

FULTON
SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

617-00-1000

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040

Your social security number

Additional Income	1-9b	Reserved		1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes		10	
	11	Alimony received		11	
	12	Business income or (loss). Attach Schedule C or C-EZ		12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	<input type="checkbox"/>	13	
	14	Other gains or (losses). Attach Form 4797		14	
	15a	Reserved		15b	
	16a	Reserved		16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
	18	Farm income or (loss). Attach Schedule F		18	
	19	Unemployment compensation		19	
	20a	Reserved		20b	
21	Other income. List type and amount		21		
22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23			22	

Adjustments to Income	23	Educator expenses		23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		24	
	25	Health savings account deduction. Attach Form 8889		25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903		26	
	27	Deductible part of self-employment tax. Attach Schedule SE		27	
	28	Self-employed SEP, SIMPLE, and qualified plans		28	
	29	Self-employed health insurance deduction		29	
	30	Penalty on early withdrawal of savings		30	
	31a	Alimony paid b Recipient's SSN		31a	
	32	IRA deduction		32	
	33	Student loan interest deduction		33	
	34	Reserved		34	
35	Reserved		35		
36	Add lines 23 through 35			36	

SCHEDULE 2
(Form 1040)

Name(s) shown on Form 1040

Your social security number

Tax	38-44	Reserved		38-44	
	45	Alternative minimum tax. Attach Form 6251		45	
	46	Excess advance premium tax credit repayment. Attach Form 8962		46	
	47	Add the amounts in the far right column. Enter here and include on Form 1040, line 11		47	

SCHEDULE 3
(Form 1040)

Name(s) shown on Form 1040

Your social security number

Nonrefundable Credits

Nonrefundable Credits	48	Foreign tax credit. Attach Form 1116 if required		48	
	49	Credit for child and dependent care expenses. Attach Form 2441		49	
	50	Education credits from Form 8863, line 19		50	
	51	Retirement savings contributions credit. Attach Form 8880		51	
	52	Reserved		52	
	53	Residential energy credit. Attach Form 5695		53	
	54	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8321 c <input type="checkbox"/>		54	
55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12			55	

FULTON
SCHEDULE 4
(Form 1040)

Department of the Treasury
Internal Revenue Service

Other Taxes

▶ Attach to Form 1040.

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

617-00-1000

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2018

Attachment
Sequence No. 04

Name(s) shown on Form 1040

Your social security number

Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from: Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	59	
	60a	Household employment taxes. Attach Schedule H	60a	
	b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions)	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
	63	Section 965 net tax liability installment from Form 965-A	63	0
64	Add the amounts in the far right column. These are your total other taxes. Enter here and on Form 1040, line 14	64	0	

SCHEDULE 5
(Form 1040)

Other Payments and Refundable Credits

Name(s) shown on Form 1040

Your social security number

Other Payments and Refundable Credits	65	Reserved	65	
	66	2018 estimated tax payments and amount applied from 2017 return	66	
	67a	Reserved	67a	
	b	Reserved	67b	
	68-69	Reserved	68-69	
	70	Net premium tax credit. Attach Form 8962	70	
	71	Amount paid with request for extension to file (see instructions)	71	
	72	Excess social security and tier 1 RRTA tax withheld	72	
	73	Credit for federal tax on fuels. Attach Form 4136	73	
	74	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	74	
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		

SCHEDULE 6
(Form 1040)

Foreign Address, Third Party Designee, and Other Information

Name(s) shown on Form 1040

Your social security number

Foreign Address	Foreign country name	Foreign province/county	Foreign postal code
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
Additional Paid Preparer Information	Firm's address		Phone no.
	15 PRACTICE LAB WAY WASHINGTON WASHINGTON 20005		202-202-2022

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.

Your signature

Date

12/20/18

Your occupation

MANAGER

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

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

Spouse's signature. If a joint return, both must sign.

Date

12/20/18

Spouse's occupation

CUSTOMER SERVICE REP

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparers

Print/Type preparer's name

Preparer's signature

PTIN

S53052884

Check if:

☐ 3rd Party Designee
☐ Self-employed

See Schedule 6

Firm's name ▶ PRACTICE LAB

Firm's EIN ▶ -

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.
QNA

Form 1040 (2018)

Health Coverage Exemptions

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form8965 for instructions and the latest information.

Name as shown on return

EDWARD FULTON

Your social security number

617-00-1000

Complete this form if you have a Marketplace-granted coverage exemption or you are claiming a coverage exemption on your return.

Part I

Marketplace-Granted Coverage Exemptions for Individuals. If you and/or a member of your tax household have an exemption granted by the Marketplace, complete Part I.

	(a) Name of Individual	(b) SSN	(c) Exemption Certificate Number
1			
2			
3			
4			
5			
6			

Part II**Coverage Exemptions Claimed on Your Return for Your Household**

7 If you are claiming a coverage exemption because your household income or gross income is below the filing threshold, check here ☐

Part III

Coverage Exemptions Claimed on Your Return for Individuals. If you and/or a member of your tax household are claiming an exemption on your return, complete Part III.

	(a) Name of Individual	(b) SSN	(c) Exemption Type	(d) Full Year	(e) Jan	(f) Feb	(g) Mar	(h) Apr	(i) May	(j) June	(k) July	(l) Aug	(m) Sept	(n) Oct	(o) Nov	(p) Dec
8	EDWARD FULTON	617-00-1000	G	X												
9	JULIA FULTON	618-00-1000	G	X												
10																
11																
12																
13																