

Consent to disclose your information for the refund advance loan and for a Turbo® Visa® Debit Card

We're going to disclose the tax information described from your 2020 tax return to First Century Bank (the lender), BorrowWorks (the lender service provider) and Green Dot Bank (the issuer of the card) to process your Refund Advance loan, administer and communicate with you regarding the loan program, and to issue and manage a Turbo® Visa® Debit Card account for you.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-██████████4484, or by email at complaints@tigta.treas.gov.

Do you agree to let TurboTax share your tax information with First Century Bank, Green Dot Bank and BorrowWorks?

I agree to the above statement ☒ X

Taxpayer First Name shamiese

Taxpayer Last Name wright

Today's Date 02/12/2021

Spouse First Name

Spouse Last Name

Today's Date

What information are we sharing?

Personal and contact information for primary filer and, if applicable, spouse: first and last name; Social Security number; date of birth; address (street, city, state, zip, country); email address; phone number; number of dependents; EFIN; military paygrade; driver's license or state ID number.

Filing and preparation information: federal and state tax return type; tax year; filing status and history; whether you are filing IRS Forms 4136, 1310 or 8888; when you agree to this disclosure consent; when the IRS and state accepted the return; the IRS and state acknowledgement code for the return



Information about personal and business income, deductions, credits, losses and expenses:

- Income and gain from any source (such as wages, tips, pensions, rental income, and capital gains), and related forms (such as Forms W2 and 1099); adjusted gross income; taxable income
- All deductions, credits and benefits (such as standard deduction, itemized deductions like charitable contributions, education credits, earned income tax credit, and dependent care benefits), and related federal and state forms (such as Schedules A and C, and Form 8862)
- All losses and expenses (such as capital losses, theft losses, and business expenses) and related federal and state forms (such as Schedule E and Form 4684)
- **Refund and tax liability information:** current and prior tax year refund, if any, and how you received or are receiving your refund; amount and type of all taxes paid or withheld for the current and prior year, and related federal and state forms (such as Forms 4868 and 1099R)

Information regarding use of TurboTax, including methods and devices used to provide information to TurboTax and TurboTax use history:

- Indicators on how you provided information to TurboTax
- Indicators regarding the device used to provide information to TurboTax
- Information about your TurboTax use, the amount paid for such product and your filing history and status

Consent to use your information for the Refund Advance loan and for a Turbo® Visa® Debit Card

We're going to review your tax info to see if you're eligible for a Refund Advance loan on a Turbo® Visa® Debit Card.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent. You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-██████████4484, or by email at complaints@tigta.treas.gov.

Do you agree to let TurboTax review your tax information to see if you're eligible for Refund Advance?

I agree to the above statement X

Taxpayer First Name shamiese

Taxpayer Last Name wright

Today's Date 02/12/2021

Spouse First Name

Spouse Last Name

Today's Date

What are the eligibility requirements for the refund advance?

Here are some of the eligibility requirements to qualify for a Refund Advance loan:

- Your federal refund is \$500 or more, minus any stimulus payment credit applied to your federal refund.
- You are 18 or older.
- You're not a resident of North Carolina or Illinois.
- You're e-filing your federal tax return with us.
- Your physical address is listed on your tax return. Your address must be located in one of the eligible states and can't be a P.O. box or prison address.
- You're not filing one of these tax forms: 1310, 1040SS, 1040PR, 1040X, 8888, or 8862.
- You aren't filing on behalf of a deceased taxpayer.
- You must report income on a Form W-2, 1099-R, Sched C, or Sched CEZ.

You must be approved for a Turbo® Visa® Debit Card

What information are you using?

- Personal and contact info: age of primary filer and spouse, if any; address (state and zip); occupation of primary filer and spouse, if any; whether primary filer or spouse, if any, is in the military; military paygrade; military EIN; EIN from your W2; whether primary filer or spouse, if any, is a student; mobile phone (if any); IP address.
- Filing info: your filing status; number of dependents; when you start and file your federal and state returns; when your returns are accepted or rejected; what form of federal return you file; state where you're filing your return; whether you are filing on behalf of someone who is deceased; whether you are filing Schedules A, B, C, D, E or F; whether you are filing any of IRS Forms 1310, 1040SS, 1040PR, 1040X, 8888, or 8862; whether you have a Form 1099F; whether you have your prior year's adjusted gross income for filing; what you tell us about how you filed your taxes last year
- Refund info or tax liability info: refund amount; how you're receiving your refund; amount of any tax balance due; how you pay any tax balance due; amount of any tax payments.
- Income, deductions and credits info: Individual W2 and 1099-R Form; adjusted gross income; total income amount; number of exemptions, deductions, and credits info (student loan interest deductions, child tax credits, earned income credit, total credits)
- TurboTax activity info: Info about when you take certain actions in TurboTax (when you access TurboTax, whether you're a new or returning TurboTax customer, whether you import your prior year tax info to help prepare this year's return, when you choose a refund method, how and when you pay for TurboTax, when you access or print your return, when you pay any tax balance due, whether and when you add any products or services such as MAX, Plus, or Audit Defense, when you submit and verify your e-filing info)

IMPORTANT DISCLOSURES

If you are owed a tax refund, you have a right to choose how you will receive the refund. There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return electronically or by paper and obtain your federal tax refund directly from the Internal Revenue Service ("IRS") for free. If you file your tax return electronically, you can receive a refund check directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return or the IRS can deposit your refund directly into your bank account in less than 21 days from the time you file your tax return unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive a refund check directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return or the IRS can deposit your refund directly into your bank account in 6 to 8 weeks from the time the IRS receives your return. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

You can file your federal tax return electronically, select the Refund Processing Service ("RPS") for an additional fee of \$ 40. (the "RPS fee"), and have your federal tax refund processed through a processor using banking services of a financial institution. The RPS allows your federal refund to be deposited into a bank account intended for one-time use at Green Dot Bank ("Bank") and deducts your TurboTax fees and other amounts that you authorize from your federal refund. The balance of your federal refund is delivered to you via your Turbo Debit Visa Card. If you file your tax return electronically and select the RPS, the IRS will deposit your refund with Bank. Upon Bank's receipt of your refund, Santa Barbara Tax Products Group, LLC, a processor, will deduct from your federal refund the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return and any other amounts authorized by you, including the amount of any loan you obtain through First Century Bank, N.A., and disburse the balance of your refund proceeds to you. Unless there are unexpected delays, federal refunds are received in less than 21 days from the time you file your tax return electronically. However, if your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

The RPS is not necessary to obtain your refund. If you have an existing bank account and do not desire to deduct TurboTax fees from your tax refund, there are other options that do not require a fee. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund.

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in a tax refund next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration. The terms of the arbitration provision appear in Section 11.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov.

The chart below shows options for filing your federal tax return (e-file or paper return), the RPS product, refund disbursement options, estimated timing for obtaining your federal tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ²	No additional cost.

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No Refund Processing Service			
	Check mailed by IRS to address on tax return.	Approximately 6 to 8 weeks ²	
ELECTRONIC FILING (E-FILE)	IRS direct deposit to your personal bank account.	Usually within 21 days ²	No additional cost.
No Refund Processing Service	Check mailed by IRS to address on tax return.	Approximately 21 to 28 days ²	
ELECTRONIC FILING (E-FILE) Refund Processing Service	Load to your Turbo Debit VISA Card ¹ .	Usually within 21 days ²	40. ³

¹Because you have opted for a loan through First Century Bank, N.A., you will receive your federal tax refund on the Turbo Debit VISA Card. Certain fees and charges apply to the Turbo Debit Visa Card and are listed in the Deposit Account Agreement applicable to the Card.

² **You may experience delays with your tax refund if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected.** If your return contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund no earlier than February 15, 2021.

³This fee consists of an RPS Fee, a TurboTax fee and any fees for additional products and services purchased. See Section 4 of the Refund Processing Service Agreement for more details.

Questions? Call [REDACTED] 7228

Santa Barbara Tax Products Group, LLC
and Green Dot Bank Refund Processing Service Agreement ("Agreement")

Name: shamiese l wright

Social Security No.: [REDACTED] 1913

This Agreement contains important terms, conditions and disclosures about the processing of your refund (the "Refund Processing Service" or "RPS") by Santa Barbara Tax Products Group, LLC ("Processor"), a third party processor using banking services of Green Dot Bank ("Bank"). Read this Agreement carefully before accepting its terms and conditions, and print a copy and/or retain this information electronically for future reference. As used in this Agreement, the words "you" and "your" refer to the applicant or both the applicant and joint applicant if the 2020 federal income tax return is a joint return (individually and collectively, "Applicant"). The words "we," "us" and "our" refer to Bank and Processor.

1. NOTICE: No Requirement To Use the Refund Processing Service In Order To File Electronically.

YOU UNDERSTAND THAT A REFUND PROCESSING FEE OF \$ 40 ("REFUND PROCESSING FEE") IS CHARGED BY PROCESSOR TO ESTABLISH A TEMPORARY ACCOUNT TO RECEIVE YOUR FEDERAL TAX REFUND, TO PROCESS IT, TO DEDUCT YOUR TURBOTAX FEES AND OTHER AUTHORIZED AMOUNTS FROM THAT ACCOUNT, AND TO FORWARD FUNDS TO YOU. YOU WILL RECEIVE YOUR FUNDS ON A TURBO DEBIT VISA CARD ISSUED BY GREEN DOT BANK ("CARD"). THE REFUND PROCESSING FEE IS NOT A LOAN; IT IS DUE TO PROCESSOR WHETHER OR NOT THE FEDERAL TAX REFUND OCCURS BUT PROCESSOR WILL NOT PURSUE COLLECTION OF THE REFUND PROCESSING FEE IF YOUR FEDERAL TAX REFUND DOES NOT OCCUR. THIS FEE IS COLLECTED ONLY AT THE TIME THE REFUND OCCURS. YOU CAN AVOID THIS FEE AND NOT USE THE REFUND PROCESSING SERVICE BY INSTEAD PAYING THE APPLICABLE TURBOTAX FEES TO INTUIT INC. BY CREDIT OR DEBIT CARD AT THE TIME YOU FILE YOUR 2020 FEDERAL INCOME TAX RETURN. YOU ARE NOT REQUIRED TO USE THE RPS. IF YOU CHOOSE TO USE THE RPS, YOU CAN EXPECT TO RECEIVE THE PROCEEDS FROM YOUR FEDERAL TAX REFUND WITHIN 21 DAYS FROM WHEN THE INTERNAL REVENUE SERVICE ("IRS") ACCEPTS YOUR RETURN UNLESS THERE ARE PROCESSING DELAYS OR UNLESS YOUR RETURN CONTAINS EARNED INCOME TAX CREDIT OR ADDITIONAL CHILD TAX CREDIT, IN WHICH CASE THE IRS WILL ISSUE YOUR REFUND NO EARLIER THAN FEBRUARY 15, 2021. THE RPS WILL NEITHER SPEED UP NOR DELAY YOUR FEDERAL TAX REFUND. THE COST OF PREPARING YOUR TAX RETURN IS NOT ANY MORE OR LESS IF YOU PURCHASE THE REFUND PROCESSING SERVICE. THE AMOUNT OF THE LOAN (THE "LOAN") YOU RECEIVE FROM FIRST CENTURY BANK, N.A. (THE "LENDER") WILL BE DEDUCTED FROM YOUR FEDERAL TAX REFUND. PLEASE NOTE THAT IT IS NOT NECESSARY TO PURCHASE THE REFUND PROCESSING SERVICE TO OBTAIN A LOAN; THAT SERVICE IS OFFERED WHETHER YOU PAY FOR YOUR TAX PREPARATION SERVICES BY CREDIT CARD OR THROUGH THE REFUND PROCESSING SERVICE. THE LOAN IS NOT A QUICKER WAY OF RECEIVING YOUR TAX REFUND, IT IS A LOAN SECURED BY YOUR TAX REFUND. THERE ARE NO FEES CHARGED FOR DISBURSING LOAN PROCEEDS ONTO THE CARD. CERTAIN FEES AND CHARGES APPLY TO THE CARD AND ARE LISTED IN THE DEPOSIT ACCOUNT AGREEMENT APPLICABLE TO THE CARD.

2. Authorization to Release Personal Information. You authorize the IRS to disclose any information to Bank and Processor related to the funding of your 2020 federal tax refund. You also authorize Intuit TT Offerings Inc. and Intuit Inc., as the transmitter of your electronically filed tax return, to disclose your tax return and contact information to Bank and Processor for use in connection with the Refund Processing Service being provided pursuant to this Agreement and Bank and Processor to share your information with Intuit TT Offerings Inc. and Intuit Inc. You also represent that any authorizations you have made in this Section 2 have also been obtained from and are made with respect to your spouse, if this is a jointly filed return. Bank and Processor will not disclose or use your tax return information for any other purpose, except as permitted by law. Bank and Processor will not use your tax information or contact information for any marketing purpose. Please see the Privacy Policy at the end of this Agreement describing how Bank may use or share your personal information.

