

File by Mail Instructions for your 2020 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

Kimberly L Hall
2600 Upland Trail Lane
Aubrey, TX 76227

Balance Due/Refund	Your federal tax return (Form 1040) shows you owe a balance due of \$9,746.00. Note: If you file your tax return after May 17, 2021, late payment penalties and interest may apply. If any late payment penalties and interest are due, the Internal Revenue Service will send you a bill.		
What You Need to Mail	Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return. Your payment - Mail a check or money order for \$9,746.00, payable to "United States Treasury". Write your Social Security number and "2020 Form 1040" on the check. Mail the return and check together. Attach the first copy or Copy B of Form(s) W-2 to the front of your Form 1040. Mail your return, attachments and payment to: Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214 Deadline: Postmarked by Monday, May 17, 2021 Note: Your state return may be due on a different date. Please review your state filing instructions. Don't forget correct postage on the envelope.		
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.		
2020 Federal Tax Return Summary	Adjusted Gross Income	\$	125,541.00
	Taxable Income	\$	112,327.00
	Total Tax	\$	22,021.00
	Total Payments/Credits	\$	12,275.00
	Payment Due	\$	9,746.00
	Effective Tax Rate		16.76%
Changed Your Mind About e-filing?	You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the Internal Revenue Service.		

IF you live in . . .	THEN use this address to send in your payment . . .
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

TO PAY YOUR TAXES DUE BY CHECK, MAIL THIS FORM TO THE ADDRESS LISTED BELOW.

Form **1040-V** 2020

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service (99)

2020**Form 1040-V Payment Voucher**

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount
of your payment ▶

9,746.

REV 08/30/21 TTW

1555

KIMBERLY L HALL

**2600 UPLAND TRAIL LANE
AUBREY TX 76227**

**INTERNAL REVENUE SERVICE
P.O. BOX 1214
CHARLOTTE, NC 28201-1214**

450852281 K0 HALL 30 0 202012 610

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 your 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 Kimberly L		Last name Hall		Your social security number 450-85-2281	
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. 2600 Upland Trail Lane				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Aubrey			State TX		ZIP code 76227
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					

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

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, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ☒ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ ☐				☐	☐
				☐	☐
				☐	☐
				☐	☐

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	115,304.
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i>, see instructions.	5a	Pensions and annuities	5b	6,417.
	6a	Social security benefits	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	7	
	8	Other income from Schedule 1, line 9	8	6,962.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	128,683.
	10 Adjustments to income:			
	a	From Schedule 1, line 22	10a	2,892.
	b	Charitable contributions if you take the standard deduction. See instructions	10b	250.
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	3,142.
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	125,541.
	12	Standard deduction or itemized deductions (from Schedule A)	12	12,400.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	814.
	14	Add lines 12 and 13	14	13,214.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	112,327.

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

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Kimberly L Hall

Your social security number
450-85-2281

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	6,962.
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, 1040-SR, or 1040-NR, line 8	9	6,962.

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	492.
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	2,400.
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 deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	2,892.

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

► **Attach to Form 1040, 1040-SR, or 1040-NR.**
► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Kimberly L Hall

Your social security number
450-85-2281

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 on Form 1040, 1040-SR, or 1040-NR, line 17 . .	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	983.
5	Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 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 ☐ Form 8959 b ☐ Form 8960 c ☐ 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 23, or Form 1040-NR, line 23b	10	983.

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

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Schedule 2 (Form 1040) 2020

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► 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.

OMB No. 1545-0074

2020
Attachment
Sequence No. **09**

Name of proprietor Kimberly L Hall		Social security number (SSN) 450-85-2281
A Principal business or profession, including product or service (see instructions) Social Media Content Creator		B Enter code from instructions ► 5 1 9 1 0 0
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN) (see instr.) 0 6 1 8 3 4 0 4 1
E Business address (including suite or room no.) ► 2600 Upland Trail Lane City, town or post office, state, and ZIP code Aubrey, TX 76227		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses ☒ Yes ☐ No		
H If you started or acquired this business during 2020, check here ☐		
I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No		
J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ 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 ► ☐	1	28,070.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	28,070.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	28,070.
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	28,070.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	995.	18 Office expense (see instructions)	18	850.
9 Car and truck expenses (see instructions).	9	4,313.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	950.	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	350.	a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions).	13	2,364.	21 Repairs and maintenance	21	150.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	675.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	3,725.
b Other	16b		b Deductible meals (see instructions)	24b	762.
17 Legal and professional services	17	1,700.	25 Utilities	25	4,074.
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	200.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a ►	28			28	21,108.
29 Tentative profit or (loss). Subtract line 28 from line 7	29			29	6,962.
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			30	0.
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , 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			31	6,962.
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), line 3 , 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 ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year) ▶
44	Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:
a	Business b Commuting (see instructions) c Other
45	Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No
47a	Do you have evidence to support your deduction? ☐ Yes ☐ No
b	If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

