow(er)
If you are married filing separately, check the applicable box.
I want to itemize my deductions ...
I want to use the standard deduction ...
Check the box if you are married filing separately AND you and your spouse lived apart throughout 2020 ...
Click here if you're a qualifying widow(er) and you cannot claim a qualifying child as your dependent because:
\* The child's income is too high;
\* The child is married filing a joint return; or
\* You could be claimed as a dependent on another's return ...
If you checked the box on line (d) above or your filing status is head of household and your qualifying person is a child but not your dependent, enter the qualifying child's name and SSN below.
Name ... SSN ...
Click here to clear or make a new selection ...
If qualifying widow(er), enter the year your spouse died ...
Check the box if you are married. AND your filing status is married

Check the box if you are married, **AND** your filing status is married  
filing separately or head of household, **AND** your spouse was age 65 or  
older as of January 1, 2021 . . . . .

**h.** Dual-Status Alien: Enter "X" if you or your spouse is a dual-status alien  
**AND** you are NOT entering on this tax return your combined worldwide  
income. If you enter "X," your standard deduction is zero . . . . .

AND you are NOT entering on this tax return your combined worldwide income. If you enter "X," your standard deduction is zero . . . . .

**BACKGROUND (CONT'D) PAGE 2**

**2020**

BYRON KAUFFMAN

SSN: 200-56-5504

**4. EXEMPTIONS FOR YOU AND YOUR SPOUSE**

- a. Place an "X" here if anyone else (a parent, e.g.) can claim you as a dependent on his or her tax return. (Joint filers enter "X" only if someone else can claim you, **AND** your tax before withholding is zero.) . . . . .
- b. Enter "Y" if you are entitled to an exemption for yourself . . . . . Y
- c. If married, place an "X" here if anyone else (a parent, e.g.) can claim **your spouse** as an exemption on his or her tax return. (Joint filers enter "X" only if someone else can claim your spouse, **AND** your tax before withholding is zero.) . . . . .
- d. Enter "X" if you are entitled to an exemption for your spouse . . . . .
- e. If you placed an "X" on line 4.a above, then enter "X" here if the other person is actually claiming you as a dependent . . . . .

**Your Exemption for Alternative Minimum Tax**

- |                                                                                                                                |                          |                          |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                                                                                | <b>YES</b>               | <b>NO</b>                |
| f. You had at least one parent living on the last day of 2020 . . . . .                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>If you answered yes to the previous question and you were ages 18-23 on the last day of 2020, answer the next question.</i> |                          |                          |
| g. Your earned income was less than half of your support in 2020 . . . . .                                                     | <input type="checkbox"/> | <input type="checkbox"/> |

**5. TAXES PAID/WITHHELD**

a. Estimated taxes paid (do not include 2019 refund applied):

Date	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total estimated tax payments . . . . . 0

- b. Amount paid with Form 4868 (for October returns) . . . . . \_\_\_\_\_
- c. Withholding on Form 1099-B . . . . . 0
- d. Withholding on Form 1099-PATR . . . . . \_\_\_\_\_

**6. PAYING YOUR TAXES BY CREDIT CARD**

- a. Confirmation number, if taxes are being paid by credit card. \_\_\_\_\_
- b. Amount charged to credit card (not including convenience fee), if taxes are being paid by credit card . . . . . \_\_\_\_\_

**7. REFUND INFORMATION**

**Direct Deposit**

Would you like to speed your refund by having the IRS deposit it directly into your account at a bank or other financial institution in the United States? If so, fill in the following regarding the account and place an X here . . . . .

- 1a. Routing Transit Number ("RTN") . . . . . \_\_\_\_\_
- b. Depositor Account Number ("DAN") . . . . . \_\_\_\_\_

**Note:** Here is a sample of the numbers you might find at the bottom of a check, with "RTN," "DAN," and check number identified.

