

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: **Gregory W** Last name: **Abbott** Your social security number: _____

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: **Cecilia P** Last name: **Abbott** Spouse's social security number: _____

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **1010 Colorado St** Apt. no. _____ Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Austin TX 78701** If more than four dependents, see inst. and here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
AUDREY	ABBOTT		Daughter	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Governor**

Spouse's signature. If a joint return, both must sign. _____ Date: _____ Spouse's occupation: **First Lady**

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

Paid Preparer Use Only

Preparer's name: _____ Preparer's signature: _____ PTIN: _____ Firm's EIN: _____ Check if: 3rd Party Designee Self-employed

Firm's name: _____ Phone no.: _____

Firm's address: _____

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018) Page **2**

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	122,287.
2a	Tax-exempt interest	2a	4.	2b	3,275.
3a	Qualified dividends	3a	520.	3b	1,168.
4a	IRAs, pensions, and annuities	4a		4b	
5a	Social security benefits	5a		5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		-3,224.	6	123,506.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6			7	123,506.
8	Standard deduction or itemized deductions (from Schedule A)			8	24,000.
9	Qualified business income deduction (see instructions)			9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-			10	99,506.
11	a Tax (see inst.) 13,732. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)			11	13,732.
	b Add any amount from Schedule 2 and check here <input type="checkbox"/>			12	2,000.
12	a Child tax credit/credit for other dependents 500. b Add any amount from Schedule 3 and check here <input checked="" type="checkbox"/>			13	11,732.
13	Subtract line 12 from line 11. If zero or less, enter -0-			14	0.
14	Other taxes. Attach Schedule 4			15	11,732.
15	Total tax. Add lines 13 and 14			16	23,040.
16	Federal income tax withheld from Forms W-2 and 1099			17	1,000.
17	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863 1,000.			18	24,040.
	Add any amount from Schedule 5			19	12,308.
18	Add lines 16 and 17. These are your total payments			20a	12,308.
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid				
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>				
	b Routing number _____ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings				
	d Account number _____				
21	Amount of line 19 you want applied to your 2019 estimated tax	21			
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22			
23	Estimated tax penalty (see instructions)	23			

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2018

Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

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

Name(s) shown on Form 1040

Gregory W & Cecilia P Abbott

Your social security number

Additional Income	1-9b	Reserved	1-9b		
	10	Taxable refunds, credits, or offsets of state and local income taxes	10		
	11	Alimony received	11		
	12	Business income or (loss). Attach Schedule C or C-EZ	12		
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	13	-3,000.	
	14	Other gains or (losses). Attach Form 4797	14		
	15a	Reserved	15b		
	16a	Reserved	16b		
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-229.	
	18	Farm income or (loss). Attach Schedule F	18		
	19	Unemployment compensation	19		
	20a	Reserved	20b		
	21	Other income. List type and amount ▶ <u>Substitute Payment from 1099-Misc</u> 5.	21	5.	
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	-3,224.	
	Adjustments to Income	23	Educator expenses	23	
		24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
		25	Health savings account deduction. Attach Form 8889	25	
		26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
		27	Deductible part of self-employment tax. Attach Schedule SE	27	
		28	Self-employed SEP, SIMPLE, and qualified plans	28	
		29	Self-employed health insurance deduction	29	
		30	Penalty on early withdrawal of savings	30	
31a		Alimony paid b Recipient's SSN ▶ _____	31a		
32		IRA deduction	32		
33	Student loan interest deduction	33			
34	Reserved	34			
35	Reserved	35			
36	Add lines 23 through 35	36			

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

Schedule 1 (Form 1040) 2018

REV 12/21/18 PRO