## McGraw Hills Taxation of Individuals and Business Entities 2019 Edition 10th Edition Spilker Solutions Manual

Full Download: https://alibabadownload.com/product/mcgraw-hills-taxation-of-individuals-and-business-entities-2019-edition-10th-edition-spi

<b>1040</b>	U.S.	Individual Inco	me Tax	Return	20'	1 /	OMB N	o. 1545-0074	IRS Use Or	nly—D	o not write or staple in th	is space		
,		7, or other tax year beginning			, 201	7, ending		, 2	20		e separate instruct			
Your first name and	initial		Last nam	е						Yo	ur social security nu	mber		
Sarah Hamblin If a joint return, spouse's first name and initial Last name									123-43-4321 Spouse's social security number					
,		street). If you have a P.O. b	ox, see ins	tructions.					Apt. no.		Make sure the SSN(			
1245 Rose		L Drive and ZIP code. If you have a fo	reign address	s also complete	snaces helov	v (see insti	uctions)			Ь	residential Election Ca			
		•	o.g., aaa.oo.	o, a.oo oop.o.o	opacco 20.01	. (000	uoo,.				ck here if you, or your spous			
Madison WI 53562  Foreign country name  Foreign province/state/county  Foreign postal coo										injustry want \$3 to go to this fund. Checking				
Filing Status	1	Single				4	X Hea	d of household	l (with quali	fying	person). (See instructi	ons.) If		
g caaaa	2	Married filing jointly	(even if o	nly one had in	icome)						not your dependent, e			
Check only one	3	Married filing separ			beth Hambli	n								
oox.		and full name here.	epen	dent child										
Exemptions	6a	X Yourself. If some		. }	Boxes checked on 6a and 6b	1								
•	b									<u>.</u> ,	No. of children			
	С	Dependents:	, , ,				Dependent's qualifying for child tax			it	on 6c who: • lived with you			
	(1) First	name Last name	9	social security nur	liber 1	elationship	to you	(see inst		_	did not live with you due to divorce			
f more than four											or separation			
dependents, see								L	]		(see instructions)  Dependents on 6c			
nstructions and								L	]	_	not entered above	_		
check here ▶ □		T. 1		. ,							Add numbers on	1 1		
	d	Total number of exem								<u>.                                    </u>	lines above	250		
ncome	7	Wages, salaries, tips,		` ,						7	34,	350.		
	8a	Taxable interest. Atta					1			8a		565.		
Attach Form(s)	b	Tax-exempt interest.							250.	0-				
V-2 here. Also	9a	Ordinary dividends. A		•			1			9a				
ttach Forms	b	Qualified dividends				. 9b				10				
V-2G and I099-R if tax	10 11	Taxable refunds, credits, or offsets of state and local income taxes									16	000.		
vas withheld.	12	Alimony received									10,	000.		
	13	Capital gain or (loss).	•						· 🖮 📙	12 13				
f you did not	14	Other gains or (losses			'		rca, cri	COR TICIC P		14				
get a W-2,	15a	IRA distributions .	15a	01111 47 07 .		1	xable a	mount		15b				
see instructions.	16a	Pensions and annuities						mount .	_	16b				
	17	Rental real estate, roy		tnerships. S.c	corporation	_			_	17	11.	000.		
	18	Farm income or (loss)								18				
	19	Unemployment comp							_	19	1,	250.		
	20a	Social security benefits	1 1			1		mount .		20b	,			
	21	Other income. List type	e and am	ount Rad	io Con	_ test	Winn	ings		21	2,	000.		
	22	Combine the amounts in	n the far rig	ht column for li	nes 7 throu	gh 21. Th	nis is you	ır total incom	ie ▶	22		165.		
	23	Educator expenses				. 23								
Adjusted	24	Certain business expens	es of reser	vists, performin	g artists, ar	nd								
Gross		fee-basis government of	ficials. Atta	ch Form 2106 o	r 2106-EZ	24								
ncome	25	Health savings accou	nt deducti	on. Attach Fo	rm 8889	. 25								
	26	Moving expenses. Attach Form 3903												
	27	Deductible part of self-e												
	28	Self-employed SEP, SIMPLE, and qualified plans 28  Self-employed health insurance deduction 29												
	29													
	30	Penalty on early without		-										
	31a	Alimony paid <b>b</b> Reci												
	32	IRA deduction				. 32								
	33	Student loan interest												
	34 35	Tuition and fees. Atta					_							
	35 36	Domestic production as Add lines 23 through								26	1			
	36 37	Subtract line 36 from								36 37	6.5	165.		

