

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 GREEN	Last name BEAN	Your social security number 400-00-6010
If joint return, spouse's first name and middle initial PINTO	Last name BEAN	Spouse's social security number 400-00-6100
Home address (number and street). If you have a P.O. box, see instructions. 12345 GARBANZO RD		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). DENVER, CO 80203		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
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see inst. & check 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 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
LIMA	BEAN	400-77-2222	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAVY	BEAN	400-77-5151	SON	<input type="checkbox"/>	<input checked="" 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	116,000
	2a	Tax-exempt interest	2a	
	2b	Taxable interest	2b	
	3a	Qualified dividends	3a	
	3b	Ordinary dividends.	3b	
	4a	IRA distributions	4a	
	4b	Taxable amount	4b	
	4c	Pensions and annuities	4c	
	4d	Taxable amount	4d	
	5a	Social security benefits.	5a	
	5b	Taxable amount	5b	
	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	1,216
	7b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	117,216
	8a	Adjustments to income from Schedule 1, line 22	8a	0
	8b	Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	117,216
	9	Standard deduction or itemized deductions (from Schedule A)	9	24,400
	10	Qualified business income deduction. Attach Form 8995 or Form 8995-A.	10	243
	11a	Add lines 9 and 10	11a	24,643
	11b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	92,573

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

EEA

Standard Deduction

- 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 Standard Deduction, see instructions.

12a Tax (see instructions). Check if any from:

1 Form(s) 8814 2 Form 4972 3 12a 12,084

b Add Schedule 2, line 3, and line 12a and enter the total 12b 12,084

13a Child tax credit or credit for other dependents 13a 2,500

b Add Schedule 3, line 7, and line 13a and enter the total 13b 2,500

14 Subtract line 13b from line 12b. If zero or less, enter -0- 14 9,584

15 Other taxes, including self-employment tax, from Schedule 2, line 10 15 0

16 Add lines 14 and 15. This is your total tax 16 9,584

17 Federal income tax withheld from Forms W-2 and 1099 17 12,315

18 Other payments and refundable credits:

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

a Earned income credit (EIC) 18a

b Additional child tax credit. Attach Schedule 8812 18b

c American opportunity credit from Form 8863, line 8 18c

d Schedule 3, line 14. 18d

e Add lines 18a through 18d. These are your total other payments and refundable credits 18e

19 Add lines 17 and 18e. These are your total payments 19 12,315

Refund

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid 20 2,731

21 a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here 21a 2,731

Direct deposit? See instructions. b Routing number X X X X X X X X X X c Type: Checking Savings

d Account number X X X X X X X X X X X X X X X X X X

22 Amount of line 20 you want applied to your 2020 estimated tax. 22

Amount You Owe

23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions. 23 0

24 Estimated tax penalty (see instructions) 24

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes/No

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

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records. Your signature Date Your occupation 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 your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. 828-524-8020 Email address GREENBEAN@1040.COM

Paid Preparer Use Only

Preparer's signature Ed Ewcation Date 12-23-2019 PTIN P01234567 Check if: 3rd Party Designee Self-employed
Preparer's name Ed Ewcation Phone no. 828-524-8020
Firm's name Smith CPA
Firm's address 235 East Palmer Street Franklin, NC 28734 Firm's EIN

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040 or 1040-SR.**

Attachment
Sequence No. **01**

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

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

Your social security number

GREEN & PINTO BEAN

400-00-6010

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			
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	1,216
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	1,216
Part II Adjustments to Income			
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN. ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	0

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 for instructions and the latest information.**

OMB No. 1545-0074

2019

Attachment
Sequence No. **02**

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

Your social security number

GREEN & PINTO BEAN

400-00-6010

Part I Tax			
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	0
Part II Other Taxes			
4	Self-employment tax. Attach Schedule SE F4361	4	0
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) _____	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	0

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

Schedule 2 (Form 1040 or 1040-SR) 2019

SCHEDULE A
(Form 1040 or 1040-SR)

