TAX YEAR: 2019 PROCESS DATE: 12/16/2019

CLIENT : 257-00-4708 RICHARD D AMENDOLA BIRTH DATE : 03/01/1977 Age:42

ADDRESS : 415 BLUE RIDGE DR PREPARER : 0
: EVANS GA 30809

Phone #1: (706) 868-0985 PREPARER FEE :
Phone #2: (706) 799-7325 ELECTRONIC :
Phone #3: - TOTAL FEES :
STATUS : 4
FED TYPE: Regular Tax
ST TYPE : Regular Tax EFFECTIVE RATE: 1.37%
E-MAIL : AMENDOLA@GMAIL.COM

DEPENDENT NAME	BIRTH DATE	AGE	SSN	RELATIONSHIP	MONTHS
BRIAN D AMENDOLA	08/04/2014	5	259-00-3214	SON	12

LISTING OF FORMS FOR THIS RETURN

FORM 1040
SCHEDULE 3 (NONREFUNDABLE CREDITS)
FORM W-2
FORM 2441 (CHILD CARE CREDIT)
CHILD TAX CREDIT WORKSHEET
FORM 8867 (DUE DILIGENCE CHECKLIST)
FORM 1040X (AMENDED RETURN)

* QUICK SUMMARY *

SUMMARY	FEDERAL
FILING STATUS	4
TOTAL INCOME	44255
TOTAL ADJUSTMENTS	0
ADJUSTED GROSS INCOME	44255
DEDUCTIONS	18350
EXEMPTIONS	0
TAXABLE INCOME	25905
TAX	2834
CREDITS	2480
PAYMENTS	4349
REFUND	3995
AMOUNT DUE	0

* W-2 INCOME FORMS SUMMARY *

T/S	EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH	ST

CLIENT : RICHARD AMENDOLA 257-00-4708

PREPARER : 0 DATE : 12/16/2019

* W-2 INCOME FORMS SUMMARY *

	T/S	EMPLOYER	WAGES	FED WITH	FICA	MED TAX	STATE WITH	ST
1.	T	BARCLAYS CONST	23651	1502	1466	343	588	GA
2.	T	COLUMBIA CONST	19104	2647	1184	277	614	SC
3.	T	FRAMING CLINIC	1500	200	93	22	55	GA
		TOTALS.....	44255	4349	2743	642	1257	

Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** | 2019 | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box. ☐ 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
RICHARD D	AMENDOLA	257-00-4708
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.
415 BLUE RIDGE DR

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
EVANS, GA 30809

Foreign country name | Foreign province/state/county | Foreign postal code

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. ☐ **You** ☐ **Spouse**

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 (see instructions): Child tax credit	Credit for other dependents
BRIAN D AMENDOLA	259-00-3214	SON	☒	☐
			☐	☐
			☐	☐
			☐	☐

Standard Deduction for—
- 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.

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	44255
2a	Tax-exempt interest	2a	b Taxable interest. Attach Sch. B if required	2b	
3a	Qualified dividends	3a	b Ordinary dividends. Attach Sch. B if required	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
c	Pensions and annuities	4c	d Taxable amount	4d	
5a	Social security benefits	5a	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	44255
8a	Adjustments to income from Schedule 1, line 22			8a	
b	Subtract line 8a from line 7b. This is your **adjusted gross income** ▶			8b	44255
9	**Standard deduction or itemized deductions** (from Schedule A)		9 18350		
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A		10		
11a	Add lines 9 and 10			11a	18350
b	**Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0-			11b	25905

QNA

12a	**Tax** (see inst.) Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐	12a	2834		
b	Add Schedule 2, line 3, and line 12a and enter the total ▶			12b	2834
13a	Child tax credit or credit for other dependents	13a	2000		
b	Add Schedule 3, line 7, and line 13a and enter the total ▶			13b	2480
14	Subtract line 13b from line 12b. If zero or less, enter -0-			14	354
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	354
17	Federal income tax withheld from Forms W-2 and 1099			17	4349
18	Other payments and refundable credits:				
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	4349
20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid**			20	3995
21a	Amount of line 20 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐			21a	3995
▶ b	Routing number 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				
22	Amount of line 20 you want **applied to your 2020 estimated tax** ▶	22			
23	**Amount you owe.** Subtract line 19 from line 16. For details on how to pay, see instructions ▶			23	
24	Estimated tax penalty (see instructions) ▶	24			

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

Direct deposit? See instructions.

Refund

Amount You Owe

Third Party Designee

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☐ **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.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		CONSTRUCTION	
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.)

