

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

Your first name and initial: **Charlotte** Last name: [Redacted] Your social security number: [Redacted]

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: [Redacted] Last name: [Redacted] Spouse's social security number: [Redacted]

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. [Redacted] Apt. no. [Redacted] 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. [Redacted] If more than four dependents, see inst. and here

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
				Child tax credit	Credit for other dependents
				<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: *Charlotte* [Redacted] Date: *10/8/2019* Your occupation: *Entrepreneur*
 Spouse's signature. If a joint return, both must sign. [Redacted] Date: [Redacted] Spouse's occupation: [Redacted]

Paid Preparer Use Only
 Preparer's name: [Redacted] Preparer's signature: [Redacted] PTIN: [Redacted] Firm's EIN: [Redacted] Check if: 3rd Party Designee Self-employed
 Firm's name: [Redacted] Phone no.: [Redacted]
 Firm's address: [Redacted]

	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	0
	2a	Tax-exempt interest	2a	0
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	3a	Qualified dividends	3a	41
	4a	IRAs, pensions, and annuities	4a	0
	5a	Social security benefits	5a	0
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	62
	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	62
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	12,000
	9	Qualified business income deduction (see instructions)	9	0
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	0
	11	a Tax (see inst.) (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	0
		b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	0
	12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	0
	13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0
	14	Other taxes. Attach Schedule 4	14	0
	15	Total tax. Add lines 13 and 14	15	0
	16	Federal income tax withheld from Forms W-2 and 1099	16	0
	17	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	17	17,640
		Add any amount from Schedule 5 17,640	17	17,640
	18	Add lines 16 and 17. These are your total payments	18	17,640
Refund	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	17,640
	20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	20a	17,640
Direct deposit? See instructions.	20b	Routing number	20b	
	20c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	20c	
	20d	Account number	20d	
	21	Amount of line 19 you want applied to your 2019 estimated tax	21	0
Amount You Owe	22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	-17,640
	23	Estimated tax penalty (see instructions)	23	0

SCHEDULE 5
(Form 1040)

Other Payments and Refundable Credits

OMB No. 1545-0074

2018

Attachment
Sequence No. **05**

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on Form 1040

Your social security number

Charlotte [REDACTED]

Other	65	Reserved	65	[REDACTED]	
Payments	66	2018 estimated tax payments and amount applied from 2017 return	66	17,640	
and	67a	Reserved	67a	[REDACTED]	
Refundable	b	Reserved	67b	[REDACTED]	
Credits	68-69	Reserved	68-69	[REDACTED]	
	70	Net premium tax credit. Attach Form 8962	70		0
	71	Amount paid with request for extension to file (see instructions)	71		0
	72	Excess social security and tier 1 RRTA tax withheld	72		0
	73	Credit for federal tax on fuels. Attach Form 4136	73		0
	74	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	74		0
	75	Add the amounts in the far right column. These are your total other payments and refundable credits . Enter here and include on Form 1040, line 17.	75		17,640

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

Cat. No. 71482C

Schedule 5 (Form 1040) 2018

Change of Address

(For Individual, Gift, Estate, or Generation-Skipping Transfer Tax Returns)

OMB No. 1545-1163

▶ Please type or print. ▶ See instructions on back. ▶ Do not attach this form to your return.
 ▶ Information about Form 8822 is available at www.irs.gov/form8822.

Part I Complete This Part To Change Your Home Mailing Address

Check all boxes this change affects:

1 Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)
 ▶ If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here

2 Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)
 ▶ For Forms 706 and 706-NA, enter the decedent's name and social security number below.

▶ Decedent's name ▶ Social security number

3a Your name (first name, initial, and last name) Charlotte ██████████	3b Your social security number ██████████
4a Spouse's name (first name, initial, and last name)	4b Spouse's social security number

5a Your prior name(s). See instructions.

5b Spouse's prior name(s). See instructions.

6a Your old address (no., street, apt. no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

Foreign country name	Foreign province/county	Foreign postal code
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6b Spouse's old address, if different from line 6a (no., street, apt. no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

Foreign country name	Foreign province/county	Foreign postal code
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7 New address (no., street, apt. no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

Foreign country name	Foreign province/county	Foreign postal code
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Part II Signature

Daytime telephone number of person to contact (optional) ▶ _____

Sign Here Your signature: <i>Charlotte ██████████</i> Date: 10/8/2019	Signature of representative, executor, administrator/if applicable: _____ Date: _____ Title: _____
If joint return, spouse's signature: _____ Date: _____	Title: _____

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1 Rents	OMB No. 1545-0115	Miscellaneous Income
[REDACTED]			\$	2018	
PAYER'S TIN			2 Royalties	Form 1099-MISC	Copy C For Payer For Privacy Act and Paperwork Reduction Act Notice, see the 2018 General Instructions for Certain Information Returns.
[REDACTED]			\$	3 Other income	
RECIPIENT'S TIN			4 Federal income tax withheld	\$	
[REDACTED]			5 Fishing boat proceeds	\$	
RECIPIENT'S name			6 Medical and health care payments	\$	
Kyle [REDACTED]			7 Nonemployee compensation	\$ 0.00	
Street address (including apt. no.)			8 Substitute payments in lieu of dividends or interest	\$	
[REDACTED]			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	\$	
City or town, state or province, country, and ZIP or foreign postal code			10 Crop insurance proceeds	\$	
[REDACTED]			11	12	
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	\$
15a Section 409A deferrals		2nd TIN not <input type="checkbox"/>	\$	\$	18 State income
\$		15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	\$
\$			\$		\$

Form 1099-MISC

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1 Rents	OMB No. 1545-0115	Miscellaneous Income
[REDACTED]			\$	2018	
PAYER'S TIN			2 Royalties	Form 1099-MISC	Copy C For Payer For Privacy Act and Paperwork Reduction Act Notice, see the 2018 General Instructions for Certain Information Returns.
[REDACTED]			\$	3 Other income	
RECIPIENT'S TIN			4 Federal income tax withheld	\$	
[REDACTED]			5 Fishing boat proceeds	\$	
RECIPIENT'S name			6 Medical and health care payments	\$	
Sean S. [REDACTED]			7 Nonemployee compensation	\$ 0.00	
Street address (including apt. no.)			8 Substitute payments in lieu of dividends or interest	\$	
[REDACTED]			9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	\$	
City or town, state or province, country, and ZIP or foreign postal code			10 Crop insurance proceeds	\$	
[REDACTED]			11	12	
Account number (see instructions)		FATCA filing requirement <input type="checkbox"/>	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney	\$
15a Section 409A deferrals		2nd TIN not <input type="checkbox"/>	\$	\$	18 State income
\$		15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	\$
\$			\$		\$

Form 1099-MISC

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service