3. Summary of Terms

Expected Federal Refund	\$	9,112.
Less Processor Refund Processing Fee	\$	40.
Less TurboTax Fees	\$	140.
Less Fees for Additional Products and Services Purchased	\$	
Expected Proceeds*	\$	8,932.

* These amounts are itemized. This is only an estimate. The amount will be reduced by any applicable sales taxes, and if applicable, a Return Item Fee and an Account Research and Processing Fee paid to Processor as set forth in Sections 4, 6 and 7 below. Additionally, if you are approved for a Loan it will be in one of these amounts: \$250, \$500, \$750, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000, \$3,500 or \$4,000 and will be deducted from your refund, see example in Section 4 below. You will receive an email from Lender letting you know if you are approved for a Loan and the amount of your Loan if approved.

4. Temporary Deposit Account Authorization. You hereby authorize Bank to establish a temporary deposit account ("Deposit Account") for the purpose of receiving your tax year 2020 federal tax refund from the IRS. Bank or Processor must receive an acknowledgement from the IRS that your return has been electronically filed and accepted for processing before the Deposit Account can be opened. You authorize Processor to deduct from your Deposit Account the following amounts: (i) the Refund Processing Fee; (ii) the fees and charges related to the preparation, processing and transmission of your tax return ("TurboTax Fees"); (iii) the amount of any Loan obtained from Lender; and (iv) fees for Additional Products and Services Purchased, plus applicable taxes. For example, if your federal income tax refund is \$4,200 and you have \$59.99 in TurboTax Fees and receive a Loan of \$1,000, you would receive \$3,100.02 of your federal refund after it is paid, which represents your \$4,200 tax refund less the \$39.99 Refund Processing Fee less the \$59.99 TurboTax Fees and less the \$1,000 Loan. You also authorize Processor to deduct thirty dollars (\$30.00) as a returned item processing fee (the "Return Item Fee") from your Deposit Account for the additional processing required in the event that your deposit is returned or cannot be delivered as directed in Section 7 below. A fee of \$30.00 (the "Account Research and Processing Fee") may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. You authorize Processor to disburse the balance of the Deposit Account to you after making all authorized deductions or payments. If the Deposit Account does not have sufficient funds to pay the TurboTax Fees and the fees for Additional Products and Services Purchased as set forth in Section 3, (a) you authorize Processor to automatically deduct such fees (or any portion thereof) via ACH, electronic check, or wire transfer directly from the account into which you authorized Processor to deposit your expected proceeds as set forth in Section 7, and (b) if you made alternative arrangements with TurboTax for payment of such fees, those arrangements will be attempted prior to any automatic deduction.

5. Acknowledgements. (a) You understand that: (i) neither Bank nor Processor can guarantee the amount of your tax year 2020 federal tax refund or the date it will be issued, and (ii) neither Bank nor Processor is affiliated with the transmitter of the tax return (Intuit TT Offerings Inc. and Intuit Inc.) and neither warrants the accuracy of the software used to prepare the tax return. (b) You agree that Intuit TT Offerings Inc. and Intuit Inc. is not acting as your agent and is not under any fiduciary duty with respect to the processing of your refund by Bank and Processor. (c) Your refund may be held or returned to the IRS if it is suspected of fraud or identity theft.

6. Truth in Savings Disclosure. The Deposit Account is being opened for the purpose of receiving your (or both spouses if this is a jointly filed return) tax year 2020 federal tax refund. Processor and Bank will deduct from the Deposit Account the amounts set forth in Section 3 and the amount of your Loan, if approved, including the \$ 40 Refund Processing Fee for opening and maintaining the Deposit Account and processing your tax refund. No withdrawals will be allowed from the Deposit Account except to collect the amounts stated in this Section, Section 3, Section 7, and Section 4. No interest is payable on the deposit; thus, the annual percentage yield and interest rate are 0%. The Deposit Account will be closed after all authorized deductions have been made and any remaining balance has been disbursed to you. A \$30.00 Account Research and Processing Fee may be charged if we are required to provide additional processing to return the funds to the IRS. These fees will be deducted from the Deposit Account and will be retained by Processor. Questions or concerns about the Deposit Account should be directed to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, CA 92037 or via the Internet at <http://sbtpg.com>.

7. Disbursement Method: You agree that your refund, less agreed-upon fees, will be disbursed to the Card. You authorize Processor to transfer the amount due on your Loan to the Lender and the balance of your Deposit Account to the Card. Please review the Deposit Account Agreement associated with the use of your Card to learn of terms and conditions that will apply to the Card. Processor will not be responsible for your funds once they have been deposited on the Card.

An Account Research and Processing Fee of \$30.00 may be charged if we are required to provide additional processing to return the funds to the IRS. Account Research and Processing Fees will be deducted from the Deposit Account for federal refunds that continue to be undeliverable and unclaimed and must be returned to the IRS. These fees will be retained by Processor. Due to the risk of fraudulent diversion of tax refunds, we will not process any address or account changes for purposes of disbursing your tax refund. If we become aware that your address or checking or savings account has changed after you sign this Agreement but before your federal tax refund is received by us, upon receipt of your federal tax refund from the IRS we will return your tax refund to the IRS after deducting our Refund Processing Fee, TurboTax Fees and other applicable fees. We will do our best to escalate the return of your federal tax refund to the IRS and you will need to work with the IRS directly for disbursement.

You must notify Processor in writing 3 business days prior to the date the account will be debited (as set forth in the email and/or written notices sent to you) to revoke the authorization for applicable fees agreed to in Section 4, and to afford Processor a reasonable opportunity to act on your request. You may notify us in writing at: Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037.

8. FEDERAL ELECTRONIC FUND TRANSFER ACT DISCLOSURES: In case of errors or questions about electronic transfers to or from the Deposit Account, write to Santa Barbara Tax Products Group, LLC, 11085 North Torrey Pines Road, Suite 210, La Jolla, California 92037 or telephone [REDACTED] 7228 and provide your name, a description or explanation of the error, and the dollar amount of the suspected error. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 business days to investigate your complaint or question. If we decide to do this, we will credit your Deposit Account within 10 business days for the amount you think is in error, although in most circumstances you won't have use of the money until we complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your Deposit Account. For errors involving transfers of funds to or from the Deposit Account within 30 business days after the first deposit to the Deposit Account was made, (i) we may take up to 90 business days to investigate your complaint or question, and (ii) we may take up to 20 business days to credit your Deposit Account for the amount you think is in error. We will tell you the results within three business days after completing our investigation. If we decide that there was no error, we will send you a written explanation. You may ask for copies of the documents that we used in our investigation.

Business Days: Our business days are Monday through Friday, excluding federal holidays. Saturday, Sunday, and federal holidays are not considered business days, even if we are open.

Confidentiality: We will disclose information to third parties about your account or the transfers you make:

- To complete transfers as necessary;
- To verify the existence and condition of your account upon the request of a third party, such as a credit bureau or merchant;
- To comply with government agency or court orders;
- If you give us your written permission; or
- As explained in the Privacy Policy following this Agreement.

Our Liability: If we do not complete a transfer to your account on time or in the correct amount according to this Agreement, we may be liable for your losses or damages. In addition to all other limitations of liability set forth in this Agreement, we will not be liable to you if, among other things:

- Circumstances beyond our control (natural disasters, such as fire or flood) prevent the transfer, despite reasonable precautions that have been taken.
- The funds in your account are subject to legal process or other claim restricting such transfer.
- You or your representative provide us with inaccurate information.

9. Compensation. In addition to any fees paid directly by you to Intuit Inc., Processor will pay compensation to Intuit Inc. in consideration of Intuit Inc.'s provision of various programming, testing, data processing, transmission, systems maintenance, status reporting and other software, technical and communications services. The Refund Processing Fee will be retained by Processor for its Refund Processing Service. Processor shall pay Bank for its banking services.

10. Governing Law. The enforcement and interpretation of this Agreement and the transactions contemplated herein shall be governed by the laws of the United States, including the Electronic Signatures in Global and National Commerce Act, and, to the extent state law applies, the substantive laws of Ohio.

11. Arbitration Provision. You acknowledge that the services set forth in this Agreement are being made available and priced by Processor on the basis of your acceptance of the following arbitration provision ("Arbitration Provision"). By entering into this Agreement, you acknowledge that you are giving up the right to litigate Claims (as defined below) if you, Bank or Processor elects arbitration of the Claims pursuant to this provision, except as otherwise expressly provided herein, and you hereby knowingly and voluntarily waive the right to trial of all Claims subject to this Agreement. You further acknowledge that you have read this Arbitration Provision carefully, agree to its terms, and are entering into this Agreement voluntarily and not in reliance on any promises or representations whatsoever except those contained in this Agreement.

ARBITRATION NOTICE

THIS AGREEMENT CONTAINS AN ARBITRATION PROVISION. PLEASE READ THIS PROVISION CAREFULLY, AS IT AFFECTS YOUR LEGAL RIGHTS.

11.1. Arbitration of Claims: Except as expressly provided herein, any claim, dispute or controversy (whether based upon contract; tort, intentional or otherwise; constitution; statute; common law; or equity and whether pre-existing, present or future), including initial claims, counter-claims, cross-claims and third-party claims, arising from or relating directly or indirectly to this Agreement, including the validity, enforceability, interpretation, scope, or application of the Agreement and this Arbitration Provision (except for the prohibition on class or other non-individual claims, which shall be for a court to decide) ("Claim") shall be decided, upon the election of you, Bank or Processor (or our agents, employees, successors, representatives, affiliated companies, or assigns), by binding arbitration before the American Arbitration Association ("AAA"). Arbitration replaces the right to litigate a claim in

court or to have a jury trial. The AAA's phone number is [REDACTED] 7879 and website is <http://www.adr.org>. You may obtain copies of the current rules, forms, and instructions for initiating an arbitration using the above information.

11.2. Other Claims Subject to Arbitration: In addition to Claims brought by you, Claims made by anyone connected with you or anyone making a Claim through you (including a taxpayer filing jointly, employee, agent, representative, affiliated company, predecessor or successor, heir, assignee, or trustee in bankruptcy) against us shall be subject to arbitration as described herein.

11.3. Exceptions: We agree not to invoke our right to arbitrate any individual Claim you bring in small claims court or an equivalent court so long as the Claim is pending only in that court. This Arbitration Provision also does not limit or constrain our right to interplead funds in the event of claims to the Account by several parties.

11.4. Individual Claims Only: Claims may be submitted to arbitration on an individual basis only. Claims subject to this Arbitration Provision may not be joined or consolidated in arbitration with any Claim of any other person or be arbitrated on a class basis, in a representative capacity on behalf of the general public or on behalf of any other person, unless otherwise agreed to by the parties in writing. However, taxpayers filing jointly and party to this Agreement are considered as one person; Processor and its officers, directors, employees, agents, and affiliates are considered as one person; and Bank and its officers, directors, employees, agents, and affiliates are considered as one person.

11.5. Arbitration Fees: If you initiate arbitration, we will advance any arbitration fees, including any required deposit. If we initiate or elect arbitration, we will pay the entire amount of the arbitration fees, including any required deposit. We will also be responsible for payment and/or reimbursement of any arbitration fees to the extent that such fees exceed the amount of the filing fees you would have incurred if your Claim had been brought in the state or federal court nearest your residence with jurisdiction over the Claims.

11.6. Procedure: A single arbitrator will resolve the Claims. The arbitrator will be a lawyer with at least ten years' experience or who is a former or retired judge. The arbitration shall follow the rules and procedures of the arbitration administrator in effect on the date the arbitration is filed, except when there is a conflict or inconsistency between the rules and procedures of the arbitration administrator and this Arbitration Provision, in which case this Arbitration Provision shall govern. Any in-person arbitration hearing for a Claim shall take place within the federal judicial district in which you live or at such other reasonably convenient location as agreed by the parties. The arbitrator shall apply applicable substantive law consistent with the Federal Arbitration Act, 9 U.S.C. § 1 et seq. (the "FAA") and shall honor all claims of privilege and confidentiality recognized at law. All statutes of limitations that would otherwise be applicable shall apply to any arbitration proceeding. The arbitrator shall be empowered to grant whatever relief would be available in court under law or in equity. Any appropriate court may enter judgment upon the arbitrator's award. This Arbitration Provision is made pursuant to a transaction involving interstate commerce, and shall be governed by the FAA.

