

Note: The form, instructions, or publication you are looking for begins after this coversheet.

Please review the updated information below.

Reporting Excess Deductions on Termination of an Estate or Trust on Forms 1040, 1040-SR, and 1040-NR for Tax Year 2018 and Tax Year 2019

Under Proposed Regulations 113295-18, an excess deduction on termination of an estate or trust allowed in arriving at adjusted gross income (Internal Revenue Code (IRC) section 67(e) expenses) is reported as an adjustment to income on Forms 1040, 1040-SR, and 1040-NR; non-miscellaneous itemized deductions are reported, as applicable, on Schedule A (Form 1040 or 1040-SR) or Schedule A (Form 1040-NR); and miscellaneous itemized deductions are not deductible. Taxpayers may rely on the proposed regulations for tax years of beneficiaries beginning after 2017 and before the final regulations are published.

For tax year 2019, an excess deduction for IRC section 67(e) expenses is reported as a write-in on Schedule 1 (Form 1040 or 1040-SR), Part II, line 22, or Form 1040-NR, line 34. On the dotted line next to line 22 or line 34 (depending on which form is filed), enter the amount of the adjustment and identify it using the code "ED67(e)". Include the amount of the adjustment in the total amount reported on line 22 or line 34.

For tax year 2018, an excess deduction for IRC section 67(e) expenses is reported as a write-in on Schedule 1 (Form 1040), line 36, or Form 1040-NR, line 34. On the dotted line next to line 36 or line 34, (depending on which form is filed), enter the amount of the adjustment and identify it using the code "ED67(e)". Include the amount of the adjustment in the total amount reported on line 36 or line 34.

104		artment of the Treasury—Internal Revenue Se S. Individual Income Ta			(99) (n	20	19	OMB No. 1545	5-0074	IRS Use O	inly—E	Do not wi	ite or staple in this space.	
Filing Status Check only one box.	S Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) 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					Last name							Your social security number		
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. Apt. no.							Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.		
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).										Checking a box below will not change your tax or refund. You Spouse				
Foreign countr	ountry name				Foreign province/state/county							If more than four dependents, see instructions and \checkmark here \blacktriangleright		
Standard Deduction		eone 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, 19	55 [Are	blind	Spouse		Was born befor	e Janu	ary 2, 1955		ls blir	nd	
								qualifies for (see instructions): dit Credit for other dependents						
]			
] 1			
	1	Wages, salaries, tips, etc. Attach For	m(c) \	N 2								1		
	י 2a	Tax-exempt interest		2a		· · · ·	 b Та	b Taxable interest. Attach				2b		
	3a	Qualified dividends		3a				b Ordinary dividends. Attach Sch. B if requ				3b		
Standard Deduction for—	4a	IRA distributions	4a					axable amount	7 11 10 11	0011. 12 11 100	lanoa	4b		
Single or Married	c	_		4c			d Taxable amount					4d		
filing separately, \$12,200	5a	Social security benefits					b Taxable amount					5b		
 Married filing jointly or Qualifying 	6	Capital gain or (loss). Attach Schedule D if required. If not required, check here										6		
widow(er),	7a	Other income from Schedule 1, line 9									7a			
\$24,400 • Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income								►	7b			
household, \$18,350	8a	Adjustments to income from Schedule 1, line 22									8a			
 If you checked 	b	Subtract line 8a from line 7b. This is your adjusted gross income								►	8b			
any box under Standard	9	Standard deduction or itemized deductions (from Schedule A) 9												
Deduction,	10	Qualified business income deduction. Attach Form 8995 or Form 8995-A 10												
see instructions.	11a	Add lines 9 and 10								11a				
	b	Taxable income. Subtract line 11a f	rom lir	ne 8b. lf	zero	or less, ente	er-0					11b		
For Disclosure,	Privac	y Act, and Paperwork Reduction Act	Notic	ce, see	sepai	rate instruc	tions.		Cat. No	. 11320B			Form 1040 (2019)	

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	12a	Tax (see i	nst.) Check if any from F	orm(s): 1 🗌 8814	4 2 🗌 4972	3 🗌	12a					
	b	Add Sche	edule 2, line 3, and line	12a and enter the	total			►	12b			
	13a	Child tax	credit or credit for othe	er dependents .			13a					
	b	Add Sche	edule 3, line 7, and line	13a and enter the	total				13b			
	14	Subtract	line 13b from line 12b.	If zero or less, ente	er -0				14			
	15 Other taxes, including self-employment tax, fro				Schedule 2, line 1	0			15			
	16	Add lines	14 and 15. This is your	total tax					16			
	17	Federal in	ncome tax withheld from	n Forms W-2 and	1099				17			
If you have a qualifying child, attach Sch. EIC.	18	Other pay										
	a	Earned in	come credit (EIC) .				18a		_			
If you have	b	Additiona	I child tax credit. Attac	h Schedule 8812			18b		_			
nontaxable combat pay, see	с	American	opportunity credit from	n Form 8863, line 8	3		18c		_			
instructions.	d	Schedule	3, line 14				18d					
	е	Add lines	18e									
	19	Add lines	17 and 18e. These are	your total payme	nts			►	19			
Refund	20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid										
	21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here										
Direct deposit? See instructions.	►b	Routing number										
	►d	Account number										
	22	Amount o	of line 20 you want app	lied to your 2020	estimated tax	🕨	22					
Amount	23	Amount y	you owe. Subtract line	19 from line 16. Fo	or details on how	to pay, see instruct	ions	🕨	23			
You Owe	24	Estimated	d tax penalty (see instru	ictions)		🕨	24					
Third Party Designee	Do	you want t	o allow another person	(other than your p	aid preparer) to	discuss this return w	rith the IRS? See in	structions.	=	Yes. Complete below. No		
(Other than paid preparer)		signee's			Phone			nal identifica	ation			
		me 🕨			no. 🕨			er (PIN)				
Sign		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.										
Here	Yo	ur signatur	e		Date	Your occupation		If the	IRS se	nt you an Identity		
		ar orginatary	Sam Evening						otection PIN, enter it here			
Joint return?		Ũ			7.15.20			(see i	inst.)			
See instructions. Keep a copy for	Sp	ouse's sigr	nature. If a joint return, l	both must sign.	Date	Spouse's occupation	on		If the IRS sent your spouse an			
your records.		Ja	net Eveni	ng	15 Jul 20				Identity Protection PIN, enter it here (see inst.)			
	Ph	one no.		•	Email address							
Paid	Pre	eparer's na	me	Preparer's signat	ure	Date	PTIN		Check if:			
Preparer									3rd Party Designee			
Use Only	Fir	m's name I	•				Phone no.			Self-employed		
	Fin	m's address	n's EIN 🕨									
										1010		

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

Form **1040** (2019)