

**Tax Return Signature/Consent to Disclosure  
On-Line Self Select PIN without Direct Debit**

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**Perjury Statement**

Under penalties for perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

**Consent to Disclosure**

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgement of receipt or reason for rejection of transmission; b) an indication of any refund offset; c) the reason for any delay in processing or refund; and, d) the date of any refund.

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**I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my Self Select PIN below.**

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Taxpayer's PIN: . . . . .	<u>41978</u>
Taxpayer's Date of Birth: . . . . .	<u>10/14/1978</u>
Taxpayer's Prior Year Adjusted Gross Income: . . . . .	<u>14,172.</u>
Taxpayer's Prior year PIN . . . . .	<u>41978</u>
Taxpayer's Electronic Filing PIN . . . . .	_____
Spouse's PIN: . . . . .	_____
Spouse's Date of Birth: . . . . .	_____
Spouse's Prior Year Adjusted Gross Income: . . . . .	_____
Spouse's Prior year PIN . . . . .	_____
Spouse's Electronic Filing PIN . . . . .	_____

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Date: . . . . . 02/27/2020

<b>Prepared for</b>	YOKIMA R ARIAS	
<b>Tax Summary</b>	Gross Income ..... \$ 15,048 Adjusted Gross Income ..... \$ 14,009 Total Deductions ..... \$ 18,350 Total Taxable Income ..... \$ 0 Total Tax ..... \$ 2,077 Total Payments ..... \$ 7,619 Refund Amount ..... \$ 5,542 Amount You Owe ..... \$ 0	
<b>Make check payable to</b>	United States Treasury	
<b>Mailing Address</b>	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.	

**Instructions**

STEP 1 - Once your e-filed return has been accepted, you will receive an e-mail

STEP 2 - Keep a copy

Print a copy of the return for your records.

Please attach a copy of each W-2, W-2G, 1099G and 1099R to your return.

**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 <b>YOKIMA R</b>	Last name <b>ARIAS</b>	Your social security number <b>456-89-6317</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security no.

Home address (number and street). If you have a P.O. box, see instructions. <b>12339 GREEN RIDGE DR</b>	Apt. no.	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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>WILLIS, TX 77318</b>		
Foreign country name	Foreign province/county	Foreign postal code
		If more than four dependents, see inst. and <input checked="" type="checkbox"/> here ▶ <input type="checkbox"/>

**Standard Deduction**

**Someone can claim:**
☐ You as a dependent
 ☐ Your spouse as a dependent
 ☐ Spouse itemizes on a separate return or you were 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):		(2) Social security no.	(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
<b>LUIS ARIAS</b>		<b>629-60-8488</b>	<b>SON</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>TYREEK ARIAS</b>		<b>642-68-0041</b>	<b>SON</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

<b>Standard Deduction for -</b> • Single or married filing separately, \$12,200 • Married filing jointly or Qualifying widow(er), \$24,400 • Head of household, \$18,350 • If you checked any box under <i>Standard Deduction</i> , see instructions.	1 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	1	348.
	2a Tax-exempt interest . . . . .	2a	
	3a Qualified dividends . . . . .	3a	
	4a IRA distributions . . . . .	4a	
	c Pension and annuities. . . . .	4c	
	5a Social security benefits . . . . .	5a	
	6 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	6	
	7a Other income from Schedule 1, line 9 . . . . .	7a	14,700.
	b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . . ▶	7b	15,048.
	8a Adjustments to income from Schedule 1, line 22 . . . . .	8a	1,039.
	b Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .	8b	14,009.
9 <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	9	18,350.	
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	10		
11a Add lines 9 and 10 . . . . .	11a	18,350.	
b <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter - 0- . . . . .	11b	0.	

<b>12a</b>	<b>Tax</b> (see inst. Check if any from Form(s) 1 <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> <b>12a</b>	<b>0.</b>
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total	<b>12b</b> <b>0.</b>
<b>13a</b>	Child tax credit or credit for other dependents	<b>13a</b>
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total	<b>13b</b>
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter - 0-	<b>14</b> <b>0.</b>
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>15</b> <b>2,077.</b>
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b>	<b>16</b> <b>2,077.</b>
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b> <b>13.</b>
<b>18</b>	Other payments and refundable credits:	
<b>a</b>	Earned income credit (EIC)	<b>18a</b> <b>5,610.</b>
<b>b</b>	Additional child tax credit. Attach Schedule 8812	<b>18b</b>
<b>c</b>	American opportunity credit from Form 8863, line 8	<b>18c</b> <b>1,996.</b>
<b>d</b>	Schedule 3, line 14	<b>18d</b>
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>	<b>18e</b> <b>7,606.</b>
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b>	<b>19</b> <b>7,619.</b>
<b>Refund</b>	<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> <b>5,542.</b>
<b>21a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>21a</b> <b>5,542.</b>
<b>Direct deposit?</b> See instructions.	<b>▶ b</b> Routing number <b>111000614</b> <b>▶ c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
	<b>▶ d</b> Account number <b>238357188</b>	
<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b>	<b>22</b>
<b>Amount You Owe</b>	<b>23</b> <b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions	<b>23</b>
<b>24</b>	Estimated tax penalty (see instructions)	<b>24</b>

● If you have a qualifying child, attach Sch. EIC

● If you have nontaxable combat pay, see instructions.