12. Customer Identity Validation Disclosure. To help Bank, Processor and the government identify and fight tax refund fraud, as well as fight the funding of terrorism and money laundering activities, Bank and Processor obtain, verify, and record information that identifies each Refund Processing Service client. What this means for you: When you apply to use the Refund Processing Service for the purpose of receiving your federal tax refund, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents if we need to perform additional due diligence on your account.

YOUR AGREEMENT

Bank and Processor agree to all of the terms of this Agreement. By selecting the "I Agree" button in TurboTax: (i) You authorize Bank to receive your 2020 federal tax refund from the IRS and Processor to make the deductions from your federal refund described in the Agreement, (ii) You agree to receive all communications electronically in accordance with the "Communications" section of the Tax Year 2020 TurboTax® User Agreement, (iii) You consent to the release of your 2020 federal tax refund deposit information and application information as described in Section 2 of this Agreement; and (iv) You acknowledge that you have reviewed, and agree to be bound by, the Agreement's terms and conditions. If this is a joint return, selecting "I Agree" indicates that both spouses agree to be bound by the terms and conditions of the Agreement.

Rev. 10/2019

FACTS**WHAT DOES GREEN DOT BANK DO WITH YOUR PERSONAL INFORMATION?****Why?**

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and account balances
- account transactions and purchase history
- transaction history and overdraft history

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Green Dot Bank chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Green Dot Bank share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	No	We don't share
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For nonaffiliates to market to you	Yes	Yes

To limit our sharing

Visit us online: <https://turbodebitcard.intuit.com/privacy-settings>

Your choice(s) will apply to only the card number you enter when making your choice(s). If you have more than one card or account with us, you will need to make your choice(s) for each card or account separately.

Please note:

If you are a *new* customer, we can begin sharing your information 30 days from the date we sent this notice. When you are *no longer* our customer, we continue to share your information as described in this notice.

However, you can contact us at any time to limit our sharing.

Questions?

Call 1-800-4169 or go to turbodebitcard.intuit.com

Page 2

What we do

How does Green Dot Bank protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does Green Dot Bank collect my personal information?	We collect your personal information, for example, when you ■ open an account or make deposits or withdrawals from your account ■ use your debit card or provide account information ■ give us your contact information We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.
Why can't I limit all sharing?	Federal law gives you the right to limit only ■ sharing for affiliates' everyday business purposes—information about your creditworthiness ■ affiliates from using your information to market to you ■ sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.

Definitions

Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. ■ <i>Our affiliates include companies with a common corporate identity of Green Dot (such as our parent bank holding company Green Dot Corporation) and tax processing services companies such as Santa Barbara Tax Products Group, LLC.</i>
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. ■ <i>The only nonaffiliates we share with are Intuit Inc. and its affiliates and subsidiaries.</i>
Joint marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. ■ <i>The only joint marketing partners we share with are Intuit Inc. and its affiliates and subsidiaries.</i>

Other important information

Depending on where you live, you may have additional privacy protections under state law. We will comply with applicable state laws before sharing nonpublic personal information about you. We may do this by sending a separate notice of those rights to you. For example, if you are a resident of California, Illinois, North Dakota, or Vermont, we will not share with nonaffiliates except for our everyday business purposes or with your consent.

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2020** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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 shamiese l	Last name wright	Your social security number [REDACTED] 1913
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. 907 [REDACTED]		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. Charleston		State WV
ZIP code 253011431		Foreign postal code
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):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ☒ if qualifies for (see instructions): Child tax credit	Credit for other dependents
[REDACTED] s	wright	[REDACTED] 2261	Daughter	☒	☐
[REDACTED] r	wright	[REDACTED] 3913	Daughter	☒	☐
				☐	☐
				☐	☐

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 HSH 9974	1	21,716.
	2a Tax-exempt interest 2a	2b Taxable interest 2b	
	3a Qualified dividends 3a	3b Ordinary dividends 3b	
	4a IRA distributions 4a	4b Taxable amount 4b	
	5a Pensions and annuities 5a	5b Taxable amount 5b	
	6a Social security benefits 6a	6b Taxable amount 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	0.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	21,716.
	10 Adjustments to income:		
	a From Schedule 1, line 22 10a		
	b Charitable contributions if you take the standard deduction. See instructions 10b		
	c Add lines 10a and 10b. These are your total adjustments to income ▶	10c	
	11 Subtract line 10c from line 9. This is your adjusted gross income ▶	11	21,716.
	12 Standard deduction or itemized deductions (from Schedule A)	12	18,650.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
	14 Add lines 12 and 13	14	18,650.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	3,066.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020)

Page **2**

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	308.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	308.
19	Child tax credit or credit for other dependents	19	215.
20	Amount from Schedule 3, line 7	20	93.
21	Add lines 19 and 20	21	308.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	0.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	896.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	896.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	5,416.
28	Additional child tax credit. Attach Schedule 8812	28	2,800.
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	8,216.
33	Add lines 25d, 26, and 32. These are your total payments	33	9,112.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	9,112.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	9,112.
Direct deposit? See instructions.	b Routing number _____		
	d Account number _____		
	Payment type: ☒ Checking ☐ Savings		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now	37	
For details on how to pay, see instructions.	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
38	Estimated tax penalty (see instructions)	38	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☒ No		
	Designee's name _____	Phone no. _____	Personal identification number (PIN) _____
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 _____
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign. _____	Date _____	Spouse's occupation _____
	Phone no. _____	0523	Email address _____
Paid Preparer Use Only	Preparer's name _____	Preparer's signature _____	Date _____
	Firm's name Self-Prepared	PTIN _____	Check if: ☐ Self-employed
	Firm's address _____	Phone no. _____	Firm's EIN _____

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

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REV 09/17/21 TTO

Form **1040** (2020)

CONFIDENTIAL

INT LS 000853

USAO-00002440

SCHEDULE 3
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Credits and Payments**▶ 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

2020Attachment
Sequence No. **03**Name(s) shown on Form 1040, 1040-SR, or 1040-NR
shamiese l wrightYour social security number
1913**Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	93.
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐	6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	7	93.

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other:	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	

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

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REV 09/17/21 TTO

Schedule 3 (Form 1040) 2020

Form **2441****Child and Dependent Care Expenses**

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

▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

OMB No. 1545-0074

2020Attachment
Sequence No. **21**Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

shamiese l wright

Your social security number

1913

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box. ☐**Part I Persons or Organizations Who Provided the Care—You must complete this part.**

(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	lyons		9728	300.

Did you receive
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 2 (Form 1040), line 7a.**Part II Credit for Child and Dependent Care Expenses****2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2020 for the person listed in column (a)
First Last		
S wright	2261	150.
R wright	3913	150.

3 Add the amounts in column (c) of line 2. **Don't** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 . . .**4** Enter your **earned income**. See instructions**5** If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 4**6** Enter the **smallest** of line 3, 4, or 5**7** Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11**8** Enter on line 8 the decimal amount shown below that applies to the amount on line 7.

If line 7 is:

Over	But not over	Decimal amount is
\$0—15,000		.35
15,000—17,000		.34
17,000—19,000		.33
19,000—21,000		.32
21,000—23,000		.31
23,000—25,000		.30
25,000—27,000		.29
27,000—29,000		.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000—31,000		.27
31,000—33,000		.26
33,000—35,000		.25
35,000—37,000		.24
37,000—39,000		.23
39,000—41,000		.22
41,000—43,000		.21
43,000—No limit		.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2019 expenses in 2020, see the instructions**10** Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions**11** **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Schedule 3 (Form 1040), line 2

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

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REV 09/17/21 TTO

Form **2441** (2020)

CONFIDENTIAL

INT LS 000855

USAO-00002442

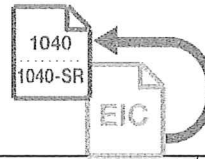
SCHEDULE EIC
(Form 1040)Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

shamiese l wright

Earned Income Credit
Qualifying Child Information

- ▶ **Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**
- ▶ **Go to www.irs.gov/ScheduleEIC for the latest information.**



OMB No. 1545-0074

2020Attachment
Sequence No. **43**

Your social security number

1913

Before you begin:

- See the instructions for Form 1040 or 1040-SR, line 27, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-792-6287.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information**Child 1****Child 2****Child 3**

	First name	Last name	First name	Last name	First name	Last name
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	S wright		R wright			
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 27, unless the child was born and died in 2020. If your child was born and died in 2020 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	2261		3913			
3 Child's year of birth Year <u>2</u> <u>0</u> <u>1</u> <u>2</u> <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	Year <u>2</u> <u>0</u> <u>1</u> <u>2</u> <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u>2</u> <u>0</u> <u>1</u> <u>2</u> <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		Year <u> </u> <u> </u> <u> </u> <u> </u> <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>	
4 a Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)?	☐ Yes. ☐ No. <i>Go to line 5. Go to line 4b.</i>		☐ Yes. ☐ No. <i>Go to line 5. Go to line 4b.</i>		☐ Yes. ☐ No. <i>Go to line 5. Go to line 4b.</i>	
b Was the child permanently and totally disabled during any part of 2020?	☐ Yes. ☐ No. <i>Go to line 5. The child is not a qualifying child.</i>		☐ Yes. ☐ No. <i>Go to line 5. The child is not a qualifying child.</i>		☐ Yes. ☐ No. <i>Go to line 5. The child is not a qualifying child.</i>	
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter		Daughter			
6 Number of months child lived with you in the United States during 2020 • If the child lived with you for more than half of 2020 but less than 7 months, enter "7." • If the child was born or died in 2020 and your home was the child's home for more than half the time he or she was alive during 2020, enter "12."	12 months <i>Do not enter more than 12 months.</i>		12 months <i>Do not enter more than 12 months.</i>		months <i>Do not enter more than 12 months.</i>	

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

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REV 09/17/21 TTO

Schedule EIC (Form 1040) 2020

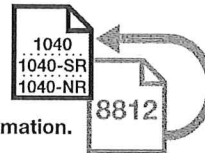
CONFIDENTIAL

INT LS 000856

USAO-00002443

SCHEDULE 8812
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Additional Child Tax Credit**

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

▶ Go to www.irs.gov/Schedule8812 for instructions and the latest information.

OMB No. 1545-0074

2020Attachment
Sequence No. **47**

Name(s) shown on return

shamiese l wright

Your social security number

1913

Part I All Filers**Caution:** If you file Form 2555, **stop here**; you cannot claim the additional child tax credit.

1	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise, enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet. (See the instructions for Forms 1040 and 1040-SR, line 19, or the instructions for Form 1040-NR, line 19.)	1	4,000.
2	Enter the amount from line 19 of your Form 1040, Form 1040-SR, or Form 1040-NR	2	215.
3	Subtract line 2 from line 1. If zero, stop here ; you cannot claim this credit	3	3,785.
4	Number of qualifying children under 17 with the required social security number: <u>2</u> x \$1,400. Enter the result. If zero, stop here ; you cannot claim this credit TIP: The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.	4	2,800.
5	Enter the smaller of line 3 or line 4	5	2,800.
6a	Earned income (see instructions)	6a	21,716.
b	Nontaxable combat pay (see instructions)	6b	
7	Is the amount on line 6a more than \$2,500? ☐ No. Leave line 7 blank and enter -0- on line 8. ☒ Yes. Subtract \$2,500 from the amount on line 6a. Enter the result	7	19,216.
8	Multiply the amount on line 7 by 15% (0.15) and enter the result Next, on line 4, is the amount \$4,200 or more? ☒ No. If line 8 is zero, stop here ; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. ☐ Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	8	2,882.

Part II Certain Filers Who Have Three or More Qualifying Children

9	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions.	9	
10	Enter the total of the amounts from Schedule 1 (Form 1040), line 14, and Schedule 2 (Form 1040), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040), line 8.	10	
11	Add lines 9 and 10	11	
12	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 10. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 10.	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	
14	Enter the larger of line 8 or line 13 Next, enter the smaller of line 5 or line 14 on line 15.	14	

Part III Additional Child Tax Credit

15	This is your additional child tax credit	15	2,800.
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Enter this amount on
Form 1040, line 28;
Form 1040-SR, line 28; or
Form 1040-NR, line 28.