Itemized Deductions

OMB No. 1545-0074

► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

2019

Department of the Treasury
Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Attachment
Sequence No. **07**

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

Your social security number

GREEN & PINTO BEAN

400-00-6010

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1			
	2 Enter amount from Form 1040 or 1040-SR, line 8b	2			
	3 Multiply line 2 by 10% (0.10)	3			
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4		
Taxes You Paid	5 State and local taxes.				
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/>	5a	505		
	b State and local real estate taxes (see instructions)	5b			
	c State and local personal property taxes	5c			
	d Add lines 5a through 5c	5d	505		
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	505		
	6 Other taxes. List type and amount	6			
7 Add lines 5e and 6			7	505	
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>				
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a			
	b Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b			
	c Points not reported to you on Form 1098. See instructions for special rules	8c			
	d Reserved	8d			
	e Add lines 8a through 8c	8e			
	9 Investment interest. Attach Form 4952 if required. See instructions	9			
10 Add lines 8e and 9			10		
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11			
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	12			
	13 Carryover from prior year	13			
	14 Add lines 11 through 13			14	
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15	
Other Itemized Deductions	16 Other - from list in instructions. List type and amount			16	
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9			17	505
	18 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>				

For Paperwork Reduction Act Notice, see the Instructions for Forms 1040 and 1040-SR.

Schedule A (Form 1040 or 1040-SR) 2019

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service (99)

▶ Go to 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.

Attachment
Sequence No. **09**

Name of proprietor GREEN BEAN		Social security number (SSN) 400-00-6010
A Principal business or profession, including product or service (see instructions) MINISTER		B Enter code from instructions ▶ 813000
C Business name. If no separate business name, leave blank. GREEN BEAN		D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) ▶ 12345 GARBANZO RD City, town or post office, state, and ZIP code DENVER, CO 80203		
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 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 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	2,500
2 Returns and allowances		2	0
3 Subtract line 2 from line 1		3	2,500
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3.		5	2,500
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	2,500

Part II Expenses. Enter expenses for business use of your home only on line 30.			
8 Advertising	8		
9 Car and truck expenses (see instructions)	9		
10 Commissions and fees	10		
11 Contract labor (see instructions)	11		
12 Depletion	12		
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		
14 Employee benefit programs (other than on line 19)	14		
15 Insurance (other than health)	15		
16 Interest (see instructions):			
a Mortgage (paid to banks, etc.)	16a		
b Other	16b		
17 Legal and professional services	17		
18 Office expense (see instructions)	18		500
19 Pension and profit-sharing plans	19		
20 Rent or lease (see instructions):			
a Vehicles, machinery, and equipment	20a		
b Other business property	20b		
21 Repairs and maintenance	21		
22 Supplies (not included in Part III)	22		350
23 Taxes and licenses	23		
24 Travel and meals:			
a Travel	24a		850
b Deductible meals (see instructions)	24b		
25 Utilities	25		
26 Wages (less employment credits)	26		
27a Other expenses (from line 48)	27a		
b Reserved for future use	27b		
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.		28	1,284
29 Tentative profit or (loss). Subtract line 28 from line 7		29	1,216
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: 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 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.		31	1,216
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 Schedule 1 (Form 1040 or 1040-SR), line 3 , (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.		32a	<input type="checkbox"/> All investment is at risk.
		32b	<input type="checkbox"/> Some investment is not at risk.

Figuring the Percentage of Tax-Free Income

Note. For each line, enter the appropriate amount in **all** boxes that are not shaded.