**Third Party Designee**

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See inst. ☐ **Yes.** Complete below. ☒ **No**

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

**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	Date	Your occupation <b>CUSTOMER SERVICE</b>	If the IRS sent you an ID 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 ID Protection PIN, enter it here (see inst.)
Phone no.	Email address		

**Paid Preparers Use Only**

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

**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 No. **01**

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

**YOKIMA R ARIAS**

Your social security number

**456-89-6317**

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**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<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>	<b>14,700.</b>
<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>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .	<b>9</b>	<b>14,700.</b>

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee- basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE. . . . .	<b>14</b>	<b>1,039.</b>
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans. . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings. . . . .	<b>17</b>	
<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>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees. 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 or 1040-SR, line 8a . . . . .	<b>22</b>	<b>1,039.</b>

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

**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

**YOKIMA R ARIAS**

Your social security number

**456-89-6317**

**Part I Tax**

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

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE. . . . .	<b>4</b>	<b>2,077.</b>
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 . . . . .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax- favored accounts. Attach Form 5329 if required. . . . .	<b>6</b>	
<b>7a</b>	Household employment taxes. Attach Schedule H. . . . .	<b>7a</b>	
<b>b</b>	Repayment of first- time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</b>	
<b>8</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) . . . . .	<b>8</b>	
<b>9</b>	Section 965 net tax liability installment from Form 965- A . . . . .	<b>9</b>	
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040- SR, line 15 . . . . .	<b>10</b>	<b>2,077.</b>

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

**Schedule 2 (Form 1040 or 1040- SR) 2019**

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

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

**2019**

Attachment  
Sequence No. **09**

Name of proprietor <b>YOKIMA R ARIAS</b>		Social security number (SSN) <b>456-89-6317</b>
A Principal business or profession, including product or service (see instructions) <b>OFFICE MANAGER :</b>		B Enter code from instructions ► <b>561110</b>
C Business name. If no separate business name, leave blank. <b>BUCKLE ME BABY 1ST ORGANIZATION</b>		D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) ► <b>340 N SAM HOUSTON PKWY E SUITE A100J</b> City, town or post office, state, and ZIP code <b>HOUSTON, TX 77060</b>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2019, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input checked="" 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. <input type="checkbox"/>	1	<b>2,000.</b>
2 Returns and allowances	2	
3 Subtract line 2 from line 1.	3	<b>2,000.</b>
4 Cost of goods sold (from line 42).	4	
5 <b>Gross profit.</b> Subtract line 4 from line 3	5	<b>2,000.</b>
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 <b>Gross income.</b> Add lines 5 and 6	7	<b>2,000.</b>

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

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instr)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instr.):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			b Reserved for future use	27b	
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a.	28	<b>0.</b>			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	<b>2,000.</b>			
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				
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</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	<b>2,000.</b>			
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 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</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 type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		

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

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

**2019**

Attachment  
Sequence No. **09**

Name of proprietor <b>YOKIMA R ARIAS</b>		Social security number (SSN) <b>456-89-6317</b>
A Principal business or profession, including product or service (see instructions) <b>CATERING :</b>		B Enter code from instructions ► <b>722300</b>
C Business name. If no separate business name, leave blank. <b>YOKIMA ARIAS</b>		D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) ► <b>12339 GREEN RIDGE DR</b> City, town or post office, state, and ZIP code <b>WILLIS, TX 77318</b>		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2019, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input checked="" 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. ► <input type="checkbox"/>	1	<b>16,250.</b>
2 Returns and allowances	2	
3 Subtract line 2 from line 1.	3	<b>16,250.</b>
4 Cost of goods sold (from line 42).	4	
5 <b>Gross profit.</b> Subtract line 4 from line 3	5	<b>16,250.</b>
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 <b>Gross income.</b> Add lines 5 and 6	7	<b>16,250.</b>

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

8 Advertising	8	<b>600.</b>	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instr)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	<b>1,750.</b>
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instr.):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	<b>1,200.</b>
			b Reserved for future use	27b	
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a.	28	<b>3,550.</b>			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	<b>12,700.</b>			
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				
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</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	<b>12,700.</b>			
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 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</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 type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		



**Part III Cost of Goods Sold** (see instructions)

<b>33</b>	Method(s) used to value closing inventory:	<b>a</b> <input type="checkbox"/> Cost	<b>b</b> <input type="checkbox"/> Lower of cost or market	<b>c</b> <input type="checkbox"/> Other (attach explanation)
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b>		
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>		
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>		
<b>38</b>	Materials and supplies . . . . .	<b>38</b>		
<b>39</b>	Other costs . . . . .	<b>39</b>		
<b>40</b>	Add lines 35 through 39. . . . .	<b>40</b>		
<b>41</b>	Inventory at end of year. . . . .	<b>41</b>		
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>		

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

**43** When did you place your vehicle in service for business purposes? (month, day, year) ▶ \_\_\_\_\_

**44** Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:

**a** Business \_\_\_\_\_ **b** Commuting (see instructions) \_\_\_\_\_ **c** Other \_\_\_\_\_

**45** Was your vehicle available for personal use during off-duty hours? . . . . . ☐ Yes ☐ No

**46** Do you (or your spouse) have another vehicle available for personal use? . . . . . ☐ Yes ☐ No

**47a** Do you have evidence to support your deduction? . . . . . ☐ Yes ☐ No

**b** If "Yes," is the evidence written? . . . . . ☐ Yes ☐ No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

<b>CELL PHONE</b>	<b>1,200.</b>
<b>48 Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48 1,200.</b>

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 1040-NR.