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

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REV 09/17/21 TTO

Schedule 8812 (Form 1040) 2020

CONFIDENTIAL

INT LS 000857

USAO-00002444

Tax History Report**2020**

► Keep for your records

Name(s) Shown on Return
shamiese l wright

	Five Year Tax History:				
	2016	2017	2018	2019	2020
Filing status				HH	HH
Total income				12,524.	21,716.
Adjustments to income					
Adjusted gross income				12,524.	21,716.
Tax expense				246.	423.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .				18,350.	18,650.
Exemption amount . .				0.	0.
QBI deduction					
Taxable income				0.	3,066.
Tax					308.
Alternative min tax . .					
Total credits				0.	308.
Other taxes					
Payments				6,852.	9,112.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund				6,852.	9,112.
Effective tax rate % . .				-52.01	-37.83
**Tax bracket %				10.0	10.0

**Tax bracket % is based on Taxable income.

CONFIDENTIAL

INT LS 000858

USAO-00002445

We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax and to evaluate your current and future eligibility for the Refund Processing Service.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. You specify that your consent is valid for three years from the date of this signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-██████████4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name(s) and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2020 return to determine whether a portion of the refund can be used to pay my fees and to evaluate my current and future eligibility for the Refund Processing Service.

shamiese
First Name

wright
Last Name

Please type the date below:
02/12/2021
Date

Read and accept this Disclosure Consent

This is an IRS requirement

In order to finalize your request for this payment option, we need to send the following information to Green Dot Bank, Member FDIC ('BANK') and to Santa Barbara Tax Products Group, LLC ('SBTPG'), the administrator and servicer of this payment option: your identifying information, your deposit information and your refund amount.

We transmit this information so that you may use this payment option. BANK and SBTPG will use your information in accordance with their applicable refund processing service agreement and privacy policy.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-██████████4484, or by email at complaints@tigta.treas.gov.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to disclose to BANK and SBTPG that portion of my 2020 tax return information that is necessary to enable BANK and SBTPG to process my refund.

Sign this agreement by entering your name:

shamiese

wright

Please type the date below:

02/12/2021

Date

sbta1301.SCR 12/17/15

Federal Information Worksheet

► Keep for your records

2020

Part I — Personal Information

Information in Part I is completely calculated from entries on Personal Information Worksheets.

Taxpayer:

First name shamiese
 Middle initial L Suffix
 Last name Wright
 Social security no. [REDACTED] 1913
 Occupation Certified Nursing Assistant Cna
 Date of birth 04/07/1993 (mm/dd/yyyy)
 Age as of 1-1-2021 27
 Daytime phone [REDACTED] 0523 Ext
 Legally blind ☐
 Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No
 If yes, was taxpayer claimed as dependent on that person's return? ☐ Yes ☒ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☒ No

Spouse:

First name
 Middle initial Suffix
 Last name
 Social security no.
 Occupation
 Date of birth (mm/dd/yyyy)
 Age as of 1-1-2021
 Daytime phone Ext
 Legally blind ☐
 Date of death

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . ☐ Yes ☐ No
 If yes, was spouse claimed as dependent on that person's return? ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

Part II — Address and Federal Filing Status (enter information in this section)

US Address:

Address 907 [REDACTED]
 City Charleston State WV ZIP code 25301-1431 Apt no.

Foreign Address:

Check this box to use foreign address . . ☐ Apt no.

Address
 City
 Foreign code Foreign country
 Foreign province/county Foreign postal code

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone

Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Print Form 1040-SR instead of Form 1040 ☐ Yes ☒ No

Federal filing status:

- ☐ 1 Single
☐ 2 Married filing jointly
☐ 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year. ☐
 Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help). ☐
☒ 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name MI Last Name Suff
 Child's social security number
☐ 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2018 ☐ 2019 ☐
 Are you a dependent with a qualifying child Yes ☐ No ☐
 Enter qualifying person's name:
 Child's First name MI Last Name Suff
 Child's social security number

Part III — Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)	Qualified child/dep care exps incurred and paid 2020	E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr						
[REDACTED] wright	S	[REDACTED] 2261 Daughter	03/10/2012	8	L		150.	E	12		Yes
[REDACTED] wright	R	[REDACTED] 3913 Daughter	03/10/2012	8	L		150.	E	12		Yes

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

shamiese l wright

1913 Page 2

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☒ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2020? ☒ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box (see Help) ☐

Check if you are filing head of household and your spouse is a nonresident alien and you lived with your spouse during the last six months of 2020 ☐

Check if you were notified by the IRS that EIC cannot be claimed in 2020 or if you are ineligible to claim the EIC in 2020 for any other reason ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☒ Yes ☐ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☐ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ☒ Green Dot Bank

Check the appropriate box

Checking ☒Savings ☐

Routing number

Account number

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above

Balance-due amount from this return

Amended Returns:Do you want to elect **direct debit** of federal **amended** balance due (e-File only)? . . . ☐ Yes ☐ No

Enter the payment date to withdraw from the account above

Balance-due amount from this **amended** return**Part VI – Additional Information for Your Federal Return****Standard Deduction/Itemized Deductions:**Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ☐Check this box if you are married filing separately and your spouse itemized deductions ☐Check this box to take the standard deduction even if less than itemized deductions ☐**Real Estate Professionals:**Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ☐ Yes ☐ No**Credit for Qualified Retirement Savings Contributions (Form 8880):**Is the taxpayer a full-time student? ☐ Yes ☐ NoIs the spouse a full-time student? ☐ Yes ☐ No**American Opportunity and Lifetime Learning Credit (Form 8863)**For 2020, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ☐ Yes ☐ No**Foreign Tax Credit (Form 1116):**Check this box to file Form 1116 even if you're not required to file Form 1116 ☐Resident country ☐ USA**Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:**

Excludable income of bona fide residents of American Samoa, Guam, or the

Commonwealth of the Northern Mariana Islands

Excludable income from Puerto Rico

Dual Status Alien Return:Check this box if you are a dual-status alien ☐Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040. ☐**Third Party Designee:****Caution:** Review transferred information for accuracy.Do you want to allow another person to discuss this return with the IRS? ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name

Third party designee phone number

Personal Identification number (enter any 5 numbers)

shamiese l wright

1913 Page 3

Part VI – Additional Information for Your Federal Return – Continued**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed
returns when Form 1310 is not filed or it is not the
surviving spouse ▶ _____

Part VII – State Filing Information**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ 180787

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2020 ▶ WV

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒

Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, 2020 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☐

Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

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1913

Page 4

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN

Spouse's Prior year PIN

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 00806

Spouse's PIN used to sign the return

Taxpayer:

Drivers license or state ID number

Issued by what state

License or ID license . ▶ ☐ ID . ▶ ☐ neither . ▶ ☒ decline . ▶ ☐

Spouse

Drivers license or state ID number

Issued by what state

License or ID license . ▶ ☐ ID . ▶ ☐ neither . ▶ ☐ decline . ▶ ☐

Personal Information Worksheet For the Taxpayer

2020

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I — Taxpayer's Personal Information

First name . . . shamiese Middle initial . L Last name . . . wright
Suffix
Social security no. 1913 Member of U.S. Armed Forces in 2020? . . ☐ Yes ☒ No
Date of birth 04/1993 (mm/dd/yyyy) age as of 1-1-2021 27
Occupation Certified Nursing Assistant Cna Daytime phone 0523 Ext _____
Marital status Single
If widowed, check the appropriate box for the year your spouse died:
After 2020 ► ☐ 2020 ► ☐ 2019 ► ☐ 2018 ► ☐ Before 2018 ☐
Are you retired on total and permanent disability? (for Schedule R, see Help). ☐ Yes ☐ No
Check if this person is legally blind ☐ Yes ☒ No
If deceased, enter the date of death ► (mm/dd/yyyy) _____
Were you under the age of 16 as of 1-1-2021 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No
Language in which you want the IRS to communicate with you ► _____
Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☒ No

Part II — Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

- 1 Can someone (such as your parent) claim you as a dependent? ► ☐ Yes ☒ No
- 2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☒ No
*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*
- 3 Were you a full-time student during any part of five months during 2020? ► ☐ Yes ☐ No
- 4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No
- 5 Was at least one of your parents alive on December 31, 2020? ► ☐ Yes ☐ No

Part III — Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2020 WV
Check the appropriate box:
This person is a resident of the state above for the entire year ☒
This person is a resident of the state above for only part of year ☐
Date this person established residence in state above ► _____
In which state (or foreign country) did this person reside before this change? ► _____

Part IV — Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2020 _____
Unreimbursed medical expenses paid for qualifying person in 2020 _____
Employment taxes paid for dependent care providers in 2020 _____
Full-time student for 5 calendar months during 2020? ► ☐ Yes ☐ No
Disabled person who was not physically or mentally capable of self-care? ► ☐ Yes ☐ No
This person is a qualifying person for the child and dependent care credit ► ☐ Yes ☒ No

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USAO-00002453

Dependent and Nondependent Information Worksheet 2020

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►
 QuickZoom to Federal Information Worksheet ►

Part I – Personal Information

First name . . . Middle initial . S Last name . . wright
 Suffix

Social security no. . . 2261

Date of birth mm/dd/yyyy) age as of 12-31-2020 8
 Did this person pass away in 2020 (deceased)? . . ☐ Yes ☐ No Date of death .

Relationship to taxpayer or spouse Daughter

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. I — Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,300 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II – Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
 Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national ☐

TurboTax Web Only:

Was the adoption final as of December 31, 2020? ☐ Yes ☐ No

Was the person placed with you for adoption after 2020, or was the adoption final in 2020 or later? ☐ Yes ☐ No

The adopted child lived with you all year ☐ Yes ☐ No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No

Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No

You, and no one else, is claiming this nondependent for the earned income credit. ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E — Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is **not** valid for employment ☐

Check if this person is **not** a qualifying child for the child tax credit ☐

Check if this person is **not** a qualifying person for the credit for other dependents ☐

Dependent has ITIN ☐

Dependent name [REDACTED] s wright

Page 2

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2020 150.

Unreimbursed medical expenses paid for qualifying person in 2020

Employment taxes paid for dependent care providers in 2020

Child or dependent is a qualifying person for the child and dependent care credit ☒ Yes ☐ No

Child is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☐ No

Part V – Dependent's State Residency Information

Enter this person's state of residence as of December 31, 2020

Check the appropriate box:

This person is a resident of the state above for the entire year ☐

This person is a resident of the state above for only part of year ☐

Date this person established residence in state above ▶

In which state (or foreign country) did this person reside before this change? ▶

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here

Dependent and Nondependent Information Worksheet 2020

► Keep for your records

QuickZoom to another copy of Dependent and Nondependent Information Worksheet ►
 QuickZoom to Federal Information Worksheet ►

Part I — Personal Information

First name . . . [REDACTED] Middle initial . R Last name . . wright
 Suffix

Social security no. . . [REDACTED] 3913

Date of birth [REDACTED] (mm/dd/yyyy) age as of 12-31-2020 8
 Did this person pass away in 2020 (deceased)? . . ☐ Yes ☐ No Date of death

Relationship to taxpayer or spouse Daughter

CAUTION: If claiming a child other than your own, see **Relationship** in the Tax Help.

NOTE: The ability to set your answers to being the same as last year for the dependent is only available in Step-by-Step mode and not in Forms mode.

Are the answers to the questions below for this person, to determine whether they are your dependent, the same as they were last year? ► ☐ Yes ☐ No

Dependency code *. L — Your dependent child who lived with you

*Dependency code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Dependent is disabled ☐

Check this box if:

- The taxpayer filing this return is filing as Qualifying Widow(er)
- This dependency code for this dependent is type X
- This dependent would qualify as a qualifying child for the Qualifying Widow(er) filing status, except the dependent's gross income was \$4,300 or more, or was filing a married filing joint return, or the taxpayer could be claimed as a dependent

Part II — Earned Income Credit and Child Tax Credit

Is this person a U.S. citizen, U.S. national, or a U.S. resident? ☒ Yes ☐ No
 Is this person a resident of Canada or Mexico? ☐ Yes ☒ No

This person is adopted and you are a U.S. citizen or U.S. national ☐

TurboTax Web Only:

Was the adoption final as of December 31, 2020? ☐ Yes ☐ No

Was the person placed with you for adoption after 2020, or was the adoption final in 2020 or later? ☐ Yes ☐ No

The adopted child lived with you all year ☐ Yes ☐ No

*If the child is adopted, you are a U.S. citizen or U.S. national and they lived with you all year, they are considered to meet the citizen test and the U.S. citizen box will automatically be checked yes.

