

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 <u>Proposed Regulations 113295-18</u>, 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 0		artment of the Treasury—Internal Revenue S S. Individual Income T		Retu	(99) rn	20'	19 omb	No. 1545-007	74 IRS Use Only—Do	o not wr	ite or staple in this space.
Filing Status Check only one box.	If yo	Single	_		•	arately (MFS u checked th	_	f household (l	, ,	•	ow(er) (QW) ing person is
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. I					Che	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.	
City, town or p	ost offic	ce, state, and ZIP code. If you have a t	foreign	addres	ss, also	o complete s	paces below (se	ee instructior	ns).		oox below will not change your
Foreign country name				Foreign province/state/county For				eign postal code If more than four dependents, see instructions and ✓ 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): (1) First name Last name				(2) Social security number			(3) Relationship to you		(4) ✓ if qualifies for Child tax credit		(see instructions): Credit for other dependents
											H
	1	Wages, salaries, tips, etc. Attach Fo	orm(s) V	N-2 .						1	
	2a Tax-exempt interest		2a	2a			b Taxable interest. Attach Sch		h Sch. B if required	2b	
Standard	3a	Qualified dividends	3a				b Ordinary d	lividends. Atta	ch Sch. B if required	3b	

Deduction for-

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er),
- Head of household, \$18,350
- If you checked any box under Standard Deduction, see instructions.
- 7a \$24,400 Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your ${\color{blue} total\ income}$ b

IRA distributions . . .

Pensions and annuities .

Social security benefits . . .

4a

С

5a

6

b

- 8a Adjustments to income from Schedule 1, line 22 b Subtract line 8a from line 7b. This is your adjusted gross income 9 Standard deduction or itemized deductions (from Schedule A) .
- 10
- Qualified business income deduction. Attach Form 8995 or Form 8995-A . 11a
- Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

4c

5a

Capital gain or (loss). Attach Schedule D if required. If not required, check here

Cat. No. 11320B

9

10

b Taxable amount

d Taxable amount

b Taxable amount

Form **1040** (2019)

4b

4d

5b

6

7a

7b

8a

8b

11a

11b

Form 1040 (2019	9)								Page 2		
	12a	Tax (see inst.) Check if any from F	orm(s): 1 8814	4 2 4972	з 🗌	12a					
	b	Add Schedule 2, line 3, and line 12a and enter the total									
	13a	Child tax credit or credit for other dependents									
	b	Add Schedule 3, line 7, and line 13a and enter the total									
	14	Subtract line 13b from line 12b.	. 14								
	15	Other taxes, including self-empl	. 15								
	16	Add lines 14 and 15. This is you	▶ 16								
	17	Federal income tax withheld from	. 17								
If you have a	18	Other payments and refundable	credits:								
qualifying child, attach Sch. EIC.	а	Earned income credit (EIC) .				18a					
	b	Additional child tax credit. Attac	h Schedule 8812			18b					
nontaxable combat pay, see	С	American opportunity credit from	n Form 8863, line 8	8		18c					
instructions.	d	Schedule 3, line 14				18d					
	е	Add lines 18a through 18d. Thes	se are your total o t	ther payments a	and refundable cred	its		▶ 18e			
	19	Add lines 17 and 18e. These are	your total payme	nts				▶ 19			
Refund	20	If line 19 is more than line 16, su	btract line 16 from	line 19. This is t	he amount you over	paid		. 20			
11010110	21a	Amount of line 20 you want refu	nded to you. If Fo	orm 8888 is attached, check here							
Direct deposit? See instructions.	►b	Routing number									
See instructions.	►d	Account number									
	22	Amount of line 20 you want app	lied to your 2020	estimated tax	🕨	22					
Amount	23	Amount you owe. Subtract line	19 from line 16. Fo	or details on how	to pay, see instructi	ons		▶ 23			
You Owe	24	Estimated tax penalty (see instructions)									
Third Party Designee	Do	by you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No									
(Other than paid preparer)		signee's	Phone				ersonal identification				
	name ▶ no. ▶ number (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	Your signature		Date	Your occupation			If the IRS se	he IRS sent you an Identity		
Joint return? See instructions. Keep a copy for your records.			7/15/20				Protection F	otection PIN, enter it here			
	b	Roy L. Fayne-Diaz Spouse's signature. If a joint return, both must sign.		7/15/20				(see inst.)	,		
	Sp			Date	Spouse's occupation				the IRS sent your spouse an dentity Protection PIN, enter it here		
	Sasha Payne-Diaz			15 Jul 20				(see inst.)	•		
	Phone no.			Email address							
Paid Preparer Use Only	Pre	eparer's name	Preparer's signat	ture	Date PT		N	Check if:			
									3rd Party Designee		
	Fir	m's name ▶			Phone no.			Self-employed			
	Firm's address ▶ Firm							Firm's EIN I	<u> </u>		
Go to www.irs.gov/Form1040 for instructions and the latest information.											