OMB No. 1545-0074

2019

Attachment  
Sequence No. 17

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

YOKIMA R ARIAS

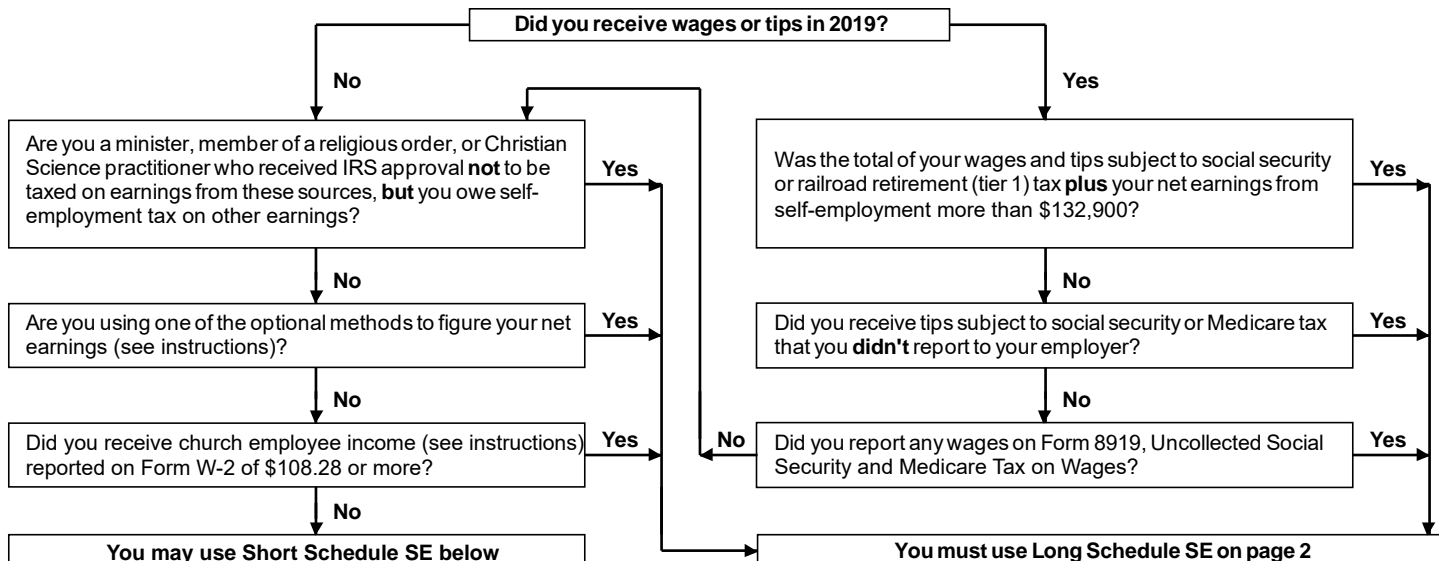
Social security number of person  
with self-employment income ►

456-89-6317

**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.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	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	( )
2	Net profit or (loss) from Schedule C, line 31; and 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 . . . . .	2	14,700.
3	Combine lines 1a, 1b, and 2 . . . . .	3	14,700.
4	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 . . . . . ►	4	13,575.
	<b>Note:</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5	<b>Self-employment tax.</b> If the amount on line 4 is: <ul style="list-style-type: none"><li>• \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on <b>Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.</b></li><li>• 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 or 1040-SR), line 4, or Form 1040-NR, line 55</b> . . . . .</li></ul>	5	2,077.
6	<b>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 1040-NR, line 27</b> . . . . .	6	1,039.

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

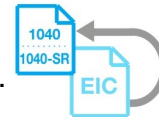
Schedule SE (Form 1040 or 1040-SR) 2019

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

Department of the Treasury  
Internal Revenue Service (99)

**Earned Income Credit**  
**Qualifying Child Information**

- **Complete and attach to Form 1040 or 1040- SR only if you have a qualifying child.**  
• **Go to [www.irs.gov/ScheduleEIC](http://www.irs.gov/ScheduleEIC) for the latest information.**



OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **43**

Name(s) shown on return  
**YOKIMA R ARIAS**

Your social security number  
**456-89-6317**

- Before you begin:**
- See the instructions for Form 1040 or 1040- SR, line 18a, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
  - Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1- 800- 772- 1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information	Child 1	Child 2	Child 3
<b>1 Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name <b>LUIS ARIAS</b>	First name Last name <b>TYREEK ARIAS</b>	First name Last name
<b>2 Child's SSN</b> The child must have an SSN as defined in the instr. for Form 1040 or 1040-SR, ln. 18a, unless the child was born and died in 2019. If your child was born and died in 2019 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth cert., death certificate, or hospital medical records showing a live birth.	<b>629-60-8488</b>	<b>642-68-0041</b>	
<b>3 Child's year of birth</b>	Year <b>1997</b> <i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <b>1999</b> <i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year _____ <i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>
<b>4a</b> Was the child under age 24 at the end of 2019, a student, and younger than you (or your spouse, if filing jointly)?	<input checked="" type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Go to line 5. Go to line 4b.</i>	<input checked="" type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Go to line 5. Go to line 4b.</i>	<input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Go to line 5. Go to line 4b.</i>
<b>b</b> Was the child permanently and totally disabled during any part of 2019?	<input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Go to line 5. The child is not a qualifying child.</i>	<input type="checkbox"/> <b>Yes.</b> <input type="checkbox"/> <b>No.</b> <i>Go to line 5. The child is not a qualifying child.</i>
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	<b>SON</b>	<b>SON</b>	
<b>6 Number of months child lived with you in the United States during 2019</b> • If the child lived with you for more than half of 2019 but less than 7 months, enter "7." • If the child was born or died in 2019 and your home was the child's home for more than half the time he or she was alive during 2019, enter "12."	<b>12</b> months <i>Do not enter more than 12 months.</i>	<b>12</b> months <i>Do not enter more than 12 months.</i>	_____ months <i>Do not enter more than 12 months.</i>

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

Schedule EIC (Form 1040 or 1040- SR) 2019

**Information To Claim Certain Credits After Disallowance****Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC),****Additional Child Tax Credit (ACTC), and Credit for Other Dependents (ODC)**▶ **Attach to your tax return.▶ Go to [www.irs.gov/Form8862](http://www.irs.gov/Form8862) for instructions and the latest information**

Name(s) shown on return

**YOKIMA R ARIAS**

Your social security number

**456-89-6317**

You must complete Form 8862 and attach it to your tax return to claim the EIC, CTC/ACTC/ODC, or AOTC if both of the following apply.

✓ Your EIC, CTC/ACTC/ODC, or AOTC was previously reduced or disallowed for any reason other than a math or clerical error.