Child is a potentially qualifying child for earned income credit ☒ Yes ☐ No

Child is a nondependent, but may qualify for earned income credit ☐ Yes ☐ No

You, and no one else, is claiming this nondependent for the earned income credit ☐ Yes ☐ No

Months lived with taxpayer in the United States 12

Qualifying for the earned income credit * . E — Qualifying child

*EIC code is set based on your selections in the Dependency Exemption/EIC Smart Worksheet

Check if Social Security number is **not** valid for employment ☐

Check if this person is **not** a qualifying child for the child tax credit ☐

Check if this person is **not** a qualifying person for the credit for other dependents ☐

Dependent has ITIN ☐

Dependent name [REDACTED] r wright Page 2

Part III – Dependent Care Expenses

Qualified child or dependent care expenses incurred and paid in 2020 150 .
 Unreimbursed medical expenses paid for qualifying person in 2020
 Employment taxes paid for dependent care providers in 2020
 Child or dependent is a qualifying person for the child and dependent care credit ☒ Yes ☐ No
 Child is a nondependent, but may qualify for the child and dependent care credit ☐ Yes ☐ No

Part V – Dependent's State Residency Information

Enter this person's state of residence as of December 31, 2020
 Check the appropriate box:
 This person is a resident of the state above for the entire year ☐
 This person is a resident of the state above for only part of year ☐
 Date this person established residence in state above ►
 In which state (or foreign country) did this person reside before this change? ►

Part VI – Identity Protection Pin

If the IRS sent an Identity Protection PIN for this dependent, enter it here

Form 1040

Forms W-2 & W-2G Summary

2020

► Keep for your records

Name(s) Shown on Return
shamiese l wrightSocial Security Number
[REDACTED] 1913

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . .	11,742.		11,742.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld	896.		896.
3 & 7	Total social security wages/tips	11,742.		11,742.
4	Total social security tax withheld	728.		728.
5	Total Medicare wages and tips	11,742.		11,742.
6	Total Medicare tax withheld	171.		171.
8	Total allocated tips	0.		0.
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan . .			
g	Income 409A nonqual deferred comp plan . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips	11,742.		11,742.
17	Total state tax withheld	423.		423.
19	Total local tax withheld.			

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USAO-00002458

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

Keep for your records

2020Name
shamiese l wrightSocial Security Number
[REDACTED] 1913**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below.**a** Employee's social security no. [REDACTED] 1913**b** Employer ID number (EIN) . . . 55-0764326**c** Employer's name, address, and ZIP code
LOVED ONES IN HOME CARE

Street 144 7TH AVE

City SOUTH CHARLESTON

State WV ZIP Code 25303

Foreign Province

Foreign Postal Code

Foreign Country

d Control number . 613**Transfer employee information from
the Federal Information Worksheet****e** Employee's name

First SHAMIESE

M.I.

Last WRIGHT

Suff.

f Employee's address and ZIP code

Street 907 [REDACTED]

City CHARLESTON

State WV ZIP Code 25301

Foreign Province

Foreign Postal Code

Foreign Country

1 Wages, tips, other
compensation

5,701.50

3 Social security wages

5,701.50

5 Medicare wages and tips

5,701.50

7 Social security tips

0.00

Enter unreported tips in Part VII on Page 2 below.

2 Federal income
tax withheld

443.00

4 Social security tax withheld

353.49

6 Medicare tax withheld

82.67

8 Allocated tips

0.00

9**11** Nonqualified plans

0.00

12 Enter box 12 below**13**☐ Statutory employee☐ Retirement plan☐ Third-party sick pay**14** Enter box 14 below after entering boxes 18, 19, and 20.**NOTE:** Enter box 15 before entering box 14.**10** Dependent care benefits

0.00

Distributions from sect. 457
and nonqualified plans
(Important, see Help)

Box 12 Code	Box 12 Amount	If Box 12 code is:	
		A: Enter amount attributable to RRTA Tier 2 tax .	
		M: Enter amount attributable to RRTA Tier 2 tax .	
		P: Double-click to link to Form 3903, line 4 . . .	
		R: Enter MSA contribution for Taxpayer . . .	
		Spouse	
		W: Enter HSA contribution for Taxpayer . . .	
		Spouse	
		G: ☐ Employer is not a state or local government	

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
WV	55-0764326	5,701.50	211.00

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)

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INT LS 000872

USAO-00002459

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

Keep for your records

2020Name
shamiese l wrightSocial Security Number
[REDACTED] 1913**Spouse's W-2**
Do not transfer this W-2 to next year**Military:** Complete **Part VI** on Page 2 below.**a** Employee's social security no. [REDACTED] 1913**b** Employer ID number (EIN) 55-0701339**c** Employer's name, address, and ZIP codeSPECIAL TOUCH NURSING
INC

Street 325 4TH AVE STE SUITE 1

City SOUTH CHARLESTON

State WV ZIP Code 25303

Foreign Province

Foreign Postal Code

Foreign Country

d Control number .005350BALT/QGJ**Transfer employee information from
the Federal Information Worksheet****e** Employee's name

First SHAMIESE

M.I. L

Last WRIGHT

Suff.

f Employee's address and ZIP code

Street 907 [REDACTED]

City CHARLESTON

State WV ZIP Code 25301

Foreign Province

Foreign Postal Code

Foreign Country

1 Wages, tips, other
compensation

3,225.00

3 Social security wages

3,225.00

5 Medicare wages and tips

3,225.00

7 Social security tips

Enter unreported tips in Part VII on Page 2 below.

2 Federal income
tax withheld

230.90

4 Social security tax withheld

199.95

6 Medicare tax withheld

46.76

8 Allocated tips**9****11** Nonqualified plans**12** Enter box 12 below**13** ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay**14** Enter box 14 below **after** entering boxes 18, 19, and 20.**NOTE:** Enter box 15 **before** entering box 14.**10** Dependent care benefitsDistributions from sect. 457
and nonqualified plans
(Important, see Help)

Box 12 Code	Box 12 Amount	If Box 12 code is:
—	—	A: Enter amount attributable to RRTA Tier 2 tax
—	—	M: Enter amount attributable to RRTA Tier 2 tax
—	—	P: Double-click to link to Form 3903, line 4
—	—	R: Enter MSA contribution for Taxpayer
—	—	Spouse
—	—	W: Enter HSA contribution for Taxpayer
—	—	Spouse
—	—	G: ☐ Employer is not a state or local government

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
WV	550701339	3,225.00	117.00
—	—	—	—
—	—	—	—
—	—	—	—

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
—	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
—	—	—
—	—	—
—	—	—
—	—	—

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INT LS 000873

USAO-00002460

Form **W-2****Wage and Tax Statement**
Keep for your records**2020**Name
shamiese l wrightSocial Security Number
[REDACTED] 1913**Spouse's W-2**
Do not transfer this W-2 to next year**Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. [REDACTED] 1913
b Employer ID number (EIN) 26-1091992
c Employer's name, address, and ZIP code
 GHC PAYROLL LLC
 AGENT FOR: SUNBRIDGE DUNBAR
 Street 101 EAST STATE STREET
 City KENNETT SQUARE
 State PA ZIP Code 19348

Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

d Control number . 0000000692TBI**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First SHAMIESE M.I. L
 Last WRIGHT Suff. _____
f Employee's address and ZIP code
 Street 907 [REDACTED]
 City CHARLESTON
 State WV ZIP Code 25301
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation
 2,815.34
3 Social security wages
 2,815.34
5 Medicare wages and tips
 2,815.34
7 Social security tips

Enter unreported tips in Part VII on Page 2 below.

2 Federal income tax withheld
 222.36
4 Social security tax withheld
 174.55
6 Medicare tax withheld
 40.82
8 Allocated tips

9 [REDACTED]**10** Dependent care benefits**11** Nonqualified plans

Distributions from sect. 457 and nonqualified plans (Important, see Help)

12 Enter box 12 below

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below after entering boxes 18, 19, and 20.
NOTE: Enter box 15 before entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:	
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax	_____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax	_____
_____	_____	P: Double-click to link to Form 3903, line 4	_____
_____	_____	R: Enter MSA contribution for Taxpayer	_____
_____	_____	Spouse	_____
_____	_____	W: Enter HSA contribution for Taxpayer	_____
_____	_____	Spouse	_____
		G: ☐ Employer is not a state or local government	

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
WV	2247-3457	2,815.34	95.00
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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USAO-00002461

Wages, Salaries, & Tips Worksheet**2020**

► Keep for your records

Name(s) Shown on Return
shamiese l wrightSocial Security Number
[REDACTED] 1913

The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	11,742.		11,742.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137.			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2)	9,974.		9,974.
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ►	☐	☐	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2020			
b			
.			
.			
10 Subtotal.			
Add lines 1 through 9	21,716.		21,716.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2.			
14 Other non-earned income:			
.			
.			
.			
15 Total of lines 10 through 14.	21,716.		21,716.

Form 1040 or
Form 1040-SR
Line 19**Child Tax Credit and
Credit for Other Dependents Worksheet**
► Keep for your records

2020

Name as Shown on Return
shamiese l wrightSocial Security No.
[REDACTED] 1913

- Note:**
- To be a qualifying child for the child tax credit, the child must be **under age 17** at the end of 2020 and meet the other requirements listed in the instructions for Form 1040.
 - If applicable, first complete Form 2555, Foreign Earned Income and enter any exclusion of income from U.S. Possessions on the Federal Information Worksheet.

Part 1

1	Number of qualifying children under age 17 with the required social security number: <u>2</u> X \$2,000. Enter the result	1	<u>4,000.</u>	
2	Number of other dependents, including qualifying children without the required social security number: <u>0</u> X \$500. Enter the result	2		
3	Add lines 1 and 2	3	<u>4,000.</u>	
4	Enter the amount from Form 1040 or 1040-SR, line 11	4	<u>21,716.</u>	
5	1040 filers: enter the total of any — • Exclusion of income from Puerto Rico, and • Amounts from Form 2555, lines 45 and 50; Form 2555-EZ, line 18; and Form 4563, line 15.	5	<u>0.</u>	
6	1040-NR filers: Enter -0-. Add lines 4 and 5. Enter the total	6	<u>21,716.</u>	
7	Enter the amount shown below for your filing status. • Married filing jointly — \$400,000 • All other filing statuses — \$200,000	7	<u>200,000.</u>	
8	Is the amount on line 6 more than the amount on line 7? ☒ No. Leave line 8 blank. Enter -0- on line 9. ☐ Yes. Subtract line 7 from line 6 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000. For example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.	8		
9	Multiply the amount on line 8 by 5% (.05). Enter the result	9	<u>0.</u>	
10	Is the amount on line 3 more than the amount on line 9? ☐ No. Stop. You cannot take the child tax credit or credit for other dependents on line 19 of Form 1040, 1040-SR or 1040-NR. You also cannot take the additional child tax credit on line 28 of Form 1040, 1040-SR or 1040-NR. ☒ Yes. Subtract line 9 from line 3. Enter the result. <i>Go to Part 2.</i>	10	<u>4,000.</u>	

Part 2

11	Enter the amount from line 18 of Form 1040 or 1040-SR	11	<u>308.</u>
12	Add the amounts from — Schedule 3, line 1 Schedule 3, line 2 Schedule 3, line 3 Schedule 3, line 4 Form 5695, line 30 Form 8910, line 15 Form 8936, line 23 Schedule R, line 22 Enter the total	12	<u>93.</u>
13	Subtract line 12 from line 11	13	<u>215.</u>
14	Are you claiming any of the following credits? • Mortgage interest credit, Form 8839 • Adoption Credit, Form 8839 • Residential energy efficient property credit, Form 5695, Part I • District of Columbia first-time homebuyer credit, Form 8859 ☒ No. Enter -0- ☐ Yes. If you are filing Form 2555, enter -0-. Otherwise, Complete the <i>Line 14 Worksheet</i> below to figure the amount to enter here.	14	<u>0.</u>
15	Subtract line 14 from line 13. Enter the result	15	<u>215.</u>
16	Is the amount on line 10 of this worksheet more than the amount on line 15? ☒ No. Enter the amount from line 10 ☐ Yes. Enter the amount from line 15. See the TIP below.	16	<u>215.</u>

Enter this amount on
Form 1040, line 19
Form 1040-SR, line 19
Form 1040-NR, line 19

- TIP:** You may be able to take the **additional child tax credit** on line 28 of Form 1040, 1040-SR or 1040-NR only if you answered 'Yes' on line 16 and line 1 is more than zero.
- First, complete your Form 1040, 1040-SR or 1040-NR through line 27 (also complete Schedule 3, line 10)
 - Then, use Schedule 8812 to figure any additional child tax credit.

Tax Payments Worksheet**2020**

► Keep for your records

Name(s) Shown on Return
shamiese l wrightSocial Security Number
[REDACTED] 1913**Estimated Tax Payments for 2020** (If more than 4 payments for any state or locality, see Tax Help)

Federal		State			Local		
Date	Amount	Date	Amount	ID	Date	Amount	ID
1 07/15/20		07/15/20			07/15/20		
2 07/15/20		07/15/20			07/15/20		
3 09/15/20		09/15/20			09/15/20		
4 01/15/21		01/15/21			01/15/21		
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				896.	423.	
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				896.	423.	
20 Total Tax Payments for 2020				896.	423.	