Form 1040 (2017	)									Page <b>2</b>			
•	38	Amount from line 37 (adjusted gross income	<u> </u>					38	-	55,165.			
Tax and	39a	Check Spouse was born before January if:	y 2, <b>1953</b> ,	☐ E	Blind.	Total boxes checked ► 39a		00		,3,103.			
Credits	b	If your spouse itemizes on a separate return or	-				39b						
Standard	40	Itemized deductions (from Schedule A) or y	40		9,350.								
Deduction	41	Subtract line 40 from line 38	41		55,815.								
for— • People who	42	<b>Exemptions.</b> If line 38 is \$156,900 or less, multiply					uctions	42	<del>-</del>	4,050.			
check any	43	Taxable income. Subtract line 42 from line		43	Г	51,765.							
box on line 39a or 39b <b>or</b>	44	Tax (see instructions). Check if any from: a	44		7,196.								
who can be claimed as a	45	Alternative minimum tax (see instructions)	45		7,150.								
dependent,	46	Excess advance premium tax credit repayments	46										
see instructions.	47							47		7,196.			
All others:								41		7,100.			
Single or	48	Foreign tax credit. Attach Form 1116 if requi			48		ν						
Married filing separately,	49	Credit for child and dependent care expenses. Attach Form 2441  Education credits from Form 8863. line 19											
<b>\$6,3</b> 5 <b>0</b>	50	Education credits from Form 8863, line 19											
Married filing   jointly or	51	Retirement savings contributions credit. Attach Form 8880 51											
Qualifying widow(er),	52	Child tax credit. Attach Schedule 8812, if required 52											
\$12,700	53	Residential energy credits. Attach Form 569s											
Head of	54	Other credits from Form: <b>a</b> 3800 <b>b</b> 880			54								
household, \$9,300	55	Add lines 48 through 54. These are your total						55					
	56	Subtract line 55 from line 47. If line 55 is mo	re than line 47,	, enter	-0-		. •	56		7,196.			
	57	Self-employment tax. Attach Schedule SE						57					
Other	58	Unreported social security and Medicare tax	58										
Taxes	59	Additional tax on IRAs, other qualified retirement	59										
IUXOO	60a	Household employment taxes from Schedule	60a										
	b	First-time homebuyer credit repayment. Attack	60b										
	61	Health care: individual responsibility (see instr	61										
	62	Taxes from: <b>a</b> Form 8959 <b>b</b> Form 8	62										
	63	Add lines 56 through 62. This is your total ta	ıx				. ▶	63		7,196.			
Payments	64	Federal income tax withheld from Forms W-	2 and 1099	[	64	6,	950.						
	65	2017 estimated tax payments and amount applied	from 2016 retu	rn	65								
If you have a	66a	Earned income credit (EIC) No.											
qualifying child, attach	b	Nontaxable combat pay election 66b											
Schedule EIC.	67	Additional child tax credit. Attach Schedule 88	12		67								
	68	American opportunity credit from Form 886	63, line 8 .		68								
	69	Net premium tax credit. Attach Form 8962											
	70	Amount paid with request for extension to file											
	71	Excess social security and tier 1 RRTA tax withheld											
	72	Credit for federal tax on fuels. Attach Form 4			72								
	73	Credits from Form: <b>a</b> 2439 <b>b</b> Reserved <b>c</b> 88	85 <b>d</b> 🗌		73								
	74	Add lines 64, 65, 66a, and 67 through 73. Th		otal pa	ymer	nts	. ▶	74		6,950.			
Refund	75	If line 74 is more than line 63, subtract line 6						75		.,			
	76a	Amount of line 75 you want <b>refunded to you</b>				•	<b>▶</b> □	76a					
Direct deposit?	▶ b	Routing number					avings	700					
See	▶ d				—	x x x x x x							
instructions.	77	Amount of line 75 you want applied to your				<u>- , , , ,                 </u>	;						
Amount	78	Amount you owe. Subtract line 74 from line				nav. see instructio	ns 🕨	78		246.			
You Owe	79	Estimated tax penalty (see instructions) .		1	79			, 5					
		you want to allow another person to discuss	Vac	Com	olete below.	X No							
Third Party Designee		signee's	onal iden										
Pesignee	nar	ne ►	Phone no. ►			num	ber (PIN)		<b></b>				
Sign		enalties of perjury, I declare that I have examined this return and ly list all amounts and sources of income I received during the t											
Here		ir signature	Date	Your c			J., an intoll	ı	ne phone numb	-			
Joint return? See				Cle						-			
instructions. Keep a copy for	Spo	ouse's signature. If a joint return, <b>both</b> must sign.	Date			cupation		If the IF	RS sent you an Iden	tity Protection			
vour rooordo	7	opode a decapation								PIN. enter it			

