

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

Your first name and initial: GREG Last name: CLAYTON Your social security number: 621-00-1000

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. 55 CONCORD COURT Apt. no. 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. SAVANNAH, GA 31405

If more than four dependents, see inst. and ☒ 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
		D		<input type="checkbox"/>	<input type="checkbox"/>
		O		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	38000
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRAs, pensions, and annuities	4a	
5a	Social security benefits	5a	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 2	6	38000
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	38000
8	Standard deduction or itemized deductions (from Schedule A)	8	12000
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	26000
11	a Tax (see inst.) 2933 (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	2933
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	2933
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0
15	Other taxes. Attach Schedule 4	15	2933
16	Total tax. Add lines 13 and 14	16	3800
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	18	3800
19	Add any amount from Schedule 5	19	867
20a	Add lines 16 and 17. These are your total payments	20a	867
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	
22	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	22	
23	Amount of line 19 you want applied to your 2019 estimated tax <input type="checkbox"/>	23	
24	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	24	
25	Estimated tax penalty (see instructions)	25	

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.

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

CLAYTON
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.

621-00-1000

OMB No. 1545-0074

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 checked="" 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 15 PRACTICE LAB WAY WASHINGTON WASHINGTON 20005		Phone no. 202-202-2022

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

12/20/18

Your occupation

SALES REP

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

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 Preparers

See Schedule 6

Print/Type preparer's name

Preparer's signature

PTIN

S53052884

Check if:

☐ 3rd Party Designee
☐ Self-employed

Firm's name ▶ PRACTICE LAB

Firm's EIN ▶ -

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

QNA

Form **1040** (2018)