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) . .					

Earned Income Worksheet**2020**

► Keep for your records

Name(s) Shown on Return
shamiese l wrightSocial Security Number
[REDACTED] 1913**Part I – Earned Income Credit Worksheet Computation**

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	21,716.		21,716.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	21,716.		21,716.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	21,716.		21,716.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	21,716.		21,716.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	21,716.		21,716.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	21,716.		21,716.

Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	21,716.		21,716.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	21,716.		21,716.

Form 1040
Line 17a

Earned Income Credit Worksheet

2020

► Keep for your records

Name(s) Shown on Return
shamiese l wrightSocial Security Number
[REDACTED] 1913

QuickZoom to Schedule EIC ►

QuickZoom to Dependent Information Worksheet to enter qualifying children information. ►

QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income ►

QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7. ►

1	Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes	1	21,716.
2	Adjustments to line 1 amount:		
a	Income reported as wages and as self-employment income.	2 a	
b	Other income entered as wages that is not considered earned income	b	
c	Distributions from section 457 and other nonqualified plans reported on W-2	c	
3	Subtract lines 2a, 2b and 2c from line 1	3	21,716.
4 a	Taxpayer's nontaxable combat pay election for EIC	4 a	
b	Spouse's nontaxable combat pay election for EIC	b	
c	Total nontaxable combat pay election	4 c	
5	If you were self-employed or used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4	5	
6	Medicaid Waiver Payments reported as nontaxable	6	
7	Earned income. Add lines 3, 4, 5, and 6	7	21,716.
8	Enter the credit, from the EIC Table , for the amount on line 7. Be sure to use the correct column for filing status and number of children.	8	5,416.
	If line 8 is zero, stop . You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 27.		
9	Enter your AGI from Form 1040, line 11	9	21,716.
10	If you have:		
	• No qualifying children, is the amount on line 9 less than \$8,800 (\$14,700 if married filing jointly)?		
	• 1 or more qualifying children, is the amount on line 9 less than \$19,350 (\$25,250 if married filing jointly)?		
	☐ Yes. Go to line 11 now.		
	☒ No. Enter the credit, from the EIC Table , for the amount on line 9. Be sure to use the correct column for filing status and number of children	10	5,416.
11	Earned income credit.		
	• If 'Yes' on line 10, enter the amount from line 8		
	• If 'No' on line 10, enter the smaller of line 8 or line 10	11	5,416.

Enter line 11 amount on Form 1040, line 27.

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1913

Page 3

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2020?

☐ Yes, all of the above is correct.

☐ No, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2020?

2 ☐ Yes, my dependents lived with me at this address.

☐ No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2020.

Compliance and Due Diligence Indicator ☒ X
 Disqualified from Earned Income Credit. ☐ Yes ☒ X ☐ No

Potential qualifying child count ▶ 2
 Non dependent potential qualifying child count ▶ 0
 Qualifying child count (max 3) ▶ 2

Federal Carryover Worksheet**2020**

► Keep for your records

Name(s) Shown on Return
shamiese l wrightSocial Security Number
[REDACTED] 1913**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
WV			492.		492.	
Totals . .			492.		492.	

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
WV	246.	246.
WV	246.	246.

2019 Locality Tax Refund Information

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

Federal Carryover Worksheet page 2

2020

shamiese l wright

1913

Other Tax and Income Information			2019	2020
1	Filing status	1	4 HH	4 HH
2	Number of exemptions for blind or over 65 (0 - 4).	2		
3	Itemized deductions	3	246.	423.
4	Check box if required to itemize deductions	4	☐	☐
5	Adjusted gross income	5	12,524.	21,716.
6	Tax liability for Form 2210 or Form 2210-F	6	0.	0.
7	Alternative minimum tax	7		
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	b		
	b 2019	c		
	c 2018	d		
	d 2017	e		
	e 2016	f		
	f 2015			
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2020	b		
	b 2019	c		
	c 2018	d		
	d 2017	e		
	e 2016	f		
	f 2015			

Federal Carryover Worksheet page 3
shamiese l wright

2020

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Credit Carryovers				2019	2020
18	General business credit			18	
19	Adoption credit from:	a	2020	19 a	
		b	2019	b	
		c	2018	c	
		d	2017	d	
		e	2016	e	
		f	2015	f	
20	Mortgage interest credit from:	a	2020	20 a	
		b	2019	b	
		c	2018	c	
		d	2017	d	
21	Credit for prior year minimum tax			21	
22	District of Columbia first-time homebuyer credit			22	
23	Residential energy efficient property credit			23	
Other Carryovers				2019	2020
24	Section 179 expense deduction disallowed			24	
25	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46)	25 a	
		b	Taxpayer (Form 2555, line 48)	b	
		c	Spouse (Form 2555, line 46)	c	
		d	Spouse (Form 2555, line 48)	d	

Charitable Contribution Carryovers

26	2019 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2019					
b	2018					
c	2017					
d	2016					
e	2015					
27	2020 Carryover of charitable contributions from:	Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60/100%
a	2020					
b	2019					
c	2018					
d	2017					
e	2016					

28 Amount overpaid less earned income credit 1,842.

Qualified Business Income Deduction (Section 199A) carryovers				2019	2020
29	Qualified business loss carryforward			29	
30	Qualified PTP loss carryforward			30	
31	Applicable percentage	2018	31 a		
		2019	b		

2019 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Two-Year Comparison

2020

Name(s) Shown on Return shamiese l wright			Social Security Number	
Income	2019	2020	Difference	%
Wages, salaries, tips, etc	12,524.	21,716.	9,192.	73.40
Interest and dividend income				
State tax refund		0.	0.	
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income	12,524.	21,716.	9,192.	73.40
Adjustments to Income				
Adjusted Gross Income	12,524.	21,716.	9,192.	73.40
Itemized Deductions				
Medical and dental				
Income or sales tax	246.	423.	177.	71.95
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	246.	423.	177.	71.95
Standard or Itemized Deduction	18,350.	18,650.	300.	1.63
Qualified Business Income Deduction				
Taxable Income	0.	3,066.	3,066.	
Income tax	0.	308.	308.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes	0.	308.	308.	
Nonbusiness credits	0.	308.	308.	
Business credits				
Total Credits	0.	308.	308.	
Self-employment tax				
Other taxes				
Total Tax After Credits	0.	0.	0.	
Withholding	338.	896.	558.	165.09
Estimated and extension payments				
Earned income credit	5,010.	5,416.	406.	8.10
Additional child tax credit	1,504.	2,800.	1,296.	86.17
Other payments				
Total Payments	6,852.	9,112.	2,260.	32.98
Form 2210 penalty				
Applied to next year's estimated tax				
Refund	6,852.	9,112.	2,260.	32.98
Balance Due				
Current year effective tax rate -37.83 %				

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USAO-00002471

Tax Summary**2020**

► Keep for your records

Name (s)

shamiese l wright

Total income	21,716.
Adjustments to income	
Adjusted gross income	21,716.
Itemized/standard deduction	18,650.
Qualified business income deduction	
Taxable income	3,066.
Tentative tax	308.
Additional taxes	
Alternative minimum tax	
Total credits	308.
Other taxes	
Total tax	0.
Total payments	9,112.
Estimated tax penalty	
Amount Overpaid	9,112.
Refund	9,112.
Amount Applied to Estimate	
Balance due	0.

Compare to U. S. Averages**2020**

► Keep for your records

Name(s) Shown on Return shamiese l wright	Social Security No [REDACTED] 1913
--	---------------------------------------

Your 2020 adjusted gross income (AGI) 21,716.
National adjusted gross income range used below from 15,000. to 29,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	21,716.	22,601.
Taxable interest		748.
Tax-exempt interest		4,031.
Dividends		2,533.
Business net income		13,751.
Business net loss		9,956.
Net capital gain		3,960.
Net capital loss		2,289.
Taxable IRA		8,963.
Taxable pensions and annuities		13,133.
Rent and royalty net income		6,899.
Rent and royalty net loss		7,343.
Partnership and S corporation net income		12,174.
Partnership and S corporation net loss		11,729.
Taxable social security benefits		2,632.
Medical and dental expenses deduction		9,639.
Taxes paid deduction	423.	3,620.
Interest paid deduction		6,814.
Charitable contributions deduction		2,610.
Total itemized deductions	423.	16,864.
Child care credit	93.	439.
Education tax credits		780.
Child tax credit	215.	484.
Retirement savings contributions credit		182.
Earned income credit	5,416.	4,052.
Other Information	Actual Per Return	National Average
Adjusted gross income	21,716.	23,220.
Taxable income	3,066.	9,917.
Income tax	308.	1,221.
Alternative minimum tax		2,128.
Total tax liability	0.	1,424.

shamiese l wright

1913

1

Smart Worksheets From 2020 Federal Tax Return

SMART WORKSHEET FOR: Form 2441: Child and Dependent Care Expenses

Credit Limitation Smart Worksheet

Note: Line 10 is presently calculated by subtracting line B from line A. If zero or less, **stop;** you cannot take the credit.

- A** Enter the amount from Form 1040, 1040-SR, or 1040-NR line 18 308.
- B** Enter the amount from Schedule 3 (Form 1040), line 1

SMART WORKSHEET FOR: Schedule 8812: Additional Child Tax Credit

Prior Year Earned Income Election Smart Worksheet

Election to use 2019 earned income for the Additional Child Tax Credit

- A** Elect to use 2019 earned income for Additional Child Tax Credit ☐ Yes ☒ No
- B** CTC Earned Income from 2019 Schedule 8812 Line 6a
- C** Nontaxable Combat Pay from 2019 return.
- D** You may compare the tax benefit of electing to use 2019 Earned Income by checking the "Yes" and "No" boxes on line A
- Overpayment 9,112. Amount due
- E** If you do not qualify for the Earned Income Credit **and/or** you did not transfer your tax return from last year, Quickzoom here to enter 2019 earned income on the Prior Year Earned Income Election Smart Worksheet

SMART WORKSHEET FOR: Federal Information Worksheet

TurboTax for the Web Filing Status Smart WorksheetCheck this box to override the filing status selected thru Interview . . ☐

Marital Status

Filing Status Selected

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SMART WORKSHEET FOR: Dependent Information Worksheet ()

Dependency/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you? The whole year
Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person?
 (Used to determine if additional questions are necessary for children of divorced parents.)

Both Taxpayer and spouse ☐
 Taxpayer ☒
 Spouse ☐

C Did this person provide more than 1/2 of their own support? ☐ Yes ☒ No

D Was this person married on December 31, 2020 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ☐ Yes ☐ No

Detailed answers for this question. This dependent:

- Was married on December 31, 2020 ☐ Yes ☐ No
 - If married, filed a joint return for the year ☐ Yes ☐ No
 - If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. ☐ Yes ☐ No
 - If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately ☐ Yes ☐ No

E Is this person a Full time student? ☐ Yes ☐ No

F Is this person's gross income less than \$4,300? ☐ Yes ☐ No

1 Did you provide over 1/2 the support for this person?
 or

Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return?

☐ Yes ☐ No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? ☐ Yes ☒ No

Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

1 TurboTax Web Only:

Is the other parent claiming this dependent per the custody agreement? ☐ Yes ☐ No

Has the other parent waived their legal right so you can claim this dependent on your tax return? ☐ Yes ☐ No

H Who will be claiming this person as a dependent as a result of:

- an agreement between the parents
- the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?

Taxpayer (includes spouse if married filing joint) in this return? ☒

Other parent in different return? ☐

Someone else in different return? ☐

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3

SMART WORKSHEET FOR: Dependent Information Worksheet ()

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

* They received gross income greater than \$4,300 or more or

* They filed a joint return

☐

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SMART WORKSHEET FOR: Dependent Information Worksheet ()

Dependency/EIC Smart Worksheet

NOTE: It is recommended that you answer the questions below using the Step-by-Step mode. That will help insure that answers to the questions are not inconsistent.

