

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

Your first name and initial: Jose
 Last name: Practica
 Your social security number: 5 6 0 7 9 3 6 X X

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: _____
 Last name: _____
 Spouse's social security number: _____

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954
 Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions.
 123 Main St
 Apt. no. 1
 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.
 Orlando FL 32822
 If more than four dependents, see inst. and ✓ here

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

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

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 01/01/2020	Your occupation Labor	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	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:
Firm's name ▶ Centro Latino de Capacitacion		Phone no. (786) 300-5926		<input type="checkbox"/> 3rd Party Designee
Firm's address ▶				<input checked="" type="checkbox"/> Self-employed

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		18,240	
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	2a	Tax-exempt interest	2a	0	
	3a	Qualified dividends	3a		
	4a	IRAs, pensions, and annuities	4a	0	
	5a	Social security benefits	5a	0	
		b	Taxable interest	b	380
		b	Ordinary dividends	b	0
		b	Taxable amount	b	0
		b	Taxable amount	b	0
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 _____ 0		18,620	
	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		18,620	
	8	Standard deduction or itemized deductions (from Schedule A)		12,000	
	9	Qualified business income deduction (see instructions)		0	
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		6,620	
Standard Deduction for -- • Single or married filing separately, \$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions.	11	a Tax (see inst.) _____ 663 (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> _____)			
		b Add any amount from Schedule 2 and check here <input type="checkbox"/>		663	
		12	a Child tax credit/credit for other dependents _____ 0 b Add any amount from Schedule 3 and check here <input type="checkbox"/>		0
		13	Subtract line 12 from line 11. If zero or less, enter -0-		663
		14	Other taxes. Attach Schedule 4		0
		15	Total tax. Add lines 13 and 14		663
		16	Federal income tax withheld from Forms W-2 and 1099		1,418
		17	Refundable credits: a EIC (see inst.) _____ 0 b Sch. 8812 _____ 0 c Form 8863 _____ 0		
			Add any amount from Schedule 5 _____ 0		0
		18	Add lines 16 and 17. These are your total payments		1,418
	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		755	
Direct deposit? See instructions.	20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>		755	
	b	Routing number _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d	Account number _____			
	21	Amount of line 19 you want applied to your 2019 estimated tax	21		
Amount You Owe	22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions		0	
	23	Estimated tax penalty (see instructions)	23	0	

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Tomas 5280 Buford Hwy Atlanta GA 30340		Payer's RTN (optional)		OMB No. 1545-0112		Interest Income
		1 Interest income		2018		
		\$ 380		Form 1099-INT		
PAYER'S TIN		RECIPIENT'S TIN		2 Early withdrawal penalty		Copy 1 For State Tax Department
23-4567890		560-79-36XX		\$		
RECIPIENT'S name		4 Federal income tax withheld		5 Investment expenses		
Jose Practica Street address (including apt. no.) 123 Main St City or town, state or province, country, and ZIP or foreign postal code Orlando FL 32822		\$		\$		
		6 Foreign tax paid		7 Foreign country or U.S. possession		
		8 Tax-exempt interest		9 Specified private activity bond interest		
		\$		\$		
		10 Market discount		11 Bond premium		
		\$		\$		
		12 Bond premium on Treasury obligations		13 Bond premium on tax-exempt bond		
		\$		\$		
Account number (see instructions)		14 Tax-exempt and tax credit bond CUSIP no.		15 State		16 State identification no.
						17 State tax withheld
						\$
						\$

Form **1099-INT**

www.irs.gov/Form1099INT

Department of the Treasury - Internal Revenue Service

Preparer Explanation for Not Filing Electronically

OMB No. 1545-2200

▶ **Attach to taxpayer's Form 1040, 1040A, 1040EZ, 1040NR, or Form 1041.**
 ▶ **Go to www.irs.gov/Form8948 for instructions and the latest information.**

Attachment
 Sequence No. **173**

Name(s) on tax return Jose Practica	Tax year of return 2018	Taxpayer's identifying number 560-79-36XX
Preparer's name		Preparer Tax Identification Number (PTIN)

Three out of four taxpayers now use IRS e-file. Go to www.irs.gov/efile for details on using IRS e-file. The benefits of electronic filing include the following.

- Faster refunds
- Secure transmissions
- E-payment options
- More accurate returns
- Easier filing method
- Receipt acknowledged

Check the applicable box to indicate the reason this return is not being filed electronically. Do not check more than one box.

- 1 Taxpayer chose to file this return on paper.

- 2 The preparer received a waiver from the requirement to electronically file the tax return.
 Waiver Reference Number _____ Approval Letter Date _____

- 3 The preparer is a member of a recognized religious group that is conscientiously opposed to filing electronically.

- 4 This return was rejected by IRS *e-file* and the reject condition could not be resolved.
 Reject code: _____ Number of attempts to resolve reject: _____

- 5 The preparer's e-file software package does not support Form _____ or Schedule _____ attached to this return.

- 6 Check the box that applies and provide additional information if requested.
 - a The preparer is ineligible to file electronically because IRS *e-file* does not accept foreign preparers without social security numbers who live and work abroad.
 - b The preparer is ineligible to participate in IRS *e-file*.
 - c Other: Describe below the circumstances that prevented the preparer from filing this return electronically.

		a Employee's social security number 5 6 0 - 7 9 - 3 6 X X		OMB No. 1545-0008		Safe, accurate, FAST! Use		Visit the IRS website at www.irs.gov/efile		
b Employer identification number (EIN) 1 2 3 4 5 6 7 8 9 MARK				1 Wages, tips, other compensation 18,240		2 Federal income tax withheld 1,418				
c Employer's name, address, and ZIP code Market st floor 4 450 Hackensack A Bradenton FL 34207				3 Social security wages 18,240		4 Social security tax withheld 1,131				
				5 Medicare wages and tips 18,240		6 Medicare tax withheld 264				
				7 Social security tips		8 Allocated tips				
d Control number				9 Verification code		10 Dependent care benefits				
e Employee's first name and initial Jose		Last name Practica		Suff.		11 Nonqualified plans		12a See instructions for box 12		
123 Main St ORLANDO FL 32822				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b				
				14 Other		12c				
						12d				
f Employee's address and ZIP code										
15 State Employer's state ID number		16 State wages, tips, etc. 0		17 State income tax		18 Local wages, tips, etc.		19 Local income tax 0		20 Locality name
		0		0						

Form **W-2** Wage and Tax Statement

2018

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.