✓ You now want to claim the credit that was previously reduced or disallowed and you meet all the requirements for the credit.

**Part I All Filers**1 Enter the tax year for which you are filing this form (for example, 2018) ▶ **2019**

2 Check the box(es) that applies to the credit(s) you are claiming and complete the part(s) that matches the box(es) you marked.

**Earned Income Credit  
(Complete Part II)**☒**Child Tax Credit/Additional Child Tax  
Credit/Credit for Other Dependents  
(Complete Part III)**☐**American Opportunity Tax Credit  
(Complete Part IV)**☒**Part II Earned Income Credit**3 If the **only** reason your EIC was reduced or disallowed was because you incorrectly reported your earned income or investment income, check "Yes." Otherwise, check "No." ▶ ☐ Yes ☒ No**Caution:** If you checked "Yes," **do not** complete the rest of Part II. Attach this form to your tax return to claim the EIC. If you checked "No," continue.4 Could you (or your spouse if filing jointly) be claimed as a qualifying child of another taxpayer for the year entered on line 1? ▶ ☐ Yes ☒ No**Caution:** See the instructions before answering. If you (or your spouse if filing jointly) answer "Yes" to question 4, you cannot claim the EIC.

If you are claiming the EIC with a qualifying child, continue to Section A. Otherwise, go to Section B.

**Section A: Filers With a qualifying Child or Children**

✓ Answer question 5, 7, and 8 for each child for whom you are claiming the EIC.

✓ Enter the name(s) of the child(ren) you listed as Child 1, Child 2, and Child 3 on **Schedule EIC** for the year entered on line 1 above.5a Child 1 **LUIS ARIAS**b Child 2 **TYREEK ARIAS**

c Child 3 \_\_\_\_\_

6 Does your completed Schedule EIC for the year entered on line 1 show that you had a qualifying child for the EIC? ▶ ☒ Yes ☐ No**Caution:** If you checked "No," you do not need to complete Part II, Section A. Go to Part II, Section B.

7 Enter the number of days each child lived with you in the United States during the year entered on line 1.

Child 1 ▶ **365**Child 2 ▶ **365**Child 3 ▶ **Caution:** If you enter less than 183 (184 if the year on line 1 is a leap year), you cannot claim the EIC for that child.

8 If the child was born or died during the year entered on line 1, enter the month and day the child was born and/or died as month (MM)/day (DD). Otherwise, skip this line.

Child 1 date of birth (MM/DD)

Child 1 date of death (MM/DD)

Child 2 date of birth (MM/DD)

Child 2 date of death (MM/DD)

Child 3 date of birth (MM/DD)

Child 3 date of death (MM/DD)

Only one person may claim the child as a qualifying child for the EIC and certain other child-related benefits. If the child meets the conditions to be a qualifying child of any other person (other than your spouse if filing jointly), complete Part V. If you cannot treat any of the children listed above as a qualifying child and have no other qualifying children, go to Part II, Section B.

**Part IV American Opportunity Tax Credit**

- ✓ Answer the following questions for each student for whom you are claiming the AOTC. If you have more than three students, attach a statement also answering questions 18 and 19 for those students.
- ✓ Enter the name(s) of the student(s) as listed on Form 8863.

**18a Student 1** LUIS ARIAS**b Student 2** TYREEK ARIAS**c Student 3** \_\_\_\_\_

**19a** Did the student meet the requirements to be an eligible student for purposes of the AOTC for the year entered on line 1? See Pub. 970 for more information.

**Student 1** ☒ Yes ☐ No**Student 2** ☒ Yes ☐ No**Student 3** ☐ Yes ☐ No

**b** Has the Hope Scholarship Credit or AOTC been claimed for the student for any 4 tax years before the year entered on line 1?

**Student 1** ☐ Yes ☒ No**Student 2** ☐ Yes ☒ No**Student 3** ☐ Yes ☐ No

**Caution:** If you answered "No" to question 19a or "Yes" to question 19b, you cannot claim the credit for that student.

**Part V Qualifying Child of More Than One Person**

- ✓ Answer the following questions for each child who meets the conditions to be a qualifying child of any other person (other than your spouse if filing jointly). If you have more than four qualifying children, attach a statement also answering questions 20- 22 for those children.

**20a Child 1** \_\_\_\_\_**b Child 2** \_\_\_\_\_**c Child 3** \_\_\_\_\_**d Child 4** \_\_\_\_\_

**21** Enter the address where you and the child lived together during the year entered on line 1. If you lived with the child at more than one address during the year, attach a list of the addresses where you lived.

**Child 1 ▶** Number and street \_\_\_\_\_  
City or town, state, and Zip code \_\_\_\_\_

**Child 2 ▶** If same as shown for Child 1, check this box ☐ Otherwise, enter below.

Number and street \_\_\_\_\_  
City or town, state, and Zip code \_\_\_\_\_

**Child 3 ▶** If same as shown for Child 1, check this box ☐ Otherwise, enter below.

Number and street \_\_\_\_\_  
City or town, state, and Zip code \_\_\_\_\_

**Child 4 ▶** If same as shown for Child 1, check this box ☐ Otherwise, enter below.

Number and street \_\_\_\_\_  
City or town, state, and Zip code \_\_\_\_\_

# Education Credits

## (American Opportunity and Lifetime Learning Credits)

OMB No. 1545-0074

2019

Attachment  
Sequence No. 50Department of the Treasury  
Internal Revenue Service (99)

► Attach to Form 1040 or 1040-SR.  
► Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

Name(s) shown on return  
**YOKIMA R ARIAS**

Your social security number  
**456-89-6317**



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

### Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . . .	1	4,990.
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	2	90,000.
3	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	3	14,009.
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .	4	75,991.
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	5	10,000.
6	If line 4 is: <ul style="list-style-type: none"> <li>Equal to or more than line 5, enter 1.000 on line 6 . . . . .</li> <li>Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .</li> </ul>	6	1.000
7	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/> . . . . .	7	4,990.
8	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 18c. Then go to line 9 below . . . . .	8	1,996.

### Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . . . .	9	2,994.
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter - 0- on line 18, and go to line 19 . . . . .	10	
11	Enter the smaller of line 10 or \$10,000 . . . . .	11	
12	Multiply line 11 by 20% (0.20). . . . .	12	
13	Enter: \$136,000 if married filing jointly; \$68,000 if single, head of household, or qualifying widow(er) . . . . .	13	
14	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter. . . . .	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter - 0- on line 18, and go to line 19 . . . . .	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	16	
17	If line 15 is: <ul style="list-style-type: none"> <li>Equal to or more than line 16, enter 1.000 on line 17 and go to line 18</li> <li>Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . .</li> </ul>	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) . . . . .	18	0.
19	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040 or 1040-SR), line 3 . . . . .	19	0.

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

Form 8863 (2019)

Name(s) shown on return  
**YOKIMA R ARIAS**Your social security number  
**456-89-6317****Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.****Part III Student and Educational Institution Information.** See instructions.

<b>20</b> Student name (as shown on page 1 of your tax return) <b>LUIS ARIAS</b>	<b>21</b> Student social security number (as shown on page 1 of your tax return) <b>629-60-8488</b>
<b>22</b> Educational institution information (see instructions)	
<b>a.</b> Name of first educational institution  <b>HOUSTON COMMUNITY COLLEGE</b>	<b>b.</b> Name of second educational institution (if any)
<b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.  <b>PO BOX 667517 HOUSTON TX 77266</b>	<b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
<b>(2)</b> Did the student receive Form 1098-T from this institution for 2019? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>(2)</b> Did the student receive Form 1098-T from this institution for 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(3)</b> Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>(3)</b> Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.  <b>74-1709152</b>	<b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.
<b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019? <input type="checkbox"/> Yes - <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No - Go to line 24.	
<b>24</b> Was the student enrolled at least half- time for at least one academic period that began or is treated as having begun in 2019 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes - Go to line 25. <input type="checkbox"/> No - <b>Stop!</b> Go to line 31 for this student.	
<b>25</b> Did the student complete the first 4 years of postsecondary education before 2019? See instructions. <input type="checkbox"/> Yes - <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No - Go to line 26.	
<b>26</b> Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes - <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No - Complete lines 27 through 30 for this student.	



You **can't** take the American opportunity credit and the lifetime learning credit for the **same** student in the same year.  
 If you complete lines 27 through 30 for this student, don't complete line 31.

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b>	<b>27</b>	<b>4,000</b>
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter - 0-	<b>28</b>	<b>2,000</b>
<b>29</b> Multiply line 28 by 25% (0.25)	<b>29</b>	<b>500</b>
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	<b>30</b>	<b>2,500</b>

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	<b>31</b>	
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Name(s) shown on return  
**YOKIMA R ARIAS**Your social security number  
**456-89-6317****Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.****Part III Student and Educational Institution Information.** See instructions.

<b>20</b> Student name (as shown on page 1 of your tax return) <b>TYREEK ARIAS</b>	<b>21</b> Student social security number (as shown on page 1 of your tax return) <b>642-68-0041</b>
<b>22</b> Educational institution information (see instructions)	
<b>a.</b> Name of first educational institution  <b>HOUSTON COMMUNITY COLLEGE</b>	<b>b.</b> Name of second educational institution (if any)
<b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.  <b>PO BOX 667517 HOUSTON TX 77266</b>	<b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
<b>(2)</b> Did the student receive Form 1098-T from this institution for 2019? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>(2)</b> Did the student receive Form 1098-T from this institution for 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(3)</b> Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>(3)</b> Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.  <b>74-1709152</b>	<b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.
<b>23</b> Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019?	
<input type="checkbox"/> Yes - <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No - Go to line 24.	
<b>24</b> Was the student enrolled at least half- time for at least one academic period that began or is treated as having begun in 2019 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.	
<input checked="" type="checkbox"/> Yes - Go to line 25. <input type="checkbox"/> No - <b>Stop!</b> Go to line 31 for this student.	
<b>25</b> Did the student complete the first 4 years of postsecondary education before 2019? See instructions.	
<input type="checkbox"/> Yes - <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No - Go to line 26.	
<b>26</b> Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance?	
<input type="checkbox"/> Yes - <b>Stop!</b> Go to line 31 for this student. <input checked="" type="checkbox"/> No - Complete lines 27 through 30 for this student.	



You **can't** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year.  
 If you complete lines 27 through 30 for this student, don't complete line 31.

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b>	<b>27</b>	<b>3,958</b>
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter - 0-	<b>28</b>	<b>1,958</b>
<b>29</b> Multiply line 28 by 25% (0.25)	<b>29</b>	<b>490</b>
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	<b>30</b>	<b>2,490</b>

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	<b>31</b>	
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# Credit Limit Worksheet - Keep For Your Records

Name **YOKIMA R ARIAS**

SSN **456-89-6317**

## Credit Limit Worksheet - Form 8863 - Line 19

### Nonrefundable Credit Worksheet

- |  |    |               |
|--|----|---------------|
| 1. Enter the amount from Form 8863, line 18 . . . . .                                | 1. | <u>0.</u>     |
| 2. Enter the amount from Form 8863, line 9 . . . . .                                 | 2. | <u>2,994.</u> |
| 3. Add lines 1 and 2 . . . . .   | 3. | <u>2,994.</u> |
| 4. Enter the amount from:  |    |               |
| Form 1040 or 1040-SR, line 12b . . . . .   | 4. | <u>0.</u>     |
| 5. Enter the total of your credits from:   |    |               |
| Schedule 3 (Form 1040 or 1040- SR), lines 1 and 2, and Schedule R, line 22 . . . . . | 5. | <u>0.</u>     |
| 6. Subtract line 5 from line 4 . . . . .   | 6. | <u>0.</u>     |
| 7. Enter the smaller of line 3 or line 6 here and on Form 8863, line 19 . . . . .    | 7. | <u>0.</u>     |

