

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return**

2018

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

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

Your first name and initial: **Sharon T** Last name: **Hightower** Your social security number: **348 03 3265**

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: _____ Last name: _____ Spouse's social security number: _____

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. **9354 North Applegate Ave.** Apt. no. **49J** 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. **Ringgold GA 30736** If more than four dependents, see inst. and check here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Roger	Hightower	174 06 4213	Son	<input type="checkbox"/>	<input type="checkbox"/>
Claine	Hightower	577 06 0265	Daughter	<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: **[Signature]** Date: **Feb-04-2019** Your occupation: **Applied mathematician** If the IRS sent you an Identity Protection PIN, enter it here (see inst.): **910283**
 Spouse's signature. If a joint return, both must sign. Date: _____ Spouse's occupation: _____ If the IRS sent you an Identity Protection PIN, enter it here (see inst.): _____

Paid Preparer Use Only Preparer's name: **Doleen Ho** Preparer's signature: **[Signature]** PTIN: **566570985** Firm's EIN: **58-0650031** Check if: 3rd Party Designee Self-employed
 Firm's name: **Noia Banks Consultants** Phone no.: **901-577-9851**
 Firm's address: **9354 North Applegate Ave. Ringgold, GA 30736**

1		Wages, salaries, tips, etc. Attach Form(s) W-2	1	117,330	00
2a		Tax-exempt interest	2a		
3a		Qualified dividends	3a	786	00
4a		IRAs, pensions, and annuities	4a	31,679	10
5a		Social security benefits	5a		
6		Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	222,927	00
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	222,927	00
8		Standard deduction or itemized deductions (from Schedule A)	8	24,900	00
9		Qualified business income deduction (see instructions)	9		
10		Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	198,527	00
11		a Tax (see inst.) <u>47,646.50</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____)	11	47,646	50
12		b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12		
13		a Child tax credit/credit for other dependents _____ b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	47,646	50
14		Subtract line 12 from line 11. If zero or less, enter -0-	14	1,985	30
15		Other taxes. Attach Schedule 4	15	49,631	80
16		Total tax. Add lines 13 and 14	16	42,700	00
17		Federal income tax withheld from Forms W-2 and 1099	17		
18		Refundable credits: a EIC (see inst.) _____ b Sch. 8812 _____ c Form 8863 _____ Add any amount from Schedule 5 _____	18	42,700	00
19		Add lines 16 and 17. These are your total payments	19		
20a		If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	20a		
21		Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	21		
22		Amount of line 19 you want applied to your 2019 estimated tax	22	6,931	80
23		Estimated tax penalty (see instructions)	23		

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

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

Refund
 Direct deposit?
 See instructions.



Statement

SELECT ACCOUNT

Account Number: 1111111

Sort Code: 16-10-00

BIC: RBOSGB2L

IBAN: GB11RBOS 1610 0011 1111 11

MR TEST TESTER
CURRENT ACCOUNT

Branch Details	Your Details	Period	22 Oct 2014 to 21 Dec 2014
ANY BRACH	MR T TESTER	Previous Balance	£1803.90
ANY STREET	1 TEST STREET	Paid Out	£2,684.10
ANY TOWN	TEST TOWN	Paid In	£2,180.40
AN1 TWN	TE5 7ER	New Balance	£300.20

Date	Type	Description	Paid In	Paid Out	Balance
BRIGHT FORWARD					1803.90
22 Oct 2014	AUTOMATED PAY IN	650274051211-CHB		190.40	1803.9
22 Oct 2014	DIGITAL BANKING	CALL REF. NO. 3442, FROM A/C 22222222		140.00	1613.5
24 Oct 2014	Faster Payment	Amazon		132.30	1473.5
24 Oct 2014	BACS	Tebay Trading Co.		515.22	1341.2
25 Oct 2014	Faster Payment	Morrisons Petrol		80.00	825.98
25 Oct 2014	BACS	Business Loan	50,000.00		745.98
26 Oct 2014	BACS	James White Media		2,461.43	20745.98
27 Oct 2014	Faster Payment	ATM High Street		180.00	18284.43
01 Nov 2014	BACS	Acorn Advertising Studies		150.00	18184.43
01 Nov 2014	BACS	Marriott Hotel		177.00	15034.43
01 Nov 2014	Faster Payment	Abellio Scotrail Ltd		122.22	17857.43
01 Nov 2014	CHQ	Cheque 0000234		1,200.00	17735.21
21 Dec 2014	BACS	Various Payment		10,526.40	14074.54
21 Dec 2014	BACS	HMRC		1,000.00	3548.14
21 Dec 2014	DD	DVLA		280.00	2548.14
Balance Received Forward					

Company

PERFECT PAYROLL

Pay Advice

Payments						Deductions			
Description	Hours	Rate	Amount	Description	Amount	Description	Amount		
Basic Pay			3,543.40	Income Tax	728.60	Earnings for NI	3,543.40		
Total Payments			3,543.40	National Insurance	268.73	Gross for Tax	3,543.40		
				Total Deductions	997.33	Total Gross Pay	3,543.40		
						Year to Date			
						Taxable Gross Pay	38,977.40		
						Income Tax	8,012.20		
						Employee NIC	2,956.03		
						Employer NIC	4,397.69		
						NI Number GY 83 83 83 A (A)			
Wk./Mth.	Date	Dept.	P/Method	Tax Code	Employee No.	Employee Name			Net Pay
Feb-07	28-Feb-07	Finance	Monthly	503L	36302	Mr Richard Godson			2,546.07

		a Employee's social security number 421-04-8838	OMB No. 1545-0008				This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
b Employer identification number (EIN) 36-0463141			1 Wages, tips, other compensation 95,790		2 Federal income tax withheld 21,074			
c Employer's name, address, and ZIP code Broughton Entertainment 33 Broad Street Milford, CT 6460			3 Social security wages 95,790		4 Social security tax withheld 5,939			
			5 Medicare wages and tips 95,790		6 Medicare tax withheld 1,389			
			7 Social security tips		8 Allocated tips			
d Control number D-595			9		10 Dependent care benefits			
e Employee's first name and initial Harley		Last name Cook		Suff.		11 Nonqualified plans		12a See instructions for box 12 C o d e W
20 Adams Street Leominster Massachusetts 1453		f Employee's address and ZIP code		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		C o d e
				14 Other		12c		C o d e
						12d		C o d e
15 State UT	Employer's state ID number 00-0-1857	16 State wages, tips, etc. 95,790	17 State income tax 4,790	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form **W-2** Wage and Tax Statement

2020

Department of the Treasury—Internal Revenue Service

Copy C—For EMPLOYEE'S RECORDS
(See Notice to Employee on the back of Copy B.)

Safe, accurate,
FAST! Use