A How many months did this person live with you? The whole year
Note: If born or died in current year and lived with you entire time or qualified missing child select "The whole year". If more than one-half the year select 7 or more

B Who are the parents of this person?
 (Used to determine if additional questions are necessary for children of divorced parents.)
 Both Taxpayer and spouse ☐
 Taxpayer ☒
 Spouse ☐

C Did this person provide more than 1/2 of their own support? ☐ Yes ☒ No

D Was this person married on December 31, 2020 and filing a joint return for the year (You may answer **no** if the only reason the joint return is filed is to get a refund of tax withheld or estimated tax payments and neither spouse would have a tax liability on their return if they filed separate returns)? ☐ Yes ☐ No

Detailed answers for this question. This dependent:

- Was married on December 31, 2020 ☐ Yes ☐ No
- If married, filed a joint return for the year ☐ Yes ☐ No
- If filed joint return, only filed to get a refund of tax withheld or estimated tax payments. ☐ Yes ☐ No
- If filed married filing separate, neither spouse had a tax liability on their return if they had filed separately ☐ Yes ☐ No

E Is this person a Full time student? ☐ Yes ☐ No

F Is this person's gross income less than \$4,300? ☐ Yes ☐ No

1 Did you provide over 1/2 the support for this person?
 or
 Did you provide over 10% of the support for the person and with other individuals who would be able to claim the person except for the support test over 1/2 the support and all of you have agreed that you alone will claim the person and you have filled out the Multiple Support Declaration, Form 2120, to attach to your return? ☐ Yes ☐ No

G Is there an agreement with this person's other parent about who can claim this person as a dependent? ☐ Yes ☒ No
Note: The noncustodial parent claiming the exemption for the child must attach to their return Form 8332 from the custodial parent releasing the claim to the exemption for the child

1 TurboTax Web Only:
 Is the other parent claiming this dependent per the custody agreement? ☐ Yes ☐ No
 Has the other parent waived their legal right so you can claim this dependent on your tax return? ☐ Yes ☐ No

H Who will be claiming this person as a dependent as a result of:
 - an agreement between the parents
 - the rules controlling who can claim a qualifying child when the child meets the conditions to be a qualifying child of more than one person?
 Taxpayer (includes spouse if married filing joint) in this return? ☒
 Other parent in different return? ☐
 Someone else in different return? ☐

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5

SMART WORKSHEET FOR: Dependent Information Worksheet ()

Child and Dependent Care Expenses, Form 2441, Special Situations Worksheet

Check this box if this person is a qualifying person only for the dependent care expenses because they were not your dependent but would have been except that:

* They received gross income greater than \$4,300 or more or

* They filed a joint return ☐

SMART WORKSHEET FOR: Form W-2 (LOVED ONES IN HOME CARE): Wage & Tax Statement

Qualified Business Income Deduction Smart Worksheet

Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III, line 3).

- A** Is this activity a qualified trade or business under Section 199A? ☐ Yes ☐ No
- B** QBI worksheet to report ☐
- C** Specified Service Trade or Business (SSTB)? ☐ Yes ☐ No
- D** I am not a statutory employee ☐

SMART WORKSHEET FOR: Form W-2 (LOVED ONES IN HOME CARE): Wage & Tax Statement

Substitute Form W-2 Smart Worksheet

- A** Treat as a substitute W-2 and generate a form 4852 ☐
- B** Linked substitute W-2 Form 4852 ☐
- C** Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
- _____
- _____
- D** Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
- _____
- _____
- E** QuickZoom to completed Form 4852 for reference ☐

SMART WORKSHEET FOR: Form W-2 (SPECIAL TOUCH NURSING): Wage & Tax Statement

Qualified Business Income Deduction Smart Worksheet

Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III, line 3).

- A** Is this activity a qualified trade or business under Section 199A? ☐ Yes ☐ No
- B** QBI worksheet to report ☐
- C** Specified Service Trade or Business (SSTB)? ☐ Yes ☐ No
- D** I am not a statutory employee ☐

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SMART WORKSHEET FOR: Form W-2 (SPECIAL TOUCH NURSING): Wage & Tax Statement

Substitute Form W-2 Smart Worksheet	
A	Treat as a substitute W-2 and generate a form 4852 <input style="float: right;" type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
E	QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Form W-2 (GHC PAYROLL LLC): Wage & Tax Statement

Qualified Business Income Deduction Smart Worksheet	
<i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III, line 3).</i>	
A	Is this activity a qualified trade or business under Section 199A? ☐ Yes ☐ No
B	QBI worksheet to report ▶ _____
C	Specified Service Trade or Business (SSTB)? ☐ Yes ☐ No
D	I am not a statutory employee ☐

SMART WORKSHEET FOR: Form W-2 (GHC PAYROLL LLC): Wage & Tax Statement

Substitute Form W-2 Smart Worksheet	
A	Treat as a substitute W-2 and generate a form 4852 <input style="float: right;" type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?"
D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?"
E	QuickZoom to completed Form 4852 for reference ▶ _____

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SMART WORKSHEET FOR: Child Tax Cr and Cr for Other Depend Wks

Line 7 Smart Worksheet	
If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use this worksheet to figure the amount to enter on line 7.	
Social security tax, Medicare tax, and Additional Medicare Tax on Wages.	
A	Enter the social security tax withheld (Form(s) W-2, box 4) 728.
B	Enter the Medicare tax withheld (Form(s) W-2, box 6). Box 6 includes any Additional Medicare Tax withheld. 171.
C	Enter any amount from Form 8959, line 7 0.
D	Add line A, B, and C 899.
E	Enter the Additional Medicare Tax withheld (Form 8959 line 22)
F	Subtract line E from line D. 899.
Additional Medicare Tax on Self-Employment Income.	
G	Enter one-half of the Additional Medicare Tax, if any, on self-employment income (one-half of Form 8959, line 13)
Tier 1 RRTA taxes as an employee of a railroad (enter amounts on lines H, I, J, and K) or employee representative (enter amounts on lines L, M, N, and O). Do not include amounts in Form W-2, box 14 that are identified as Additional Medicare Tax or Tier 2 tax. Do not include amounts shown on Form CT-2 on line 3 for Additional Medicare Tax or line 4 for Tier 2 tax.	
H	Enter the Tier 1 tax (Form(s) W-2, box 14). 0.
I	Enter the Medicare Tax (Form(s) W-2, box 14) 0.
J	Enter the Additional Medicare Tax, if any, or RRTA compensation as an employee (Form 8959, line 17). Do not use the same amount from Form 8959, line 17 for both this line and line N.
K	Add lines H, I, and J 0.
L	Enter one-half of Tier 1 tax (one-half of Forms CT-2, line 1 for all 4 quarters of 2020)
M	Enter one-half of Tier 1 Medicare tax (one-half of Forms CT-2, line 2 for all 4 quarters of 2020)
N	Enter one-half of the Additional Medicare Tax, if any, on RRTA compensation as an employee representative (one-half of Form 8959, line 17). Do not use the the same amount from Form 8959, line 17 for this line and line J
O	Add line L, M, and N
Line 7 Amount	
P	Add line F, G, K and O. Enter here and on Line 14 Worksheet, line 7. 899.

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SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet	
QuickZoom to enter nontaxable combat pay on Form W-2 ▶	
A Taxpayer:	
1 Taxpayer, nontaxable combat pay	_____
1a Taxpayer, prior year nontaxable combat pay from 2019	_____
2 Election for earned income credit (EIC):	
Elect taxpayer's nontaxable combat pay as earned income for EIC? ▶	☐ Yes ☐ No
3 Election for dependent care benefits (DCB):	
Elect taxpayer's nontaxable combat pay as earned income for DCB? ▶	☐ Yes ☐ No
4 Election for child and dependent care credit:	
Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit? ▶	☐ Yes ☐ No
B Spouse:	
1 Spouse, nontaxable combat pay	_____
1a Spouse, prior year nontaxable combat pay from 2019	_____
2 Election for earned income credit (EIC):	
Elect spouse's nontaxable combat pay as earned income for EIC? ▶	☐ Yes ☐ No
3 Election for dependent care benefits (DCB):	
Elect spouse's nontaxable combat pay as earned income for DCB? ▶	☐ Yes ☐ No
4 Election for child and dependent care credit:	
Elect spouse's nontaxable combat pay as earned income for child and dependent care credit? ▶	☐ Yes ☐ No
C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:	
Overpayment _____ 9,112.	Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Prior Year Earned Income Election Smart Worksheet	
Election to use 2019 earned income for Earned Income Credit	
The "Yes" box must be marked on Line A for 2019 earned income to be used for EIC calculations.	
A Elect to use 2019 earned income for EIC ▶	☐ Yes ☒ No
B Earned income for EIC from your 2019 return	12,524.
C Current year earned income for EIC	21,716.
If Line C is equal to or greater than Line B the taxpayer is not eligible to use 2019 earned income for EIC calculations.	
D You may compare the tax benefit of electing to use 2020 Earned Income by checking the boxes on line A	
Overpayment _____ 9,112.	Amount due _____

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SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
A	Taxable and tax exempt interest
B	Dividend income
C	Capital gain net income
D	Royalty and rental of personal property net income
E	Passive activity net income :
1	Rental real estate net income or loss
2	Farm rental net income or loss
3	Partnerships and S corporations net income or loss
4	Estates and trusts net income or loss
5	Total of lines 1 through 4
6	Total passive activity net income , line 5 if greater than zero
F	Interest and dividends from Forms 8814
G	Adjustments
H	Total investment income , add lines A through G 0.

Is line H, **total investment income** over \$3,650?

☒ **No.** You may take the credit.

☐ **Yes. Stop.** You **cannot** take the credit.

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Qualifying Children Smart Worksheet						
First name Last name	MI Suff	Social security number Relationship	Year of birth	Was the child permanently and totally disabled during any part of 2020?		Lived with taxpayer in the U.S.
			Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)?	Yes	No	
wright	S	2261	2012			12
Daughter			Yes	No		
wright	R	3913	2012			12
Daughter						

IT-140
REV 7-20

West Virginia Personal Income Tax Return

2020

SOCIAL SECURITY NUMBER	065821913	Deceased ☐	Date of Death:	*SPOUSE'S SOCIAL SECURITY NUMBER	Deceased ☐	Date of Death:
LAST NAME	WRIGHT	SUFFIX		YOUR FIRST NAME	SHAMIESE	MI L
SPOUSE'S LAST NAME		SUFFIX		SPOUSE'S FIRST NAME		MI
FIRST LINE OF ADDRESS	907 [REDACTED]	SECOND LINE OF ADDRESS				
CITY	CHARLESTON	STATE	WV	ZIP CODE	253011431	
TELEPHONE NUMBER	[REDACTED] 50523	EMAIL	SHAMIESEWRIGHT93@G		EXTENDED DUE DATE MM/DD/YYYY	

☐ Amended return☐ Check before 4/15/21 if you wish to stop the original debit (amended return only)☐ Nonresident Special☐ Nonresident/Part-Year Resident☐ Form WV-8379 filed as an injured spouseFILING STATUS
(Check One)

- 1 ☐ Single
- 2 ☒ Head of Household
- 3 ☐ Married, Filing Joint
- 4 ☐ Married, Filing Separate
*Enter spouse's SS# and name in the boxes above
- 5 ☐ Widow(er) with dependent child

Exemptions (If someone can claim you as a dependent, leave box (a) blank.)

Enter "1" in boxes a and b if they apply

Yourselves (a)	1
Spouse (b)	

c. List your dependents. If more than five dependents, continue on Schedule DP on page 40.

First name	Last name	Social Security Number	Date of Birth (MM DD YYYY)
[REDACTED]	WRIGHT	[REDACTED]	[REDACTED]
[REDACTED]	WRIGHT	[REDACTED]	[REDACTED]

d. Additional exemption if surviving spouse (see page 17)

Enter decedent's SSN: _____ Year Spouse Died: _____

Enter total number of dependents (c)

e. Total Exemptions (add boxes a, b, c, and d). Enter here and on line 6 below. If box e is zero, enter \$500 on line 6 below.

(c)	2
(d)	
(e)	3

1. Federal Adjusted Gross Income or income to claim senior citizen tax credit from Schedule SCTC-1
2. Additions to income (line 56 of Schedule M).....
3. Subtractions from income (line 48 of Schedule M).....
4. West Virginia Adjusted Gross Income (line 1 plus line 2 minus line 3).....
5. Low-Income Earned Income Exclusion (see worksheet on page 23).....
6. Total Exemptions as shown above on Exemption Box (e) 3 x \$2,000
7. West Virginia Taxable Income (line 4 minus lines 5 & 6) IF LESS THAN ZERO, ENTER ZERO
8. Income Tax Due (Check One)

☒ Tax Table☐ Rate Schedule☐ Nonresident/Part-year resident calculation schedule

1	21716	.00
2		.00
3	0	.00
4	21716	.00
5		.00
6	6000	.00
7	15716	.00
8	530	.00

TAX DEPT USE ONLY

PAY PLAN	COR	SCTC	NRSR	HEPTC
☐	☐	☐	☐	☐

MUST INCLUDE WITHHOLDING FORMS WITH THIS RETURN
(W-2s, 1099s, Etc.)