RTN:	DAN:	Check number:
<b>123404567</b>	<b>123-4567</b>	<b>0101</b>

- c. Type of account:
  - Checking     Savings
- d. Amount to be deposited in first account . . . . . \_\_\_\_\_
- 2a. Routing Transit Number ("RTN") . . . . . \_\_\_\_\_
- b. Depositor Account Number ("DAN") . . . . . \_\_\_\_\_
- c. Type of account:
  - Checking     Savings
- d. Amount to be deposited in second account . . . . . \_\_\_\_\_

- 3a. Routing Transit Number ("RTN") . . . . . \_\_\_\_\_
- b. Depositor Account Number ("DAN") . . . . . \_\_\_\_\_
- c. Type of account:
  - Checking     Savings
- d. Amount to be deposited in third account . . . . . \_\_\_\_\_

---

**Applying Refund to Your 2021 Estimated Tax**

---

If you are due a refund this year, do you want to apply any of it to 2021 estimated tax? If so, please enter the amount here \_\_\_\_\_

estimated tax? If so, please enter the amount here \_\_\_\_\_

**BACKGROUND (CONT'D) PAGE 3**

**2020**

BYRON KAUFFMAN

SSN: 200-56-5504

**8. THIRD PARTY DESIGNEE**

Do you want to allow another person to discuss this return with the IRS?  Yes  No

If Yes, complete the following information:

Designee's name: \_\_\_\_\_  
Designee's phone number: \_\_\_\_\_  
Designee's personal identification number (PIN): \_\_\_\_\_

**9. RETURN ASSISTANCE**

How was this return prepared:

By yourself.  
 With help of an IRS-sponsored program (if so, enter either IRS-Prepared or IRS-Reviewed). \_\_\_\_\_

**10. STATE TAX RETURNS**

Enter information below about any 2020 state tax returns you're filing.

For each state, select the residency status that applies for 2020.

Name of state(s)	Your residency status	Spouse's residency status
_____	_____	_____
_____	_____	_____
_____	_____	_____

**11. DRIVER'S LICENSE OR STATE-ISSUED ID**

Taxpayer:

Type of ID  Driver's license  Other state-issued ID  None  
 Don't want to provide license or ID

Driver's license or ID number \_\_\_\_\_

Issuing state \_\_\_\_\_

Issue date \_\_\_\_\_

Expiration date \_\_\_\_\_  No expiration date

Document number (for New York ID only) \_\_\_\_\_ (First three characters only)

Spouse:

Type of ID  Driver's license  Other state-issued ID  None  
 Don't want to provide license or ID

Driver's license or ID number \_\_\_\_\_

Issuing state \_\_\_\_\_

Issue date \_\_\_\_\_

Expiration date \_\_\_\_\_  No expiration date

Document number (for New York ID only) \_\_\_\_\_ (First three characters only)

BYRON KAUFFMAN

SSN: 200-56-5504

2019 Form 1040

<b>1a</b> Filing status:	<input checked="" type="checkbox"/> Single	
	<input type="checkbox"/> Married filing joint return	
	<input type="checkbox"/> Married filing separate return	
	<input type="checkbox"/> Head of household	
	<input type="checkbox"/> Qualifying widow(er)	
Spouse's Social Security number .....		
<b>1b</b> Number of additional deductions, e.g. over 65, blind (1040 page 1) .....		0
<b>2</b> Adjusted gross income (1040 line 8b) .....		1,067
<b>3</b> Taxable income (1040 line 11b) .....		0
<b>4</b> Foreign earned income tax worksheet, line e (Form 1040) .....		0
<b>5</b> Itemized deductions (1040, above line 9) .....		
<b>6</b> Tax less certain credits (1040 line 13) .....		0
<b>7</b> Self-employment tax (Schedule 2 line 4) .....		162
<b>8</b> Alternative minimum tax (Schedule 2 line 1) .....		0
<b>9a</b> Household employment tax (Schedule 2 line 7a) .....		0
<b>9b</b> Homebuyer credit repayment, Form 5405, line 8 (Sch 2 line 7b) .....		0
<b>10</b> Amount overpaid (1040 line 19) .....		0
<b>11</b> Earned income credit (1040 line 18a) .....		82
<b>12</b> Refund applied to 2020 (1040 line 22) .....		0
<b>13</b> Interest on tax due on installment income from lots/timeshares .....		0
<b>14</b> Interest on deferred tax on gain from certain installment sales with sales price over \$150,000 .....		0
<b>15</b> Tax on income received from nonqualified deferred compensation plan that fails to meet requirements .....		0
<b>16</b> Child tax credit or credit for other dependents .....		