credit card fees	200.
48 Total other expenses. Enter here and on line 27a	48 200.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.
► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2020
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Social security number of person
with **self-employment** income ►

Kimberly L Hall

450-85-2281

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 6,962.

3 Combine lines 1a, 1b, and 2 **3** 6,962.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 6,429.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 6,429.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

6 Add lines 4c and 5b **6** 6,429.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020 **7** 137,700

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 **8a** 125,792.

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d** 125,792.

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 11,908.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 797.

11 Multiply line 6 by 2.9% (0.029) **11** 186.

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 983.

13 Deduction for one-half of self-employment tax.

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 14** **13** 492.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$8,460, **or (b)** your net farm profits² were less than \$6,107.

14 Maximum income for optional methods **14** 5,640

15 Enter the **smaller** of: two-thirds (²/₃) of gross farm income¹ (not less than zero) **or** \$5,640. Also, include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,107 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14 **16**

17 Enter the **smaller** of: two-thirds (²/₃) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Part III Maximum Deferral of Self-Employment Tax Payments

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

18	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020 . . .	18	0 .
19	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18 . . .	19	
20	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020 . . .	20	
21	Combine lines 19 and 20 . . .	21	
If line 5b is zero, skip line 22 and enter -0- on line 23.			
22	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020 . . .	22	
23	Multiply line 22 by 92.35% (0.9235) . . .	23	0 .
24	Add lines 21 and 23 . . .	24	0 .
25	Enter the smaller of line 9 or line 24 . . .	25	0 .
26	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040) . . .	26	0 .

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Schedule SE (Form 1040) 2020

**Qualified Business Income Deduction
Simplified Computation**▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.****2020**Attachment
Sequence No. **55**

Name(s) shown on return

Kimberly L Hall

Your taxpayer identification number

450-85-2281

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Kimberly L Hall	06-1834041	4,070.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	4,070.	
3	Qualified business net (loss) carryforward from the prior year	3	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	4,070.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5		814.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10		814.
11	Taxable income before qualified business income deduction	11	113,141.	
12	Net capital gain (see instructions)	12	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	113,141.	
14	Income limitation. Multiply line 13 by 20% (0.20)	14		22,628.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶	15		814.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0.)	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)	

**Qualified 2020 Disaster Retirement
Plan Distributions and Repayments**
(Use for Coronavirus-Related and Other Qualified 2020 Disaster Distributions)▶ Go to www.irs.gov/Form8915E for instructions and the latest information.

▶ Attach to 2020 Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2020Attachment
Sequence No. **915**

Name. If married, file a separate form for each spouse required to file 2020 Form 8915-E. See instructions.

Kimberly L Hall

Your social security number

450-85-2281

**Fill in Your Address Only
if You Are Filing This
Form by Itself and Not
With Your Tax Return**

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

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

If this is an amended
return, check here ☐

Foreign country name

Foreign province/state/county

Foreign postal code

Before you begin:

- Complete 2020 Form 8915-D, Qualified 2019 Disaster Retirement Plan Distributions and Repayments, and 2020 Form 8915-C, Qualified 2018 Disaster Retirement Plan Distributions and Repayments, if applicable.
- If you completed Part I of 2020 Form 8915-D, or of 2020 Form 8915-C, see the Caution in *Column (a)* in the instructions to figure the amounts for column (a).
- See Table 1 in the instructions for the list of qualified 2020 disasters.
- If you are reporting distributions in Part I for more than one qualified 2020 disaster, see the instructions to determine whether you should use Worksheet 2 to figure the amounts to enter in Part I, column (b), below. If you must use Worksheet 2, check this box ☐

Part I Total Distributions From All Retirement Plans (Including IRAs).