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PRIMARY LAST NAME SHOWN ON FORM IT-140	WRIGHT	SOCIAL SECURITY NUMBER	065821913	8. Total Taxes Due (line 8 from previous page)	8	530	.00
9. Credits from Tax Credit Recap Schedule (see schedule on page 5) (now includes the Family Tax Credit)				9	530	.00	
10. Line 8 minus 9. If line 9 is greater than line 8, enter 0				10	0	.00	
11. Overpayment previously refunded or credited (amended return only)				11		.00	
12. Penalty Due from Form IT-210 ☐ CHECK IF REQUESTING WAIVER/ANNUALIZED WORKSHEET ATTACHED If you owe penalty, enter here				12		.00	
13. West Virginia Use Tax Due on out-of-state purchases (See Schedule UT on page 9). ☒ CHECK IF NO USE TAX DUE				13		.00	
14. Add lines 10 through 13. This is your total amount due				14	0	.00	
15. West Virginia Income Tax Withheld (See instructions) ☐ Check if withholding from NRSR (Nonresident Sale of Real Estate)				15	423	.00	
16. Estimated Tax Payments and Payments with Schedule 4868				16	0	.00	
17. Non-Family Adoption Tax Credit if applicable (include Schedule WV NFA-1)				17		.00	
18. Senior Citizen Tax Credit for property tax paid (include Schedule SCTC-1)				18		.00	
19. Homestead Excess Property Tax Credit for property tax paid (include Schedule HEPTC-1)				19		.00	
20. Amount paid with original return (amended return only)				20		.00	
21. Payments and Refundable Credits (add lines 15 through 20)				21	423	.00	
22. Balance Due (line 14 minus line 21). If Line 21 is greater than line 14, complete line 23 PAY THIS AMOUNT				22		.00	
23. Line 21 minus line 14. This is your overpayment				23	423	.00	
24. Donations of part or all of line 23. Indicate below and enter the sum of columns 24A, 24B, and 24C on Line 24				24		.00	
24A. WEST VIRGINIA CHILDREN'S TRUST FUND 24B. WEST VIRGINIA DEPARTMENT OF VETERANS ASSISTANCE 24C. DONEL C. KINNARD MEMORIAL STATE VETERANS CEMETERY							
25. Amount of Overpayment to be credited to your 2021 estimated tax				25		.00	
26. Refund due to you (line 23 minus line 24 and line 25) REFUND				26	423	.00	

**Direct Deposit
of Refund**
☒ CHECKING ☐ SAVINGS

PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. INCORRECT ACCOUNT INFORMATION MAY RESULT IN A \$15.00 RETURNED PAYMENT CHARGE.

I authorize the State Tax Department to discuss my return with my preparer ☐ YES ☐ NO

Under penalty of perjury, I declare that I have examined this return, accompanying schedules, and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Your Signature	Date	Spouse's Signature	Date	Telephone Number
Preparer: Check HERE if client is requesting that form NOT be e-filed	Preparer's EIN	Signature of preparer other than above	Date	Telephone Number

SELF-PREPARED

Preparer's Printed Name _____ Preparer's Firm _____

FOR REFUND, MAIL TO THIS ADDRESS: WV STATE TAX DEPARTMENT P.O. BOX 1071 CHARLESTON, WV 25324-1071	FOR BALANCE DUE, MAIL TO THIS ADDRESS: WV STATE TAX DEPARTMENT P.O. BOX 3694 CHARLESTON, WV 25336-3694
---	--

Payment Options: Returns filed with a balance of tax due may pay through any of the following methods:

- Check or Money Order payable to the WV State Tax Department - Enclose check or money order with your return.
- Electronic Payment - May be made by visiting mytaxes.wvtax.gov and clicking on "Pay Personal Income Tax".
- Credit Card Payment - May be made by visiting the Treasurer's website at: epay.wvsto.com/tax

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RECAP
(FORM IT-140)**Tax Credit Recap Schedule****2020**

This form is used by individuals to summarize tax credits that they claim against their personal income tax. In addition to completing this summary form, each tax credit has a schedule or form that is used to determine the amount of credit that can be claimed. Both this summary form and the appropriate credit calculation schedule(s) or form(s) **MUST BE ENCLOSED** with your return in order to claim a tax credit. Information for all of these tax credits may be obtained by visiting our website at tax.wv.gov or by calling the Taxpayer Services Division at 1-829-8297.

Note: If you are claiming the Schedule E credit(s) or the Neighborhood Investment Program Credit you are no longer required to enclose the other state(s) return(s) or the NIPA-2 schedule with your return. You must maintain the other state(s) return(s) or NIPA-2 schedule in your files.

WEST VIRGINIA TAX CREDIT RECAP SCHEDULE									
TAX CREDIT	SCHEDULE		APPLICABLE CREDIT						
1. Credit for Income Tax paid to another state(s)	E	1		.00					
** For what states? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									
2. Family Tax Credit (see page 39).....	FTC-1	2	530	.00					
3. General Economic Opportunity Tax Credit.....	WV EOTC-PIT	3		.00					
4. WV Environmental Agricultural Equipment Credit.....	WV AG-1	4		.00					
5. WV Military Incentive Credit.....	J	5		.00					
6. Neighborhood Investment Program Credit.....	NIPA-2	6		.00					
7. Historic Rehabilitated Buildings Investment Credit.....	RBIC	7		.00					
8. Qualified Rehabilitated Buildings Investment Credit.....	RBIC-A	8		.00					
9. Apprenticeship Training Tax Credit.....	WV ATTC-1	9		.00					
10. Alternative-Fuel Tax Credit.....	AFTC-1	10		.00					
11. Conceal Carry Gun Permit Credit.....	CCGP-1	11		.00					
12. Farm to Food Bank Tax Credit.....		12		.00					
13. Downstream Natural Gas Manufacturing Investment Tax Credit	DNG- 2	13		.00					
14. Post Coal Mine Site Business Credit	PCM-2	14		.00					
15. TOTAL CREDITS — add lines 1 through 14. <i>Enter on Form IT-140, line 9</i>		15	530	.00					
**You cannot claim credit for taxes paid to KY, MD, PA, OH, or VA unless your source income is other than wages and/or salaries.									



SCHEDULE
FTC-1
(FORM IT-140)

Family Tax Credit Schedule FTC-1

2020

A Family Tax Credit is available to certain individuals or families that may reduce or eliminate their West Virginia personal income tax. You may be entitled to this credit if you meet certain income limitations and family size. Individuals who file their income tax return with zero exemptions cannot claim the credit. Persons who pay the federal alternative minimum tax are not eligible to claim this credit. In order to determine if you are eligible for this credit, complete the schedule below and attach to Form IT-140.

If this schedule is not enclosed with Form IT-140, the credit will be disallowed.

1. Federal Adjusted Gross Income (enter the amount from line 1 of Form IT-140).....	1	21716	.00
2. Increasing West Virginia modifications (enter the amount from line 2 of Form IT-140).....	2		.00
3. Tax-exempt interest reported on federal tax return (enter the amount shown on Federal Form 1040 that is not already included on line 2 of Form IT-140).....	3		.00
4. Add lines 1 through 3. <i>This is your Modified Federal Adjusted Gross Income for the Family Tax Credit</i>	4	21716	.00
5. Enter the number of exemptions claimed from Form IT-140, sum of boxes a, b, and c (<i>This is your Family Size for the Family Tax Credit</i>).....	5	3	
6. Enter the Family Tax Credit Percentage for your family size AND Modified Federal Adjusted Gross Income level from the tables on page 31. If the exemptions on line 5 are greater than 8, use the table for a family size of 8	6	100.	
7. Enter your income tax due from line 8 of Form IT-140.....	7	530	.00
8. Multiply the amount on line 7 by the percentage shown on line 6 <i>This is your Family Tax Credit. Enter this amount on line 2 of Form IT-140 RECAP</i>	8	530	.00



West Virginia Information Worksheet

2020

► Keep for your records

Part I – Personal Information

Taxpayer:

First Name shamiese
 Middle Initial l
 Last Name wright
 Suffix
 Social Security No. 1913
 Date of Birth 04 / / 1993
 Age as of 12-31-2020 or as of date of death 27
 Date of Death
 Certified permanently and totally disabled
 Daytime Phone 0523 *
 Home phone

Spouse:

First Name
 Middle Initial
 Last Name
 Suffix
 Social Security No.
 Date of Birth
 Age as of 12-31-2020 or as of date of death
 Date of Death
 Certified permanently and totally disabled
 Daytime Phone

* Check one of these boxes to print daytime or home phone number on government forms.

Street Address 907 Apt No.
 Address Line 2
 City Charleston County Kanawha
 State WV ZIP Code 25301-1431
 Taxpayer email address shamiesewright93@gmail.com

Part II – Main Form

☒ Form IT-140: Resident
☐ Form IT-140: Nonresident
☐ Form IT-140: Part-Year Resident Date of move
☐ Moved into West Virginia
☐ Moved out of West Virginia, but had West Virginia source income during nonresident period
☐ Moved out of West Virginia, but had no West Virginia source income during nonresident period
 Enter Nonresident and Part-year resident allocations on Schedule A
☐ Form IT-140: Special Nonresident
 * Only income from sources within West Virginia was from wages and salaries
 * Not a resident of WV at any time during 2020 and a resident of:
☐ Commonwealth of Kentucky
☐ Commonwealth of Virginia Number of days in WV
☐ Commonwealth of Pennsylvania Number of days in WV
☐ State of Maryland
☐ State of Ohio
☐ Active Duty Military - domicile outside of West Virginia

Part III – Filing Status

☐ Single
☐ Married filing jointly (even if only one spouse had income)
☐ Married filing separately
☒ Head of Household
☐ Widow(er) with dependent child

Part IV – Form 210 Information

Yes No
☐ ☐ Was at least 2/3 of your gross income from farming?
☐ ☐ If Yes, will you file and pay in full by March 1, 2021 ?
☒ ☐ Was last year's return filed and was it for a full 12 months?
☒ ☐ Were you a citizen or resident of the U.S. throughout last year?
 If you answered yes to both of the preceding questions then enter last year's West Virginia tax liability after credits (enter 0 if none).
☐ Do you want the WV State Tax Dept to figure the underpayment penalty Form IT-210? (see Tax Help for more information)

shamiese L wright

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Part V – Electronic Filing

Yes No

☒ ☐ Will Federal PIN(s) be used in place of the WV-8453 (See help)**Part VI - Direct Deposit Information or Direct Debit Information**

Yes No

☒ ☐ Do you want to elect direct deposit of state tax refund?☐ ☐ Do you want direct debit of state tax payment (Electronic Filing Only)?☐ Withdrawal upon acceptance date☐ Withdrawal on April 15, 2021

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) Green Dot Bank

Check the appropriate box:

Checking ☒ Routing numberSavings ☐ Account number

State balance-due amount from this return

International ACH Transactions

Yes No

☐ ☒ Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?**Part VII – Extension Status**

Yes No

☐ ☒ Has the tax return due date been extended?

Extended due date

QuickZoom to Form 4868: Application for Extension of Time to File ➔**Part VIII – Amended Return**☐ Check this box if you are filing an West Virginia amended return

Enter the tax year you are amending

Previous West Virginia payment made

Previous West Virginia refund received

QuickZoom to Form IT-140 (resident, part year and nonresident filers). ➔

Tax Payments Worksheet**2020**

► Keep for your records

Name shamiese L wright	Social Security Number [REDACTED] 1913
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Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	423.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-NEC	b	
c	State withholding on Forms 1099-G	c	
d	State withholding on Forms 1099-K	d	
13	Other state tax withholding	13	
14	Total income tax withheld	14	423.
15	Date return will be filed and balance paid	15	

othv0301.SCR 07/06/20

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INT LS 000902

USAO-00002489



2550 Garcia Avenue
Mountain View, CA 94043
intuit.com

CERTIFICATION OF DOMESTIC BUSINESS RECORDS

I, Denis Boulankine, the undersigned declarant, hereby declare, certify, verify or state the following:

1. I am employed by Intuit Inc. as a Program Manager;
2. I am a records custodian qualified to provide a written declaration regarding the records of regularly conducted business activity which are the subject of this certification;
3. The records of regularly conducted business activity (hereinafter "records") which are the subject of this certification are identified as:
INT LS 000001 - INT LS 004314

4. The records are originals or duplicate copies of domestic (United States) business records;
5. The records were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters;
6. The records were kept in the course of a regularly conducted business activity; and
7. The records were made by the regularly conducted business activity as a regular practice.

I hereby declare, certify, verify or state, under penalty of perjury, I am informed and believe that the foregoing is true and correct.

Signature of Declarant & Date: Denis Boulankine Digitally signed by Denis Boulankine
Date: 2023.11.14 18:41:08 -05'00'

Intuit Record No. 69166