## Credit Limit Worksheet - Form 8880, line 11

- |   |    |                             |
|---|----|-----------------------------|
| 1. Enter the amount from Form 1040 or 1040- SR, line 12b; or Form 1040- NR, line 45 . . . . .   | 1. | <u>                    </u> |
| 2. <b>Form 1040 or 1040- SR filers:</b> Enter the total of your credits from Schedule 3, lines 1 through 3, and Schedule R, line 22.  |    |                             |
| <b>Form 1040- NR filers:</b> Enter the total of your credits from lines 46 through 47 . . . . .   |    |                             |
| 2. <u>                    </u>  |    |                             |
| 3. Subtract line 2 from line 1. Also enter this amount on Form 8880, line 11. But if zero or less, <b>stop</b> ; you can't take the credit - don't file this form . . . . . |    |                             |
| 3. <u>                    </u>  |    |                             |

Name **YOKIMA R ARIAS**SSN **456-89-6317****Worksheet 1. Investment Income If You Are Filing Form 1040**

Use this worksheet to figure investment income for the earned income credit when you file Form 1040.

Keep for Your Records

**Interest and Dividends**

1. Enter any amount from Form 1040 or 1040- SR, line 2b. . . . . 1. 0
2. Enter any amount from Form 1040 or 1040- SR, line 2a, plus any amount on Form 8814, line 1b . . . . . 2. 0
3. Enter any amount from Form 1040 or 1040- SR, line 3b. . . . . 3. 0
4. Enter the amount from Form 1040 or 1040- SR, Sch 1, line 9, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) . . . . . 4. 0

**Capital Gain Net Income**

5. Enter the amount from Form 1040 or 1040- SR, line 6. If the amount on that line is a loss, enter - 0- . . . . . 5. 0
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter - 0- . (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) . . . . . 6. 0
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter - 0- .) . . . . . 7. 0

**Royalties and Rental Income From Personal Property**

8. Enter any royalty income from Schedule E, line 23b, plus any income from the rental of personal property shown on Form 1040 or 1040- SR, Sch 1, line 9 . . . . . 8. 0
9. Enter any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Form 1040 or 1040- SR, Sch 1, line 22 . . . . . 9. 0
10. Subtract the amount on line 9 of this worksheet from the amount on line 8. (If the result is less than zero, enter - 0- .) . . . . . 10. 0

**Passive Activities**

11. Enter the total of any net income from passive activities (such as income included on Schedule E, line 26, 29a (col. (g)), 34a (col. (d)), or 40; or an ordinary gain identified as "FPA" on Form 4797, line 10. (See instructions below for lines 11 and 12.) . . . . . 11. 0
12. Enter the total of any losses from passive activities (such as losses included on Schedule E, lines 26, 29b (col. (f)), 34b (col. (c)), or 40; or an ordinary loss identified as "PAL" on Form 4797, line 10). (See instructions below for lines 11 and 12.) . . . . . 12. 0
13. Combine the amounts on lines 11 and 12 of this worksheet. (If the result is less than zero, enter - 0- .) . . . . . 13. 0
14. Add the amounts on lines 1, 2, 3, 4, 7, 10, and 13. Enter the total. This is your investment income . . . . . 14. 0
15. Is the amount on line 14 more than \$3,600?

☐  
☒

Yes. You cannot take the credit.

No. Go to Step 3 of the Form 1040 or 1040- SR instructions for line 18a to find out if you can take the credit (unless you are using this publication to find out if the you can take the credit; in that case, go to Rule 7, next.)

Instructions for lines 11 and 12. In figuring the amount to enter on lines 11 and 12, do not take into account any royalty income (or loss) included on line 26 of Schedule E or any income (or loss) included in your earned income or on line 1, 2, 3, 4, 7, or 10 of this worksheet. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, is not from a passive activity, print "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

**Worksheet 2. Earned Income**

1. Enter amount from Form 1040 or 1040- SR, line 1\* . . . . . 1. 348
2. Subtract, if included on line 1, any:
- Taxable scholarship or fellowship grant not reported on a Form W- 2.
  - Amount paid to an inmate in a penal institution for work (put "PRI" and the amount subtracted on the dotted line next to line 1 of Form 1040 or 1040- SR).
  - Amount received as a pension or annuity from a non qualified deferred compensation plan or a nongovernmental section 457 plan (put "DFC" and the amount subtracted on the dotted line next to line 1 of Form 1040 or 1040- SR). This amount may be shown in box 11 of the Form W- 2. If taxpayer received such an amount but box 11 is blank, contact the employer for the amount received as a pension or annuity.
  - Amount included in line 1 (Form 1040 or 1040- SR) that is a Medicaid waiver payment excluded from income.
3. Add all of your nontaxable combat pay (and your spouse's if filing jointly) if you elect to include it in earned income.\* \* Also enter this amount on Form 1040 or 1040- SR, line 66b. See Combat pay, Nontaxable on this page . . . . . 3. 348
4. EARNED INCOME . . . . . 4. 348

\* Church Employees. Determine how much of the amount on Form 1040 or 1040- SR, line 7, was also reported on Schedule SE, line 5a. Subtract that amount from the amount on Form 1040 or 1040- SR, line 1, and enter the result on line 1.

\*\* The election cannot be made on the return of a taxpayer whose tax year ended before October 5, 2005, due to his or her death.

Clergy. The following instructions apply to ministers, members of religious orders who have not taken a vow of poverty, and Christian Science practitioners. If you are filing Schedule SE and the amount on line 2 of that schedule includes an amount that was also reported on Form 1040 or 1040- SR, line 1:

1. Determine how much of the amount on Form 1040 or 1040- SR, line 1, was also reported on Schedule SE, line 2.
2. Subtract that amount from the amount on Form 1040 or 1040- SR, line 1. Enter the result on line 1.

