

Filing Status: [ ] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [x] 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: PONDEROSA Last name: PINE Your social security number: 400-00-6001

If joint return, spouse's first name and middle initial: Last name: Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions. 100 EVERGREEN LANE Apt. no. Presidential Election Campaign

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). ATLANTA, GA 30302 Checking a box below will not change your tax or refund. [ ] You [ ] Spouse

Foreign country name: Foreign province/state/county: Foreign postal code: If more than four dependents, see inst. & check here ▶ [ ]

Standard Deduction: Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a 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 number	(3) Relationship to you	(4) check if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
SPRUCE	PINE	400-00-0042	SON	[x]	[ ]
				[ ]	[ ]
				[ ]	[ ]
				[ ]	[ ]

1	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	1	21,500
2a	Tax-exempt interest . . . . .	2a	
3a	Qualified dividends . . . . .	3a	
4a	IRA distributions . . . . .	4a	
c	Pensions and annuities . . . . .	4c	
5a	Social security benefits . . . . .	5a	
b	Taxable interest . . . . .	2b	
b	Ordinary dividends. . . . .	3b	
b	Taxable amount . . . . .	4b	
d	Taxable amount . . . . .	4d	
b	Taxable amount . . . . .	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . ▶ [ ]	6	
7a	Other income from Schedule 1, line 9 . . . . .	7a	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income . . . . . ▶	7b	21,500
8a	Adjustments to income from Schedule 1, line 22 . . . . .	8a	0
b	Subtract line 8a from line 7b. This is your adjusted gross income . . . . . ▶	8b	21,500
9	Standard deduction or itemized deductions (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	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	3,150



**SCHEDULE 3**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

► **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. **03**

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

Your social security number

**PONDEROSA PINE**

**400-00-6001**

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>2</b>	<b>318</b>
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
<b>6</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> _____	<b>6</b>	
<b>7</b>	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b . . . . .	<b>7</b>	<b>318</b>

**Part II Other Payments and Refundable Credits**

<b>8</b>	2019 estimated tax payments and amount applied from 2018 return . . . . .	<b>8</b>	
<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>12</b>	
<b>13</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/> _____	<b>13</b>	
<b>14</b>	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d . . . . .	<b>14</b>	<b>0</b>

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

**Schedule 3 (Form 1040 or 1040-SR) 2019**

## Child and Dependent Care Expenses

▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to [www.irs.gov/Form2441](http://www.irs.gov/Form2441) for instructions and the latest information.

Name(s) shown on return

Your social security number

PONDEROSA PINE

400-00-6001

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box ☐.

**Part I** Persons or Organizations Who Provided the Care - You must complete this part.

(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
KIDSZONE		91 LEARNING AVE	40-0001111	3,600
		ATLANTA, GA		
		30326		

Did you receive  
dependent care benefits?

No

Complete only Part II below.

Yes

Complete Part III on page 2 next.

**Caution:** If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 2 (Form 1040 or 1040-SR), line 7a; or Form 1040-NR, line 59a.

**Part II** Credit for Child and Dependent Care Expenses2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2019 for the person listed in column (a)
First	Last		
SPRUCE	PINE	400-00-0042	3,600