Joint return? See instructions. Keep a copy for your records.

Phone no. (706) 868-0985 Email address AMENDOLA@GMAIL.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
				☐ 3rd Party Designee
Firm's name ▶		Phone no.		☐ Self-employed
Firm's address ▶			Firm's EIN ▶	

QNA

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* for instructions and the latest information.**

OMB No. 1545-0074

2019

Attachment Sequence No. **03**

Name(s) shown on Form 1040 or 1040-SR: RICHARD AMENDOLA

Your social security number: 257-00-4708

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	480
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credit. Attach Form 5695	5	
6	Other credits from Form: **a** ☐ 3800 **b** ☐ 8801 **c** ☐	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b	7	480

Part II Other Payments and Refundable Credits

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

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

Schedule 3 (Form 1040 or 1040-SR) 2019

QNA

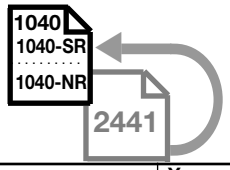
Form **2441**

Department of the Treasury
Internal Revenue Service (99)

Child and Dependent Care Expenses

► **Attach to Form 1040, 1040-SR, or 1040-NR.**

► **Go to *www.irs.gov/Form2441* for instructions and the latest information.**



OMB No. 1545-0074

2019

Attachment Sequence No. **21**

Name(s) shown on return: RICHARD AMENDOLA

Your social security number: 257-00-4708

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)
SUNSHINE HOUSE	521 FURYS FERRY RD EVANS GA 30809	58-9632100	2400

Did you receive **dependent care benefits?**
- **No** → Complete only Part II below.
- **Yes** → Complete Part III on the back 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 Expenses**

2 Information about your **qualifying person(s).** If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name First	Last	(b) Qualifying person's social security number	(c) **Qualified expenses** you incurred and paid in 2019 for the person listed in column (a)
BRIAN	AMENDOLA	259-00-3214	2400

3 Add the amounts in column (c) of line 2. **Don't** 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 . . **3** 2400

4 Enter your **earned income.** See instructions **4** 44255

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4 . . . . . **5** 44255

6 Enter the **smallest** of line 3, 4, or 5 . . . . . **6** 2400

7 Enter the amount from Form 1040 or 1040-SR, line 8b; or Form 1040-NR, line 35 . . . . . **7** 44255

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is: Over	But not over	Decimal amount is	If line 7 is: Over	But not over	Decimal amount is
$0	15,000	.35	$29,000	31,000	.27
15,000	17,000	.34	31,000	33,000	.26
17,000	19,000	.33	33,000	35,000	.25
19,000	21,000	.32	35,000	37,000	.24
21,000	23,000	.31	37,000	39,000	.23
23,000	25,000	.30	39,000	41,000	.22
25,000	27,000	.29	41,000	43,000	.21
27,000	29,000	.28	43,000	No limit	.20

8 X .20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2018 expenses in 2019, see the instructions **9** 480

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions **10** 2834

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Schedule 3 (Form 1040 or 1040-SR), line 2; or Form 1040-NR, line 47 . . . . . **11** 480

QNA

Form **8867**

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**

▶ **Go to *www.irs.gov/Form8867* for instructions and the latest information.**

OMB No. 1545-0074

2019

Attachment Sequence No. **70**

Taxpayer name(s) shown on return: RICHARD D AMENDOLA

Taxpayer identification number: 257-00-4708

Enter preparer's name and PTIN

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☒ HOH

		Yes	No	N/A
1	Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you?	☒	☐	
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s)	☒	☐	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	☐	☒	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s) List those documents, if any, that you relied on.	☒	☐	
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	☒	☐	☐
a	Did you complete the required recertification Form 8862?	☐	☐	☐
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)?	☐	☐	☒

Part II **Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	☐	☐	
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

Part III **Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☒	☐	☐
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	☒	☐	☐

Part IV **Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V **Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☒	☐

Part VI **Eligibility Certification**

► **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention.*

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).

► **If you have not complied with all due diligence requirements, you may have to pay a $530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

QNA

Form **1040-X**
(Rev. January 2020)

Department of the Treasury—Internal Revenue Service

Amended U.S. Individual Income Tax Return

▶ **Go to *www.irs.gov/Form1040X* for instructions and the latest information.**

OMB No. 1545-0074

This return is for calendar year ☒ 2019 ☐ 2018 ☐ 2017 ☐ 2016

Other year. Enter one: calendar year **or** fiscal year (month and year ended):

Your first name and middle initial	Last name	**Your social security number**
RICHARD D	AMENDOLA	257-00-4708
If joint return, spouse's first name and middle initial	Last name	**Spouse's social security number**
		- -

Current home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Your phone number
415 BLUE RIDGE DR		706-868-0985

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

EVANS, GA 30809

Foreign country name	Foreign province/state/county	Foreign postal code

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.

