

Note: The form, instructions, or publication you are looking for begins after this coversheet.

Please review the updated information below.

Reporting Excess Deductions on Termination of an Estate or Trust on Forms 1040, 1040-SR, and 1040-NR for Tax Year 2018 and Tax Year 2019

Under Proposed Regulations 113295-18, an excess deduction on termination of an estate or trust allowed in arriving at adjusted gross income (Internal Revenue Code (IRC) section 67(e) expenses) is reported as an adjustment to income on Forms 1040, 1040-SR, and 1040-NR; non-miscellaneous itemized deductions are reported, as applicable, on Schedule A (Form 1040 or 1040-SR) or Schedule A (Form 1040-NR); and miscellaneous itemized deductions are not deductible. Taxpayers may rely on the proposed regulations for tax years of beneficiaries beginning after 2017 and before the final regulations are published.

For tax year 2019, an excess deduction for IRC section 67(e) expenses is reported as a write-in on Schedule 1 (Form 1040 or 1040-SR), Part II, line 22, or Form 1040-NR, line 34. On the dotted line next to line 22 or line 34 (depending on which form is filed), enter the amount of the adjustment and identify it using the code "ED67(e)". Include the amount of the adjustment in the total amount reported on line 22 or line 34.

For tax year 2018, an excess deduction for IRC section 67(e) expenses is reported as a write-in on Schedule 1 (Form 1040), line 36, or Form 1040-NR, line 34. On the dotted line next to line 36 or line 34, (depending on which form is filed), enter the amount of the adjustment and identify it using the code "ED67(e)". Include the amount of the adjustment in the total amount reported on line 36 or line 34.

104		artment of the Treasury—Internal Revenue Se S. Individual Income Ta			(99) (n	20	19	OMB No. 1545	5-0074	IRS Use O	inly—E	Do not wi	ite or staple in this space.	
Filing Status Check only one box.	lf yo	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	La	Last name							Y	Your social security number				
If joint return, spouse's first name and middle initial					Last name							Spouse's social security number		
Home address (number and street). If you have a P.O. box, see					instructions. Apt. no.							Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.		
City, town or p	ost offic	ce, state, and ZIP code. If you have a fo	oreign	address	s, also	o complete s	spaces b	elow (see instru	ctions)		Ch		box below will not change your	
Foreign countr	Foreign country name					Foreign province/state/county						If more than four dependents, see instructions and \checkmark here \blacktriangleright		
Standard Deduction		eone 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, 19	55 [Are	blind	Spouse		Was born befor	e Janu	ary 2, 1955		ls blir	nd	
Dependents ((1) First name	see ins	structions): Last name		(2) Soc	cial sec	curity number	(3)	Relationship to you	L	(4) V Child tax			(see instructions): Credit for other dependents	
]			
] 1			
	1	Wages, salaries, tips, etc. Attach For	m(c) \	N 2								1		
	י 2a	Tax-exempt interest	2a		• •	· · · ·	 b Та	b Taxable interest. Attach		Sch Bifrequired		2b		
	3a			3a			b Ordinary dividends. Attach Sch. E							
Standard Deduction for—	4a	IRA distributions	4a					axable amount	7 11 10 11	0011. 12 11 100	lanoa	4b		
Single or Married	c			4c				xable amount				4d		
filing separately, \$12,200	5a	Social security benefits					b Taxable amount					5b		
 Married filing jointly or Qualifying 	6	Capital gain or (loss). Attach Schedule D if required. If not required, check here										6		
widow(er),	7a	Other income from Schedule 1, line 9										7a		
\$24,400 b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total inc								ne				7b		
household, \$18,350	household, 8a Adjustments to income from Schedule 1 line 22										8a			
 If you checked 	b	Subtract line 8a from line 7b. This is your adjusted gross income									►	8b		
any box under Standard	9	Standard deduction or itemized deductions (from Schedule A)												
Deduction,	10	Qualified business income deduction	. Atta	ch Form	n 8995	5 or Form 89	95-A .	10)					
see instructions.	11a	Add lines 9 and 10								11a				
	b	Taxable income. Subtract line 11a f	rom lir	ne 8b. lf	zero	or less, ente	er-0					11b		
For Disclosure,	Privac	y Act, and Paperwork Reduction Act	Notic	ce, see	sepai	rate instruc	tions.		Cat. No	. 11320B			Form 1040 (2019)	

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	12a	Tax (see i	inst.) Check if any from Fe	orm(s): 1 🗌 8814	4 2 🗌 4972	3 🗌	12a					
	b	Add Sche	edule 2, line 3, and line	12a and enter the	total				▶ 12	2b		
	13a	Child tax	credit or credit for othe	r dependents .			13a					
	b	Add Sche	edule 3, line 7, and line	13a and enter the	total				▶ 1	3b		
	14	Subtract	line 13b from line 12b.	If zero or less, ente	er-0				. 1	14		
	15	Other tax	es, including self-emplo	oyment tax, from S	Schedule 2, line ⁻	10			. 1	15		
	16	Add lines	14 and 15. This is your	total tax					▶ 1	16		
	17	Federal in	ncome tax withheld from	n Forms W-2 and	1099				. 1	17		
• If you have a	18	Other pay	ments and refundable	credits:								
qualifying child, attach Sch. EIC.	a	Earned in	come credit (EIC) .				18a					
If you have	b	Additiona	I child tax credit. Attacl	h Schedule 8812			18b					
nontaxable combat pay, see	с	American	opportunity credit fron	n Form 8863, line 8	8		18c					
instructions.	d	Schedule	3, line 14				18d					
	е	Add lines	18a through 18d. Thes	e are your total o f	ther payments a	and refundable cr	edits .		▶ 18	8e		
	19	Add lines	17 and 18e. These are	your total payme	nts			<u></u>	▶ 1	19		
Refund	20	If line 19 i	is more than line 16, su	btract line 16 from	i line 19. This is t	he amount you ov	erpaid .		. 2	20		
	21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here								1a		
Direct deposit? See instructions.	►b	Routing number ► c Type: C Checking Savings										
	► d	Account r	number									
	22	Amount o	of line 20 you want app l	lied to your 2020	estimated tax	🕨	22					
Amount	23	Amount y	you owe. Subtract line	19 from line 16. Fo	or details on how	v to pay, see instru	ictions .		▶ 2	23		
You Owe	24	Estimated	d tax penalty (see instru	ictions)		🕨	24					
Third Party Designee	Do	you want t	o allow another person	(other than your p	baid preparer) to	discuss this return	with the IRS	See instru	ctions.	Yes	. Complete below.	
(Other than paid preparer)		signee's			Phone			Personal ic		1		
		ne 🕨			no. 🕨			number (Pl	,	•		
Sign Here			of perjury, I declare that I nplete. Declaration of prepa							ledge an	d belief, they are true	
пеге	Yo	ur signature			Date					ne IRS sent you an Identity		
Joint return?		I	Roy L. Fayne-I	Diaz	7/15/20		Protection PIN, enter it here (see inst.)					
See instructions.	Sp	ouse's sigr	nature. If a joint return, I	Date	Spouse's occup	If the IRS sent your spouse an						
Keep a copy for your records.		Sask	ra Payne-Diaz	15 Jul 20	5 Jul 20				Identity Protection PIN, enter it here (see inst.)			
	Ph	one no.										
Paid	Pre	eparer's na	me	Preparer's signature			Date	P.	TIN	Ch	neck if:	
										[3rd Party Designee	
Preparer Use Only	Fir	m's name I	►				Phone n	0.		Self-employed		
	Fir	m's address	S ►		Firm's EIN ►							

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

Form **1040** (2019)