**Worksheet B. - Earned Income Credit (EIC) - Line 18a****PART 1 Self-Employed and People With Church Employee Income Filing Schedule SE**

- 1a. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies . . . . . 1a. 14,700
- b. Enter any amount from Schedule SE, Section B, line 4b, and line 5a . . . . . b. \_\_\_\_\_
- c. Combine lines 1a and 1b . . . . . c. 14,700
- d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies . . . . . d. 1,039
- e. Subtract line 1d from line 1c. . . . . e. 13,661

**PART 2 Self-Employed NOT Required to File Schedule SE**

- 2a. Enter any net farm profit (or loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A\* . . . . . 2a. \_\_\_\_\_
- b. Enter any net profit (or loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)\*. . . . . b. \_\_\_\_\_
- c. Combine lines 2a and 2b . . . . . c. \_\_\_\_\_

**PART 3 Statutory Employees Filing Schedule C**

3. Enter the amount from Schedule C, line 1, that you are filing as a statutory employee . . . . . 3. \_\_\_\_\_

**PART 4 All Filers Using EIC Worksheet B**

- 4a. Enter your earned income from Worksheet 2, line 4 . . . . . 4a. 348
- b. Combine lines 1e, 2c, 3, and 4a. **This is the total earned income.** . . . . . 4b. 14,009

If line 4b is zero or less, **STOP** You cannot take the credit. Enter "No" on the dotted line next to Form 1040 or 1040-SR, line 18a.

5. If you have:

- 3 or more qualifying children, is line 4b less than \$50,162 (\$55,952 if married filing jointly)?
  - 2 qualifying children, is line 4b less than \$46,703 (\$52,493 if married filing jointly)?
  - 1 qualifying child, is line 4b less than \$41,094 (\$46,884 if married filing jointly)?
  - No qualifying children, is line 4b less than \$15,570 (\$21,370 if married filing jointly)?
- ☒ **Yes.** Enter the amount from line 4b on line 6. ☐ **No. STOP** You cannot take the credit.

**PART 5 All Filers Using Worksheet B**

6. Enter the total earned income from Part 4, line 4b, of this worksheet . . . . . 6. 14,009
7. Look up the amount on line 6 above in the EIC Table in the Appendix to find the credit. Enter the credit here. . . . . 7. 5,610
- If line 7 is zero, **STOP** You cannot take the credit.
8. Enter the amount from Form 1040 or 1040-SR, line 8b . . . . . 8. 14,009
9. Are the amounts on lines 8 and 6 the same? ☒ **Yes.** Skip line 10; enter the amount from line 7 on line 11. ☐ **No.** Go to line 10.

**PART 6 Filers Who Answered "No" on Line 9**

10. If you have:

- No qualifying children, is the amount on line 8 less than \$8,650 (\$14,450 if married filing jointly)?
- 1 or more qualifying children, is the amount on line 8 less than \$19,050 (\$24,850 if married filing jointly)?

☐ **Yes.** Leave line 10 blank; enter the amount from line 7 on line 11.

☐ **No.** Look up the amount on line 8 in the EIC Table in the Appendix to find the credit. Enter the credit here . . . . . 10. \_\_\_\_\_

Look at the amounts on lines 10 and 7. Then, enter the **smaller** amount on line 11.

**PART 7 Your Earned Income Credit**

11. **This is the earned income credit** . . . . . 11. 5,610

Enter this amount on  
Form 1040 or 1040-SR,  
line 18a.

**Reminder -**

If you have a qualifying child, complete and attach Schedule EIC.



If your EIC for a year after 1996 was reduced or disallowed, see  
Form 8862, who must file to find out if you must file Form  
8862 to take the credit for 2019.

**2019 Child Tax Credit and Credit for Other Dependents Worksheet**

1. Number of qualifying children under 17 with the required social security number: X \$2,000. Enter the result. 1
2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: 2 X \$500. 2                     1,000

Enter the result.

**Caution.** Don't include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, don't include anyone you included on line 1.

3. Add lines 1 and 2. 3                     1,000

4. Enter the amount from Form 1040 or 1040- SR, line 8b, or Form 1040- NR, line 35. 4                     14,009

5. **1040 and 1040- SR filers.** Enter the total of any-

- Exclusion of income from Puerto Rico; and
- Amounts from Form 2555, lines 45 and 50 and Form 4563, line 15.

**1040- NR filers.** Enter -0-.

6. Add lines 4 and 5. Enter the total. 6                     14,009

7. Enter the amount shown below for your filing status.

- Married filing jointly - \$400,000
- All other filing statuses - \$200,000

8. Is the amount on line 6 more than the amount on line 7?

☒ **No.** Leave line 8 blank. Enter -0- on line 9.

☐ **Yes.** Subtract line 7 from line 6. If the result isn't a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.

9. Multiply the amount on line 8 by 5% (.05). Enter the result. 9                     0

10. Is the amount on line 3 more than the amount on line 9?

☐ **No.** You cannot take the child tax credit or credit for other dependents on Form 1040 or 1040- SR, line 13a, or Form 1040- NR, line 49. You also can't take the additional child tax credit on Form 1040 or 1040- SR, line 18b, or Form 1040- NR, line 64. Complete the rest of your Form 1040, Form 1040- SR, or Form 1040- NR.