- For coronavirus, check this box. ☒ Do **not** enter a disaster name, a disaster beginning date, or an earliest distribution date below. Coronavirus-related distributions can be made on or after January 1, 2020, and **before** December 31, 2020.

- For 2020, qualified 2020 disaster distributions for a disaster other than the coronavirus can be made at any time in 2020 on or after the disaster's beginning date. See instructions.

Disaster name ▶

Disaster beginning date ▶

Complete lines 1 through 4 of one column
before going to the next column.

	(a) Total distributions in 2020 (see instructions)	(b) Qualified 2020 disaster distributions made in 2020 (see instructions)	(c) Allocation of column (b) (see instructions)
1 Distributions from retirement plans (other than IRAs) Date earliest distribution made ▶	19,251.	19,251.	
2 Distributions from traditional, SEP, and SIMPLE IRAs Date earliest distribution made ▶			
3 Distributions from Roth IRAs Date earliest distribution made ▶			
4 Totals. Add lines 1 through 3 in columns (a) and (b). Complete column (c) if line 4, column (b), is more than \$100,000. Otherwise, leave column (c) blank	19,251.	19,251.	100,000
5 If you completed column (c), enter the excess of the amount on line 4, column (a), over \$100,000. Otherwise, enter the excess of the amount on line 4, column (a), over the amount on line 4, column (b). Report these distributions under the normal rules in accordance with the instructions for your tax return			5 0.

Part II Qualified 2020 Disaster Distributions From Retirement Plans (Other Than IRAs)

6 If you completed line 1, column (c), enter that amount. Otherwise, enter the amount from line 1, column (b)	6	19,251.
7 Enter the applicable cost of distributions, if any. See instructions	7	0.
8 Subtract line 7 from line 6	8	19,251.
9 If you elect NOT to spread the taxable amount over 3 years, check this box ☐ and enter the amount from line 8 (see instructions). You must check this box if you check the box on line 17. Otherwise, divide line 8 by 3.0	9	6,417.
10 Enter the total amount of any repayments you made before filing your 2020 tax return. But don't include repayments made later than the due date (including extensions) for that return. Don't use this form to report repayments of qualified 2016, 2017, 2018, or 2019 disaster distributions. See instructions	10	
11 Amount subject to tax in 2020. Subtract line 10 from line 9. If zero or less, enter -0-. Include this amount in the total on 2020 Form 1040, 1040-SR, or 1040-NR, line 5b	11	6,417.

Before you begin: Complete 2020 Form 8606, Nondeductible IRAs, if required.

Part III Qualified 2020 Disaster Distributions From Traditional, SEP, SIMPLE, and Roth IRAs

12	Did you receive a qualified 2020 disaster distribution from a traditional, SEP, SIMPLE, or Roth IRA that is required to be reported on 2020 Form 8606? ☐ Yes. Go to line 13. ☒ No. Skip lines 13 and 14, and go to line 15.	
13	Enter the amount, if any, from 2020 Form 8606, line 15b. But if you are entering amounts here and on 2020 Form 8915-D, line 22, or Form 8915-C, line 23, only enter on line 13 the amount on Form 8606, line 15b, attributable to Form 8915-E distributions. See the instructions for Form 8606, line 15b . . .	13
14	Enter the amount, if any, from 2020 Form 8606, line 25b. But if you are entering amounts here and on 2020 Form 8915-D, line 23, or Form 8915-C, line 24, only enter on line 14 the amount on Form 8606, line 25b, attributable to Form 8915-E distributions. See the instructions for Form 8606, line 25b . . .	14
15	If you completed line 2, column (c), enter that amount. Otherwise, enter the amount from line 2, column (b), if any. Don't include on line 15 any amounts reported on 2020 Form 8606	15
16	Add lines 13, 14, and 15	16
17	If you elect NOT to spread the taxable amount over 3 years, check this box ☐ and enter the amount from line 16 (see instructions). You must check this box if you checked the box on line 9. Otherwise, divide line 16 by 3.0	17
18	Enter the total amount of any repayments you made before filing your 2020 tax return. But don't include any repayments made later than the due date (including extensions) for that return. Don't use this form to report repayments of qualified 2016, 2017, 2018, or 2019 disaster distributions. See instructions	18
19	Amount subject to tax in 2020. Subtract line 18 from line 17. If zero or less, enter -0-. Include this amount in the total on 2020 Form 1040, 1040-SR, or 1040-NR, line 4b	19