☐ **Full-year health care coverage (or, for amended 2018 returns only, exempt).** If amending a 2019 return, leave blank. See instructions.

☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Qualifying widow(er) (QW) ☒ Head of household (HOH)

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. ▶

Use Part III on the back to explain any changes

			A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
Income and Deductions					
1	Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ▶ ☐	1	42755	1500	44255
2	Itemized deductions or standard deduction	2	18350		18350
3	Subtract line 2 from line 1	3	24405	1500	25905
4a	Exemptions (amended 2017 or earlier returns only). **If changing,** complete Part I on page 2 and enter the amount from line 29	4a			
b	Qualified business income deduction (amended 2018 or later returns only)	4b			
5	Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-	5	24405	1500	25905
Tax Liability					
6	Tax. Enter method(s) used to figure tax (see instructions): Table	6	2654	180	2834
7	Credits. If a general business credit carryback is included, check here ▶ ☐	7	2504	(24)	2480
8	Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	150	204	354
9	Health care: individual responsibility (amended 2018 or earlier returns only). See instructions	9			
10	Other taxes	10			
11	Total tax. Add lines 8, 9, and 10	11	150	204	354
Payments					
12	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (**If changing,** see instructions.)	12	4149	200	4349
13	Estimated tax payments, including amount applied from prior year's return	13			
14	Earned income credit (EIC)	14			
15	Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):	15			
16	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16			
17	Total payments. Add lines 12 through 15, column C, and line 16	17			4349
Refund or Amount You Owe					
18	Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18			3999
19	Subtract line 18 from line 17. (If less than zero, see instructions.)	19			350
20	**Amount you owe.** If line 11, column C, is more than line 19, enter the difference	20			4
21	If line 11, column C, is less than line 19, enter the difference. This is the amount **overpaid** on this return	21			
22	Amount of line 21 you want **refunded to you**	22			
23	Amount of line 21 you want **applied to your (enter year):** **estimated tax**	23			

Complete and sign this form on page 2.

Part I Exemptions and Dependents

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

CAUTION *For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines.*

Note: See the Forms 1040 and 1040-SR, or Form 1040A, instructions for the tax year being amended. See also the Form 1040-X instructions.

			A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24	Yourself and spouse. **Caution:** If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank	24			
25	Your dependent children who lived with you	25			
26	Your dependent children who didn't live with you due to divorce or separation	26			
27	Other dependents	27			
28	Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank	28			
29	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank	29			

30 List **ALL** dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and ✓ here ▶ ☐

Dependents (see instructions): **(a)** First name Last name	**(b)** Social security number	**(c)** Relationship to you	**(d)** ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents (amended 2018 or later returns only)
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

☐ Check here if you didn't previously want $3 to go to the fund, but now do.

☐ Check here if this is a joint return and your spouse did not previously want $3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

▶ Attach any supporting documents and new or changed forms and schedules.

Remember to keep a copy of this form for your records.

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

Sign Here

▶ _____ _____ CONSTRUCTION

Your signature | Date | Your occupation

▶ _____ _____ _____

Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation

Paid Preparer Use Only

▶ _____ _____ _____

Preparer's signature | Date | Firm's name (or yours if self-employed)

Print/type preparer's name | Firm's address and ZIP code

☐ Check if self-employed

PTIN | Phone number | EIN

Child Tax Credit and Credit for Other Dependents Worksheet

Before you begin: √ Figure the amount of any credits you are claiming on Schedule 3, lines 1 through 4; Form 5695, Part II, line 30*; Form 8910, line 15**; Form 8936; or Schedule R.

**See the Form 5695 instructions to see if line 30 (nonbusiness energy property credit) applies for 2019.*

***See the Form 8910 instructions to see if line 15 (alternative motor vehicle credit for personal use part of vehicle) applies for 2019.*

1

2000

Part 1

1. Number of qualifying children under 17 with the required social security number: _____ × $2,000. Enter the result. **1**

2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number: _____ × $500. Enter the result. **2**

Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 1.

2000

3. Add lines 1 and 2 . . . . . **3**

44255

4. Enter the amount from Form 1040 or 1040-SR, line 8b, or Form 1040-NR, line 35. **4**

5. **1040 and 1040-SR filers.** Enter the total of any—
- Exclusion of income from Puerto Rico; and
- Amounts from Form 2555, lines 45 and 50 and Form 4563, line 15.