<b>3</b> Add the amounts in column (c) of line 2. <b>Don't</b> enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31. . . . .	<b>3</b> 3,000																																																								
<b>4</b> Enter your <b>earned income</b> . See instructions . . . . .	<b>4</b> 21,500																																																								
<b>5</b> If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4 . . . . .	<b>5</b> 21,500																																																								
<b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5 . . . . .	<b>6</b> 3,000																																																								
<b>7</b> Enter the amount from Form 1040 or 1040-SR, line 8b; or Form 1040-NR, line 35 . . . . .	<b>7</b> 21,500																																																								
<b>8</b> Enter on line 8 the decimal amount shown below that applies to the amount on line 7																																																									
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>If line 7 is:</b> <table border="0"> <tr> <th>Over</th><th>But not over</th><th>Decimal amount is</th></tr> <tr><td>\$0 - 15,000</td><td></td><td>.35</td></tr> <tr><td>15,000 - 17,000</td><td></td><td>.34</td></tr> <tr><td>17,000 - 19,000</td><td></td><td>.33</td></tr> <tr><td>19,000 - 21,000</td><td></td><td>.32</td></tr> <tr><td>21,000 - 23,000</td><td></td><td>.31</td></tr> <tr><td>23,000 - 25,000</td><td></td><td>.30</td></tr> <tr><td>25,000 - 27,000</td><td></td><td>.29</td></tr> <tr><td>27,000 - 29,000</td><td></td><td>.28</td></tr> </table> </td> <td style="width: 50%; vertical-align: top;"> <b>If line 7 is:</b> <table border="0"> <tr> <th>Over</th><th>But not over</th><th>Decimal amount is</th></tr> <tr><td>\$29,000 - 31,000</td><td></td><td>.27</td></tr> <tr><td>31,000 - 33,000</td><td></td><td>.26</td></tr> <tr><td>33,000 - 35,000</td><td></td><td>.25</td></tr> <tr><td>35,000 - 37,000</td><td></td><td>.24</td></tr> <tr><td>37,000 - 39,000</td><td></td><td>.23</td></tr> <tr><td>39,000 - 41,000</td><td></td><td>.22</td></tr> <tr><td>41,000 - 43,000</td><td></td><td>.21</td></tr> <tr><td>43,000 - No limit</td><td></td><td>.20</td></tr> </table> </td> </tr> </table>		<b>If line 7 is:</b> <table border="0"> <tr> <th>Over</th><th>But not over</th><th>Decimal amount is</th></tr> <tr><td>\$0 - 15,000</td><td></td><td>.35</td></tr> <tr><td>15,000 - 17,000</td><td></td><td>.34</td></tr> <tr><td>17,000 - 19,000</td><td></td><td>.33</td></tr> <tr><td>19,000 - 21,000</td><td></td><td>.32</td></tr> <tr><td>21,000 - 23,000</td><td></td><td>.31</td></tr> <tr><td>23,000 - 25,000</td><td></td><td>.30</td></tr> <tr><td>25,000 - 27,000</td><td></td><td>.29</td></tr> <tr><td>27,000 - 29,000</td><td></td><td>.28</td></tr> </table>	Over	But not over	Decimal amount is	\$0 - 15,000		.35	15,000 - 17,000		.34	17,000 - 19,000		.33	19,000 - 21,000		.32	21,000 - 23,000		.31	23,000 - 25,000		.30	25,000 - 27,000		.29	27,000 - 29,000		.28	<b>If line 7 is:</b> <table border="0"> <tr> <th>Over</th><th>But not over</th><th>Decimal amount is</th></tr> <tr><td>\$29,000 - 31,000</td><td></td><td>.27</td></tr> <tr><td>31,000 - 33,000</td><td></td><td>.26</td></tr> <tr><td>33,000 - 35,000</td><td></td><td>.25</td></tr> <tr><td>35,000 - 37,000</td><td></td><td>.24</td></tr> <tr><td>37,000 - 39,000</td><td></td><td>.23</td></tr> <tr><td>39,000 - 41,000</td><td></td><td>.22</td></tr> <tr><td>41,000 - 43,000</td><td></td><td>.21</td></tr> <tr><td>43,000 - No limit</td><td></td><td>.20</td></tr> </table>	Over	But not over	Decimal amount is	\$29,000 - 31,000		.27	31,000 - 33,000		.26	33,000 - 35,000		.25	35,000 - 37,000		.24	37,000 - 39,000		.23	39,000 - 41,000		.22	41,000 - 43,000		.21	43,000 - No limit		.20
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<b>9</b> Multiply line 6 by the decimal amount on line 8. If you paid 2018 expenses in 2019, see the instructions . . . . .	<b>9</b> 930																																																								
<b>10</b> Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions . . . . .	<b>10</b> 318																																																								
<b>11</b> <b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9 or line 10 here and on Schedule 3 (Form 1040 or 1040-SR), line 2; or Form 1040-NR, line 47 . . . . .	<b>11</b> 318																																																								

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

Form 2441 (2019)

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

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**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**

Your social security number

**400-00-6001**

**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.

**CAUTION!**

- 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**

**1 Child's name**

If you have more than three qualifying children, you have to list only three to get the maximum credit.