☒ **Yes.** Subtract line 9 from line 3. Enter the result. *Go to Line 11.*

11. Enter the amount from Form 1040 or 1040- SR, line 12b, or Form 1040- NR, line 45. 11                     0

12. Add the following amounts from:

Schedule 3, line 1 or 1040-NR line 46	+	<u>                    </u>	Form 5695, line 30**	<u>                    </u>
Schedule 3, line 2 or 1040-NR line 47	+	<u>                    </u>	Form 8910, line 15**	<u>                    </u>
Schedule 3, line 3	+	<u>                    </u>	Form 8936, line 23	<u>                    </u>
Schedule 3, line 4 or 1040-NR line 48	+	<u>                    </u>	Schedule R, line 22	<u>                    </u>

Enter the total. 12                     0

13. Subtract line 12 from line 11. 13

14. Are you claiming any of the following credits?

- Mortgage interest credit, Form 8396.
- Adoption credit, Form 8839.
- Residential energy efficient property credit, Form 5695, Part I.
- District of Columbia first-time homebuyer credit. Form 8859.

☒ **No.** Enter -0-.

☐ **Yes.** If you are filing Form 2555, enter -0-. Otherwise, complete the Line 14 Worksheet, later, to figure the amount to enter here.

15. Subtract line 14 from line 13. Enter the result. 15                     0

16. Is the amount on line 10 more than the amount on line 15?

☒ **Yes.** Enter the amount from line 15.  
See the **TIP** below.

☐ **No.** Enter the amount from line 10.

**This is your child tax credit and credit for other dependents.**

16                     0  
Enter this amount on Form 1040 or 1040-SR, line 13a; or Form 1040-NR, line 49.

You may be able to take the **additional child tax credit** on Form 1040 or Form 1040- SR through line 18b, or Form 1040- NR, line 64, only if you answered "Yes" on line 16 and line 1 is more than zero.

- First, complete your Form 1040 or 1040- SR through line 18a (also complete Schedule 3, line 11) or Form 1040- NR through line 63 (also complete line 67).
- Then, use Schedule 8812 to figure any additional child tax credit.

# Earned Income Worksheet - 2019

Name(s) **YOKIMA R ARIAS**

SSN **456-89-6317**

## Before you begin:

- ✓ Use this worksheet only if you were sent here from the Line 14 Worksheet earlier in this publication or line 6a of Sch 8812, Additional Child Tax Credit.
- ✓ Disregard community property laws when figuring the amounts to enter on this worksheet.
- ✓ If married filing jointly, include your spouse's amounts with yours when completing this worksheet.

1. a. Enter the amount from Form 1040 or 1040- SR, line 1, or Form 1040NR, line 8. . . . . **1a.** 348
- b. Enter the amount of any nontaxable combat pay received. Also enter this amount on Schedule 8812, line 6b.  
This amount should be shown in Form(s) W- 2, box 12, with code Q . . . . . **1b.** \_\_\_\_\_
- Next**, if you are filing Schedule C, F, or SE, or you received a Schedule K- 1 (Form 1065),  
go to line 2a. Otherwise, skip lines 2a through 2e and go to line 3.
2. a. Enter any statutory employee income reported on line 1 of Schedule C . . . . . **2a.** \_\_\_\_\_
- b. Enter any net profit or (loss) from Schedule C, line 31, and Schedule K- 1 (Form 1065),  
box 14, code A (other than farming). Reduce any Schedule K- 1 amounts as described in the instructions for  
completing Schedule SE in the Partner's Instructions for Schedule K- 1. **Do not** include on this line  
any statutory employee income or any other amounts exempt from self- employment tax.  
Options and commodities dealers must add any gain or subtract any loss (in the normal  
course of dealing in or trading section 1256 contracts) from section 1256 contracts or related property. . . . . **2b.** 14,700
- c. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K- 1 (Form 1065),  
box 14, code A. \* Reduce any Schedule K- 1 amounts as described in the instructions for completing  
Schedule SE in the Partner's Instructions for Schedule K- 1. **Do not** include on this  
line any amounts exempt from self-employment tax. . . . . **2c.** \_\_\_\_\_
- d. If you used the farm optional method to figure net earnings from self- employment, enter  
the amount from Schedule SE, Section B, line 15. Otherwise, skip this line and enter on  
line 2e the amount from line 2c. . . . . **2d.** \_\_\_\_\_
- e. If line 2c is a profit, enter the **smaller** of line 2c or line 2d. If line 2c is a (loss), enter the (loss) from line 2c . . . . . **2e.** \_\_\_\_\_
3. Combine lines 1a, 1b, 2a, 2b, and 2e. If zero or less, **stop**. Do not complete the rest of this worksheet. Instead,  
enter - 0- on line 3 of the Line 14 Worksheet or line 6a of Schedule 8812, whichever applies. . . . . **3.** 15,048
4. Enter any amount included on line 1a that is:
- a. A scholarship or fellowship grant not reported on Form W-2. . . . . **4a.** \_\_\_\_\_
- b. For work done while an inmate in a penal institution (enter "PRI" and this amount on the  
dotted line next to line 1 of Form 1040 or 1040- SR, or line 8 of Form 1040NR). . . . . **4b.** \_\_\_\_\_
- c. A pension or annuity from a nonqualified deferred compensation plan or a  
nongovernmental section 457 plan (enter "DFC" and this amount on the dotted line next  
to line 1 of Form 1040 or 1040- SR, or line 8 of Form 1040NR). This amount may be shown in box 11 of  
your Form W- 2. If you received such an amount but box 11 is blank, contact your employer  
for the amount received as a pension or annuity. . . . . **4c.** \_\_\_\_\_
5. Enter the amount from Schedule 1 (Form 1040 or 1040- SR), line 14 or Form 1040NR, line 27. . . . . **5.** 1,039
6. Add lines 4a, 4b, 4c and 5. . . . . **6.** 1,039
7. Subtract line 6 from line 3. . . . . **7.** 14,009
- If you were sent here from the Line 14 Worksheet, enter this amount on line 3 of that worksheet.
  - If you were sent here from Schedule 8812, enter this amount on line 6a of that form.

\* If you have any Schedule K- 1 amounts and you are not required to file Schedule SE, complete the appropriate line(s) of Schedule SE, Section A.  
Put your name and social security number on Schedule SE and attach it to your return.