Paid
Preparer
Use Only

Print/Type preparer's name
Preparer's signature
Preparer's signature
Preparer
Use Only

Print/Type preparer's name
Preparer's signature
Preparer's signature
Preparer's signature
Preparer's signature
Preparer's signature
Print, enter it.
here (see inst.)
Check if self-employed
Firm's name ▶ Self-Prepared
Firm's address ▶
Phone no.

## McGraw Hills Taxation of Individuals and Business Entities 2019 Edition 10th Edition Spilker Solutions Manual

Full Download: https://alibabadownload.com/product/mcgraw-hills-taxation-of-individuals-and-business-entities-2019-edition-10t

Schedule	e E (Form 1040) 2	2017		1				Attach	ment Sequence I	No. <b>13</b>			Page <b>2</b>	
Name(s)										Your so	Your social security number			
	arah Hamblin 123-43-4321													
	ution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.  Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which													
Part			s From Partne tt risk, you <b>must</b> c									activity for	which	
27	unallowed	loss from a	y loss not allow a passive activity see instructions	y (if that lo	oss was r	not reported o	n Fo					rship exp		
28	you anono		(a) Name	201010	<u>ompioun,</u>	(b) Enter P for partnership; S	(c	c) Check if foreign	identi	nployer		(e) Ch	neck if sount is	
											3	not a	t risk	
В														
C D								<u> </u>						
	Pa	ssive Inco	me and Loss					Nonnas	 sive Income	and L	OSS.	L		
	(f) Passive l	oss allowed	<b>(g)</b> Pa	ssive income		(h) Nonpassive loss from Schedule K-1 deduction from Fo					(j)	Nonpassive om <b>Schedu</b>		
Α											,000.			
В														
С							-							
D														
29a	Totals										Щ	11	,000.	
b	Totals	(a) and (i)	of line 20e							20		11	000	
30 31			of line 29a d (i) of line 29b							30	1		,000.	
32			I S corporation	income	or (loss		 ines :	 30 and 3	 R1 Enter the	01	1			
02			in the total on li							32		11	,000.	
Part I			From Estate											
33											(b) Employer identification number			
Α														
В		D	I											
	() 5		ive Income and	1						come	ome and Loss			
	` '				d) Passive ir om <b>Schedu</b>		(e) Deduction or loss from Schedule K-1				(f) Other income from Schedule K-1			
Α										+				
В									-					
34a	Totals													
	Totals													
35	Add columns (d) and (f) of line 34a							35						
36	Add columns	. ,			 حصال مصاحا					36	(		)	
37	include in the		t income or (lone 41 below		INIE	5 33 and 36.	⊏nte	i lile res	uit nere and	37				
Part I			From Real E	state M	ortgage	Investmen	t Coi	nduits (	REMICs) —		ual H	older		
38	47.5			(-) Francis in charles for an						(e) Income from Schedules Q, line 3b				
39 Part		. ,	nd (e) only. Ente	er the resu	ult here a	nd include in	the to	otal on lir	e 41 below	39				
40			or (loss) from <b>F</b>	orm 4835	. Also, co	omplete line 4	2 bel	ow		40	T			
41			e lines 26, 32, 37, 39, a			•			1040NR, line 18 ▶	41		11	,000.	
42	Reconciliatio	n of farm	ning and fishin	g income	e. Enter	your <b>gross</b>								
	farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions) 42													
43	professional (s	see instructi	estate professions), enter the nor Form 1040NR fr	et income	or (loss) y	ou reported								
	in which you m	naterially pa	rticipated under th	ne passive	activity los	ss rules	43							