1040-NR filers. Enter -0-. **5**

44255

6. Add lines 4 and 5. Enter the total. **6**

200000

7. Enter the amount shown below for your filing status. **7**
- Married filing jointly—$400,000
- All other filing statuses—$200,000

X

8. Is the amount on line 6 more than the amount on line 7?

☐ **No.** Leave line 8 blank. Enter -0- on line 9.

☐ **Yes.** Subtract line 7 from line 6. **8**

If the result is not a multiple of $1,000, increase it to the next multiple of $1,000. For example, increase $425 to $1,000, increase $1,025 to $2,000, etc.

0

9. Multiply the amount on line 8 by 5% (0.05). Enter the result. **9**

10. Is the amount on line 3 more than the amount on line 9?

☐ **No.** STOP

You cannot take the child tax credit or credit for other dependents on Form 1040 or 1040-SR, line 13a, or Form 1040-NR, line 49. You also cannot take the additional child tax credit on Form 1040 or 1040-SR, line 18b, or Form 1040-NR, line 64. Complete the rest of your Form 1040, Form 1040-SR, or Form 1040-NR.

X

2000

QNA

☐ **Yes.** Subtract line 9 from line 3. Enter the result. **10**

Go to Part 2 on the next page.

Child Tax Credit and Credit for Other Dependents Worksheet—*Continued*

2834

Part 2

11. Enter the amount from Form 1040 or 1040-SR, line 12b, or Form 1040-NR, line 45. **11**

12. Add the following amounts from:

Form 1040 or 1040-SR	or	Form 1040-NR	
Schedule 3, line 1		Line 46	+
Schedule 3, line 2		Line 47	+
Schedule 3, line 3		----------	+
Schedule 3, line 4		Line 48	+
Form 5695, line 30*			+
Form 8910, line 15**			+
Form 8936, line 23			+
Schedule R, line 22			+

480

Enter the total. **12** 480

**See the Form 5695 instructions to see if line 30 (nonbusiness energy property credit) applies for 2019.*

***See the Form 8910 instructions to see if line 15 (alternative motor vehicle credit for personal use part of vehicle) applies for 2019.*

2354

13. Subtract line 12 from line 11 . . . . . **13**

14. Are you claiming any of the following credits?

- Mortgage interest credit, Form 8396.
- Adoption credit, Form 8839.
- Residential energy efficient property credit, Form 5695, Part I.
- District of Columbia first-time homebuyer credit, Form 8859.

X

0

☐ **No.** Enter -0-.

☐ **Yes.** If you are filing Form 2555, enter -0-. Otherwise, complete the Line 14 Worksheet, later, to figure the amount to enter here. **14**

2354

15. Subtract line 14 from line 13. Enter the result. **15**

X

16. Is the amount on line 10 of this worksheet more than the amount on line 15?

2000

☐ **No.** Enter the amount from line 10.

☐ **Yes.** Enter the amount from line 15. See the **TIP** below.

This is your child tax credit and credit for other dependents.

16

Enter this amount on Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49.

1040 1040-SR 1040-NR

TIP

*You may be able to take the **additional child tax** credit on Form 1040 or 1040-SR, line 18b, or Form 1040-NR, line 64, only if you answered "Yes" on line 16 and line 1 is more than zero.*

- *First, complete your Form 1040 or Form 1040-SR through line 18a (also complete Schedule 3, line 11) or Form 1040-NR through line 63 (also complete line 67).*
- *Then, use Schedule 8812 to figure any additional child tax credit.*

QNA

Credit Limit Worksheet - Form 2441, Line 10

Complete this worksheet to figure the amount to enter on line 10.

1. Enter the amount from Form 1040, line 11; or Form 1040NR, line 45	**1.**	2834
2. Enter the amount from Schedule 3 (Form 1040), line 48, or Form 1040NR, line 46	**2.**	
3. Subtract line 2 from line 1. Also enter this amount on Form 2441, line 10. But if zero or less, stop; you cannot take the credit	**3.**	2834

Form 8867 Due Diligence Notes
Taxpayer: RICHARD AMENDOLA 257-00-4708

Dependent Information:

Name....: BRIAN D AMENDOLA
SSN.....: 259-00-3214 Relationship.....: SON
Student.: NO School Attended...:
Disabled: NO Type of Disability:
Notes...:

Due Diligence Notes:
Information obtained through client interview.