Part IV Qualified Distributions for the Purchase or Construction of a Main Home in Qualified 2020 Disaster Areas
Do **not** complete Part IV if your only disaster was the coronavirus. Complete this part only if in 2020 you received a qualified distribution (as defined in the instructions) that you repaid, in whole or in part, before June 26, 2021. See instructions for allowable repayments. If the qualified distribution was received in 2019, see *2019 qualified distributions* under *Amending Form 8915-E* in the instructions.

Caution: A distribution can't be a qualified distribution for the purchase or construction of a main home unless it is received no more than 180 days before the disaster period begins and no more than 30 days after the disaster period ends.

Disaster name ►

20	Did you receive a qualified distribution from a traditional, SEP, SIMPLE, or Roth IRA that is required to be reported on 2020 Form 8606? ☐ Yes. Complete lines 21 through 25 only if you also had qualified distributions not required to be reported on 2020 Form 8606. ☐ No. Go to line 21.	
21	Enter the total amount of qualified distributions you received in 2020 for the purchase or construction of a main home. Don't include any amounts reported on 2020 Form 8606. Also, don't include any distributions you reported on line 6 or line 15, or on 2020 Form 8915-C or 2020 Form 8915-D, if any. See instructions	21
22	Enter the applicable cost of distributions, if any. See instructions	22
23	Subtract line 22 from line 21	23
24	Enter the total amount of any repayments you made. See instructions for allowable repayments. Don't include any repayments treated as rollovers on 2020 Form 8606. See instructions	24
25	Taxable amount. Subtract line 24 from line 23 • If the distribution is from an IRA, include this amount in the total on 2020 Form 1040, 1040-SR, or 1040-NR, line 4b. • If the distribution is from a retirement plan (other than an IRA), include this amount in the total on 2020 Form 1040, 1040-SR, or 1040-NR, line 5b.	25

Note: You may be subject to an additional tax on the amount on line 25. See instructions.

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

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

► Your signature _____ Date _____

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ►			Firm's EIN ►	
Firm's address ►			Phone no.	

Expenses for Business Use of Your Home

► **File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.**

► **Go to www.irs.gov/Form8829 for instructions and the latest information.**

Name(s) of proprietor(s)

Kimberly L Hall

Your social security number

450-85-2281

Part I Part of Your Home Used for Business**Social Media Content Creator**

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	250
2	Total area of home	2	1,200
3	Divide line 1 by line 2. Enter the result as a percentage	3	20.83 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,784	5	8,784 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	20.83 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions.	8	-55.
See instructions for columns (a) and (b) before completing lines 9-22.			
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b), by line 7	13	
14	Add line 12, column (a), and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	0.
16	Excess mortgage interest (see instructions)	16	
17	Excess real estate taxes (see instructions)	17	
18	Insurance	18	360.
19	Rent	19	1,500.
20	Repairs and maintenance	20	
21	Utilities	21	1,575.
22	Other expenses (see instructions)	22	100.
23	Add lines 16 through 22	23	3,535.
24	Multiply line 23, column (b), by line 7	24	736.
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	736.
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	0.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	0.
29	Excess casualty losses (see instructions)	29	
30	Depreciation of your home from line 42 below	30	30.
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	30.
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	0.
34	Add lines 14, 27, and 33	34	0.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 . See instructions	35	
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions. ►	36	0.

Part III Depreciation of Your Home

37	Enter the smaller of your home's adjusted basis or its fair market value. See instructions	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage (see instructions)	41	%
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	30.

Part IV Carryover of Unallowed Expenses to 2021**See Attached**

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	736.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	30.