First name

Last name

**SPRUCE  
PINE**

First name

Last name

First name

Last name

**2 Child's SSN**

The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 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 certificate, death certificate, or hospital medical records showing a live birth.

**400-00-0042**

**3 Child's year of birth**

Year 2015

*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.*

Year \_\_\_\_\_

*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.*

Year \_\_\_\_\_

*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.*

**4a** Was the child under age 24 at the end of 2019, a student, and younger than you (or your spouse, if filing jointly)?

☐ **Yes.**

☐ **No.**

**Go to  
line 5.**

**Go to line 4b.**

☐ **Yes.**

☐ **No.**

**Go to  
line 5.**

**Go to line 4b.**

☐ **Yes.**

☐ **No.**

**Go to  
line 5.**

**Go to line 4b.**

**b** Was the child permanently and totally disabled during any part of 2019?

☐ **Yes.**

☐ **No.**

**Go to  
line 5.**

The child is not a  
qualifying child.

☐ **Yes.**

☐ **No.**

**Go to  
line 5.**

The child is not a  
qualifying child.

☐ **Yes.**

☐ **No.**

**Go to  
line 5.**

The child is not a  
qualifying child.

**5 Child's relationship to you**

(for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)

**SON**

**6 Number of months child lived with you in the United States during 2019**

● 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."

12 months

*Do not enter more than 12 months.*

\_\_\_\_\_ months

*Do not enter more than 12 months.*

\_\_\_\_\_ months

*Do not enter more than 12 months.*

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

EEA

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

**SCHEDULE 8812**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

**Additional Child Tax Credit**

- **Attach to Form 1040, 1040-SR, or Form 1040-NR.**  
► **Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.**

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **47**

Your social security number

**400-00-6001**

**PONDEROSA PINE**

**Part I All Filers**

**Caution:** If you file Form 2555; **stop here;** you cannot claim the additional child tax credit.

<b>1</b>	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise: <b>1040 and 1040-SR filers:</b> Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Forms 1040 and 1040-SR, line 13a). <b>1040-NR filers:</b> Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040-NR, line 49).			
		<b>1</b>		<b>2,000</b>
<b>2</b>	Enter the amount from Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49 . . . . .	<b>2</b>		
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop here;</b> you cannot claim this credit . . . . .	<b>3</b>		<b>2,000</b>
<b>4</b>	Number of qualifying children under 17 with the required social security number: <u>1</u> X \$1,400. Enter the result. If zero, <b>stop here;</b> you cannot claim this credit . . . . . <b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.	<b>4</b>		<b>1,400</b>
<b>5</b>	Enter the <b>smaller</b> of line 3 or line 4 . . . . .	<b>5</b>		<b>1,400</b>
<b>6a</b>	Earned income (see instructions) . . . . .	<b>6a</b>		<b>21,500</b>
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>6b</b>		
<b>7</b>	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 6a. Enter the result . . . . .	<b>7</b>		<b>19,000</b>
<b>8</b>	Multiply the amount on line 7 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> <b>No.</b> If line 8 is zero, <b>stop here;</b> you cannot claim this credit. Otherwise, skip Part II and enter the <b>smaller</b> of line 5 or line 8 on line 15. <input type="checkbox"/> <b>Yes.</b> If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	<b>8</b>		<b>2,850</b>

**Part II Certain Filers Who Have Three or More Qualifying Children**

<b>9</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions . . . . .	<b>9</b>		
<b>10</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR), line 14, and Schedule 2 (Form 1040 or 1040-SR), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040 or 1040-SR), line 8. <b>1040-NR filers:</b> Enter the total of the amounts from Form 1040-NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	<b>10</b>		
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>		
<b>12</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 18a, and Schedule 3 (Form 1040 or 1040-SR), line 11. <b>1040-NR filers:</b> Enter the amount from Form 1040-NR, line 67.	<b>12</b>		
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	<b>13</b>		
<b>14</b>	Enter the <b>larger</b> of line 8 or line 13 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 5 or line 14 on line 15.	<b>14</b>		

**Part III Additional Child Tax Credit**

<b>15</b>	This is your additional child tax credit . . . . .	<b>15</b>		<b>1,400</b>
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Enter this amount on  
Form 1040, line 18b;  
Form 1040-SR, line 18b; or  
Form 1040-NR, line 64.