Worksheet 1

2019

Name(s) as shown on return

Tax ID Number

GREEN BEAN

400-00-6010

	Source of Income			(a) Taxable	(b) Tax-free	(c) Total
1	W-2 salary as a minister (from box 1 of Form W-2)	1		42,000		42,000
2	Gross income from weddings, baptisms, writing, lecturing, etc. (from line 1 of Schedule C)	2		2,500		2,500
<p>Note. Complete either lines 3a through 3e or lines 4a through 4i.</p> <ul style="list-style-type: none"> • If your church provides you with a parsonage, complete lines 3a through 3e. • If, instead of providing a parsonage, your church provides you with a rental or parsonage allowance, complete lines 4a through 4i. 						
3 a	FRV* of parsonage provided by church	3a				
b	Utility allowance, if any	3b				
c	Actual expenses for utilities	3c				
d	Enter the smaller of line 3b or 3c	3d				
e	Excess utility allowance (subtract line 3d from line 3b)	3e				
4 a	Parsonage or rental allowance	4a	14,400			
b	Utility allowance, if separate	4b				
c	Total allowance (add lines 4a and 4b)	4c	14,400			
d	Actual expenses for parsonage	4d	14,400			
e	Actual expenses for utilities	4e				
f	Total actual expenses for parsonage and utilities (add lines 4d and 4e)	4f	14,400			
g	FRV* of home, plus the cost of utilities	4g	14,400			
h	Enter the smaller of line 4c, 4f, or 4g	4h		14,400		14,400
i	Excess allowance (subtract line 4h from line 4c)	4i				
5	Ministerial income (for columns (a), (b), and (c), add lines 1 through 4i)	5		44,500	14,400	58,900
6	Percentage of tax-free income:		$\frac{\text{Total tax-free income (line 5(b))}}{\text{Total income (line 5(c))}} =$	$\frac{14,400}{58,900} =$	$24.4500\% \text{ **}$	

* FRV (Fair Rental Value): As determined objectively and between unrelated parties, what it would cost to rent a comparable home (including furnishings) in a similar location.

** This percentage of your ministerial expenses won't be deductible. Use Worksheets 2 and 3 to figure your allowable deductions.

Worksheet 2

Figuring the Allowable Deduction for Schedule C Expenses

2019

Name(s) as shown on return

Tax ID Number

GREEN BEAN

400-00-6010

1	Percentage of expenses that are nondeductible (from Worksheet 1, line 6):	24.4500	%	
2	Business use of car for entire year: miles x 58 cents (\$0.58)	2		
3	Meals: \$ x 50% (0.50)	3		
4	Other expenses (list item and amount)			
a	OFFICE EXPENSE	4a	500	
b	SUPPLIES	4b	350	
c	TRAVEL	4c	850	
d		4d		
e		4e		
f	Total other expenses (add lines 4a through 4e)	4f		1,700
5	Total Schedule C expenses (add lines 2, 3, and 4f)	5		1,700
6	Nondeductible part of Schedule C expenses (multiply line 5 by the percent in line 1)	6		416
7	Deduction allowed.* Subtract line 6 from line 5. Enter the result here and on Schedule C, line 27a.	7		1,284
* None of the other deductions claimed in this return are allocable to tax-free income.				

Figuring Net Self-Employment Income for Schedule SE (Form 1040 or 1040-SR)

Worksheet 3

2019

Name(s) as shown on return

Tax ID Number

GREEN BEAN

400-00-6010

1	W-2 salary as a minister (from box 1 of Form W-2)	1	42,000
2	Net profit from Schedule C, line 31	2	1,216
3a	Parsonage or rental allowance (from Worksheet 1, line 3a or 4a)	3a	14,400
b	Utility allowance (from Worksheet 1, line 3b or 4b)	3b	
c	Total allowance (add lines 3a and 3b)	3c	14,400
4	Add lines 1, 2, and 3c	4	57,616
5	Schedule C expenses allocable to tax-free income (from Worksheet 2, line 6)	5	416
6	Total business expenses not deducted in lines 1 and 2 above (amount from line 5)	6	416
7	Net self-employment income. Subtract line 6 from line 4. Enter here and on Schedule SE (Form 1040 or 1040-SR), Section A, line 2; or Section B, line 2.	7	57,200

*** IRS-approved Form 4361, Exemption from SE Tax ***