Name(s) of Proprietor(s)
Kimberly L Hall

Your SSN
450-85-2281

Business name Social Media Content Creator
7997 Wade Blvd

Part I – Calculation of Line 7

Calculation for Form 8829, line 7 when one area of the home was used exclusively for daycare and another area of the home was used only partly for daycare:

1	Area used exclusively for daycare	1	
2	Total area of home.	2	
3	Business % for area used exclusively for daycare. Divide Line 1 by line 2	3	%
4	Area used only partly for daycare	4	
5	Divide line 4 by line 2	5	%
6	Multiply days used for daycare during year by hours used per day	6	hr
7	Total hours available for use during the year (366 x 24 hours).	7	hr
8	Divide line 6 by line 7. Enter result as a decimal amount. Carries to Simple Worksheet, line E	8	
9	Business % for area used only partly for daycare. Multiply line 8 by line 5	9	%
10	Total business percentage. Add lines 3 and 9. Carries to Form 8829, line 7 . . .	10	%

Part II – Calculation of Business Income Limit for Form 8829, Line 8 or Simple Method, line A

Calculation of business income limit when part of gross income is from a place of business other than this home office:

1	Gross income from Schedule C, line 7.	1	28,070.
2	Percent of gross income from business use of home reported on Schedule C.	2	75.00 %
3	Gross income from business use of home. Multiply line 1 by line 2	3	21,053.
4	Gain from business use of your home shown on Schedule D or Form 4797	4	
5	Gross income from Schedules C, D, and Form 4797. Add lines 3 and 4	5	21,053.
6	Total expenses from Schedule C, line 28.	6	21,108.
7	If there is more than one home office for this business, enter the amount of expenses from line 6 allocable to this home office. <i>Enter the expenses as a positive number</i>	7	
8	Any losses from this business shown on Schedule D or Form 4797. <i>Enter the losses as a positive number</i>	8	
9	Line 5 less lines 6 or 7, and 8. Carries to Form 8829, ln 8 or Simple Wks, ln A .	9	-55.

Part III – Calculation of Line 42

1	Depreciation attributable to business use of home	1	
2	Depreciation for additions and improvements attributable to business use of home	2	30.
3	Total allowable depreciation. Add lines 1 and 2. Carries to Form 8829, line 42.	3	30.

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020Attachment
Sequence No. **179**

Name(s) shown on return

Kimberly L Hall

Business or activity to which this form relates

Sch C Social Media Content Creator

Identifying number

450-85-2281

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	650.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		150.	5.0	HY	200 DB	30.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	1,714.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,394.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☒ Yes ☐ No						24b If "Yes," is the evidence written? ☒ Yes ☐ No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .						25			
26 Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use:									
Cadillac XTS	01/01/2018	50.00 %	12,000.	6,000.	5.00	S/L - HY	1,714.		
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .						28	1,714.		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles) .	4,000					
31 Total commuting miles driven during the year	0					
32 Total other personal (noncommuting) miles driven	4,000					
33 Total miles driven during the year. Add lines 30 through 32	8,000					
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	X					
35 Was the vehicle used primarily by a more than 5% owner or related person?	X					
36 Is another vehicle available for personal use?		X				

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year (see instructions):					
43 Amortization of costs that began before your 2020 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Tax History Report

► Keep for your records

2020

Name(s) Shown on Return

Kimberly L Hall

	Five Year Tax History:				
	2016	2017	2018	2019	2020
Filing status					Single
Total income					128,683.
Adjustments to income					3,142.
Adjusted gross income					125,541.
Tax expense					1,544.
Interest expense . . .					
Contributions					125.
Misc. deductions . . .					
Other itemized ded'ns					0.
Total itemized/ standard deduction . .					12,400.
Exemption amount . .					0.
QBI deduction					814.
Taxable income					112,327.
Tax					21,038.
Alternative min tax . .					
Total credits					
Other taxes					983.
Payments					12,275.
Form 2210 penalty . .					
Amount owed					9,746.
Applied to next year's estimated tax .					
Refund					
Effective tax rate % . .					16.76
**Tax bracket %					24.0

**Tax bracket % is based on Taxable income.

Section 1.263(a)-1(f)

▶ Attach to your income tax return

Name(s) Shown on Return

Kimberly L Hall

Identification Number

450-85-2281Tax Year: 2020**Section 1.263(a)-1(f)
De Minimis Safe Harbor Election**

The taxpayer elects to make the de minimis safe harbor election under the Regulation 1.263(a)-1(f)

Name:

Kimberly L Hall

Address:

2600 Upland Trail Lane, Aubrey TX 76227

Identification Number:

450-85-2281

Qualified Business Income Component Worksheet

2020

► Keep for your records

Name(s) Shown on Return Kimberly L Hall	Social Security Number 450-85-2281
--	---------------------------------------

Aggregate trade or business name	Kimberly L Hall
Aggregate trade or business ID number (EIN)	06-1834041
Social Security Number of owner if no EIN available	
Reason for no EIN or SSN if none available	

For multiple businesses being aggregated under Regulations section 1.199A-4, complete the explanation statements below.