2019 Schedule D

<b>16</b> Used Schedule D Tax Worksheet .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>17a</b> Line 6 of Qualified Dividends and Capital Gain Tax Worksheet or line 13 of Schedule D Tax Worksheet .....		0
<b>17b</b> Line 7 of Qualified Dividends and Capital Gain Tax Worksheet or line 14 of Schedule D Tax Worksheet .....		0
<b>18</b> Line 19 of Schedule D .....		0
<b>19</b> Line 10 of Schedule D Tax Worksheet .....		0
<b>20</b> Line 19 of Schedule D Tax Worksheet .....		0
<b>21</b> Short-term capital loss carryforward (line 8 of Capital Loss Carryover Worksheet in 2020 Schedule D instructions) .....		0
<b>22</b> Long-term capital loss carryforward (line 13 of Capital Loss Carryover Worksheet in 2020 Schedule D instructions) .....		0

2019 Form 2555

23	Line 46 (yours)	_____
24	Line 48 (yours)	_____
25	Line 46 (spouse's)	_____
26	Line 48 (spouse's)	_____

2019 Form 4136

27	Total fuel tax credit (line 17)	_____ 0
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2019 Form 4952

28	Disallowed investment interest expense (line 7)	_____
29	Disallowed investment interest expense (AMT) (line 7)	_____

2019 Form 5329

30	Tax on early distribution (line 4) (yours)	_____
31	Tax on early distribution (line 4) (spouse's)	_____
32	Tax on distribution from education account (line 8) (yours)	_____
33	Tax on distribution from education account (line 8) (spouse's)	_____

2019 Form 5405

34	2019 Homebuyer credit re-payment	_____
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2019 Form 5695

35	Residential energy efficient property cr carryforward (line 12)	_____
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2019 Form 6251

36	Adjusted gross income minus itemized deductions (line 1)	_____ -11,133
37	Reserved	_____ 0
38	Taxes from Schedule A if you itemize (line 2a)	_____ 12,200
39	Certain interest on a home mortgage (adjustment on line 3)	_____ 0
40	Reserved	_____ 0
41	Reserved	_____ 0
42	Tax refund from Form 1040 (line 2b; enter as negative)	_____ 0
43	Investment interest expense (reg. - AMT) (line 2c)	_____ 0
44	Depletion differences (line 2d)	_____ 0
45	Net operating loss (line 2e; enter as positive)	_____ 0
46	Interest from specified private activity bonds (line 2g)	_____ 0
47	Qualified small business stock (line 2h)	_____ 0
48	Regular tax minus 4972 amount and foreign tax credit (line 10)	_____ 0

2019 Form 8801

Table with 2 columns: Line number and Description. Rows include 49 Prior Year AMT less AMT (Line 18), 50 Fuel credit (Line 20), 51 Allowable minimum tax credit (line 25), and 52 Minimum tax credit carryforward (line 26).

2019 Schedule 8812

Table with 2 columns: Line number and Description. Row includes 53 Additional child tax credit (line 15).

2019 Form 8859

Table with 2 columns: Line number and Description. Row includes 54 DC first-time homebuyer credit carryforward (line 4).

Miscellaneous 2019 Taxes

Table with 2 columns: Line number and Description. Rows include 55 Recapture of investment credit, 56 Recapture of low-income housing credit, 57 Recapture of Indian employment credit, 58 Recapture of new markets credit, 59 Section 72(m)(5) excess benefits tax, 60 Tax on excess parachute payments, 61 Tax on accumulation distribution of trusts, 62 Tax on medical savings account distributions, 63 Recapture of employer-provided childcare facilities, 64 Tax on health savings account distributions, 65 Tax on Medicare Advantage MSA distributions, 66 Recapture of alternative motor vehicle credit, 67 Recapture of alternative fuel vehicle refueling property credit, 68 Certain tax on Sec. 457A deferred compensation, 69 Tax for failure to maintain HDHP coverage, 70 Recap of charitable deduction for fractional tang pers prop int, 71 Interest from Frm 8621, In 16f (Sec 1291 fund distr/disposition), and 72 Recapture of qual'd plug-in electric drive motor vehicle credit.

Table with 2 columns: Line number and Description. Rows include 73 checkboxes for Income taxes deducted, General sales taxes deducted, and Sales tax calculated; 74 Sales tax calculated; 75 Schedule A, line 5a state and local income/gen sales tax; 76 Sales tax you could have deducted; 77 Sales tax on major purchases; 78 Schedule A, line 5d total state and local tax; and 79 Schedule A, line 5e state tax as limited.

Electronic Filing Information

Table with 2 columns: Line number and Description. Rows include 80 Personal Identification Number (PIN) and Spouse's Personal Identification Number (PIN).

Amounts Needed for Form 2210

Table with 2 columns: Line number and Description. Rows include 81 Refundable Part of the American Opportunity Credit (F8863, L8), 82 Credit Determined Under Section 1341(a)(5)(B), and 83 Premium tax credit (Form 8962).