Provide a description of the trade or business and an explanation of the factors met that allow the aggregation in accordance with Regulations section 1.199A-4.
Has this trade or business aggregation changed from the prior year? This includes changes due to a trade or business being formed, acquired, disposed, or ceasing operations. If yes, explain.

Business name	Tax ID	QBI	W2 wages	UBIA
Kimberly L Hall	06-1834041	4,070.	0.	6,800.

- 1 Qualified business income (QBI) 4,070.
- If using Simplified Worksheet, stop here.**
- 2 Taxable Income
- 3 Threshold Amount. \$326,600 if MFJ, otherwise \$163,300
- 4 Subtract line 3 from line 2. If less than 0, enter 0.
- 5 Phase-in range amount. Enter \$100,000 if filing joint, otherwise \$50,000.
- 6 Reduction ratio. If line 4 is less than line 5, divide line 4 by line 5.
Otherwise, enter 1.
- 7 Applicable percentage. Subtract the reduction ratio (line 6) from 1.0000
- 8 Wages allocable to qualified business income.
- 9 Unadjusted Basis Immediately after Acquisition of Assets (UBIA) allocable
to qualified business income
- Reductions for Specified Service Trades or Businesses**
- Check if Specified Service Trade or Business (SSTB) ☐
- 11 SSTB reduction to QBI
- 12 SSTB reduction to allocable wages.
- 13 SSTB reduction to allocable UBIA
- QBI, wages, and UBIA after applicable SSTB reductions**
- 14 Qualified business income
- 15 Allocable wages
- 16 Allocable UBIA
- Tentative QBI component**
- 17 Adjustments for QBI losses
- 18 Loss-adjusted QBI (line 14 plus line 17)
- 19 Tentative QBI component before limitations (20% of line 18)
- Wages and assets limits**
- 20 50% of W2 wages
- 21 25% of W2 wages
- 22 2.5% of UBIA
- 23 Sum of 25% of W2 wages and 2.5% of UBIA
- 24 Wage and Asset Limit. Larger of line 20 or line 23
- 25 Subtract wage/asset limit (line 24) from tentative QBI component (line 19)
(But not less than 0)
- 26 Reduction Amount. Multiply line 6 by line 25.
- 27 Subtract the Reduction Amount (line 26) from Tent. QBI Ded'n (line 19)
- 28 Qualified payments from agricultural or horticultural coop
- 29 Wages allocable to qualified payments from coop
- 30 Patron reduction (lesser of 9% of line 28 or 50% of line 29)
- Qualified business income component amount**
- 31 Subtract line 30 from line 27

Qualified Business Income Deduction Summary

2020

► Keep for your records

Name(s) Shown on Return

Kimberly L Hall

Social Security Number

450-85-2281

QuickZoom to QBI Component Worksheet►
QuickZoom to Form 8995.►
QuickZoom to Form 8995-A►

1 Trade or business name Net QBI
Kimberly L Hall 4,070.

2 Net qualified business income (QBI) from qualified trades or businesses 4,070.
3 Loss from previous year
4 Sum of activities with gains (only positive amounts from table on line 1) 4,070.
5 Sum of activities with losses (only negative amounts from table on line 1)

6 Check if using Simplified Computation (Form 8995) ☒

7 QBI component from Form 8995 line 5 or Form 8995A line 16 814.
8 QBI loss carryover from Form 8995 line 16 or Form 8995A Schedule C line 6 0.

9 Total REIT dividends
10 PTP Income from non-SSTBs
11 PTP Income from SSTBs
12 Allowed PTP Income from SSTBs
13 Total Allowed PTP income (sum of line 10 and line 12)
14 Carryover REIT/PTP losses from prior year
15 Total REIT/PTP income
16 20% of total REIT/PTP income
17 Disallowed REIT/PTP loss 0.

18 Combined QBI Amount (QBI component plus 20% of REIT/PTP income). 814.

19 Taxable income before qualified business income deduction. 113,141.
20 Net capital gains 0.
21 Taxable income minus net capital gains. If zero or less, enter -0- 113,141.
22 20% of taxable income minus net capital gains 22,628.

23 QBI deduction before DPAD. 814.
Lesser of Combined QBI Amount or 20% of taxable income minus cap gains

24 Section 199A(g) deduction for domestic production activities

25 Total 199A (QBI) deduction (sum of lines 23 and 24) 814.

2020

Name(s) Shown on Return
Kimberly L Hall

Social Security Number
450-85-2281

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	<u>07/15/20</u>		<u>07/15/20</u>			<u>07/15/20</u>		
2	<u>07/15/20</u>		<u>07/15/20</u>			<u>07/15/20</u>		
3	<u>09/15/20</u>		<u>09/15/20</u>			<u>09/15/20</u>		
4	<u>01/15/21</u>		<u>01/15/21</u>			<u>01/15/21</u>		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2020					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2020 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				12,275.		
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G .						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment	St		Loc			
e	Negative Adjustment	St		Loc			
f	Additional Medicare Tax						
19	Total Withholding Lines 10 through 18f				12,275.		
20	Total Tax Payments for 2020				12,275.		

Prior Year Taxes Paid In 2020 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2019 extensions				
22	2019 estimated tax paid after 12/31/2019				
23	Balance due paid with 2019 return				
24	Other (amended returns, installment payments, etc) . .				

Name(s) Shown on Return
Kimberly L HallSocial Security Number
450-85-2281**Part I Information from Form(s) 1098-E, Student Loan Interest Statement**

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
Kim Student Loan Lender	Taxpayer	450-85-2281		1,200.
Total student loan interest.				1,200.
Less total student loan interest used for QTP (Section 529 plan)				
Total adjusted student loan interest				1,200.

Part II Computation of Student Loan Interest Deduction

1	Enter the total interest you paid in 2020 on qualified student loans (see Form 1040 instructions).	1	1,200.
2	Enter the smaller of line 1 or \$2,500.	2	1,200.
3	Modified AGI Note: If line 3 is \$85,000 or more if single, head of household, or qualifying widow(er) or \$170,000 or more if married filing jointly, stop here . You cannot take the deduction.	3	125,541.
4	Enter: \$70,000 if single, head of household, or qualifying widow(er); \$140,000 if married filing jointly.	4	
5	Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8	5	
6	Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places)	6	
7	Multiply line 2 by line 6	7	
8	Student loan interest deduction. Subtract line 7 from line 2. Enter the result here and on Form 1040, Sch 1, line 20. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	8	

* **Modified AGI** is the amount from Form 1040, line 8b, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Schedule 1 (Form 1040), lines 10 through 19 and any write-in amount next to line 22, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

Federal Carryover Worksheet**2020**

► Keep for your records

Name(s) Shown on Return
Kimberly L HallSocial Security Number
450-85-2281**2019 State and Local Income Tax Information**

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

2019 State Extension Information

(a) State	(b) Paid With Extension

2019 Locality Extension Information

(a) Locality	(b) Paid With Extension

2019 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2019 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2019 State Taxes Due Information

(a) State	(e) Paid With Return

2019 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2019 State Refund Applied Information

(a) State	(g) Applied Amount

2019 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2019 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2019 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Kimberly L Hall

450-85-2281

Other Tax and Income Information			2019	2020
1	Filing status	1	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4).	2		
3	Itemized deductions	3		1,669.
4	Check box if required to itemize deductions	4	☐	☐
5	Adjusted gross income	5		125,541.
6	Tax liability for Form 2210 or Form 2210-F	6		22,021.
7	Alternative minimum tax.	7		0.
8	Federal overpayment applied to next year estimated tax.	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions			2019	2020
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31.	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31.	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers			2019	2020
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss.	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss.	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2020.	a		
	b 2019.	b		
	c 2018.	c		
	d 2017.	d		
	e 2016.	e		
	f 2015.	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2020.	a		
	b 2019.	b		
	c 2018.	c		
	d 2017.	d		
	e 2016.	e		
	f 2015.	f		

Tax Year 2020

- Keep for your records

Kimberly L Hall

Sch C - Social Media Content Creator

450-85-2281

[illegible]

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

- Keep for your records

450-85-2281

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office