

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

Please review the updated information below.

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

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

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

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

104 0		artment of the Treasury—Internal Revenue So			(99) rn	20'	19 OMB No. 154	15-0074	IRS Use Only—Do	not wr	ite or staple in this space.
Filing Status Check only one box.	If yo	Single	_		•	arately (MFS u checked th	_	•	, ,	•	ow(er) (QW) ing person is
Your first name and middle initial			La	Last name						Your social security number	
If joint return, spouse's first name and middle initial				Last name						Spouse's social security number	
Home address (number and street). If you have a P.O. box, see				instructions. Apt. r					Che	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.	
City, town or p	ost offi	ce, state, and ZIP code. If you have a fo	oreign	addres	ss, also	o complete s	paces below (see instr	uctions). Che	•	oox below will not change your
Foreign country name				Foreign province/state/county Foreign province/state/county				Forei		tal code If more than four dependents, see instructions and ✓ here ►	
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, 1955 ☐ Are blind Spouse: ☐ Was born before January 2, 1955 ☐ Is blind									
Dependents (see instructions): (1) First name Last name				(2) Social security number			(3) Relationship to you		(4) ✓ if qualifies f Child tax credit		(see instructions): Credit for other dependents
	1	Wages, salaries, tips, etc. Attach For	rm(s) V	V-2						1	
	2a Tax-exempt interest		2a	2a			b Taxable interest. Attach Sch.		Sch. B if required	2b	
Standard	3a	Qualified dividends	За				b Ordinary dividend	s. Attach	Sch. B if required	3b	

Deduction for-

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er),
- Head of household, \$18,350
- If you checked any box under Standard Deduction, see instructions.
- 7a \$24,400 Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your ${\color{blue} total\ income}$ b

IRA distributions . . .

Pensions and annuities .

Social security benefits . . .

4a

С

5a

6

b

- 8a Adjustments to income from Schedule 1, line 22 b Subtract line 8a from line 7b. This is your adjusted gross income 9 Standard deduction or itemized deductions (from Schedule A) .
- 10
- Qualified business income deduction. Attach Form 8995 or Form 8995-A . 11a
- Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

4c

5a

Capital gain or (loss). Attach Schedule D if required. If not required, check here

Cat. No. 11320B

9

10

b Taxable amount

d Taxable amount

b Taxable amount

Form **1040** (2019)

4b

4d

5b

6

7a

7b

8a

8b

11a

11b

Form 1040 (2019	9)								Page 2
	12a	Tax (see inst.) Check if any from F	orm(s): 1 8814	4972 2 4972	з 🗌	12a			
	b	Add Schedule 2, line 3, and line	12a and enter the	total				▶ 12b	
	13a	Child tax credit or credit for other dependents							
	b								
	14	Subtract line 13b from line 12b. If zero or less, enter -0-							
	15	Other taxes, including self-empl	. 15						
	16	Add lines 14 and 15. This is your total tax							
	17	Federal income tax withheld from	n Forms W-2 and	1099				. 17	
If you have a	18	Other payments and refundable							
qualifying child,	а	Earned income credit (EIC) .				18a			
attach Sch. EIC. If you have	b	Additional child tax credit. Attac	h Schedule 8812			18b			
nontaxable	С	American opportunity credit from	n Form 8863, line 8	3		18c			
combat pay, see instructions.	d	Schedule 3, line 14				18d			
	е	Add lines 18a through 18d. Thes	se are your total o t	ther payments a	and refundable cred	its		▶ 18e	
	19 Add lines 17 and 18e. These are your total payments							▶ 19	
Refund	20	If line 19 is more than line 16, su	btract line 16 from	paid		. 20			
Herana	21a	Amount of line 20 you want refu	nded to you. If Fo	rm 8888 is attac	hed, check here .		•	21a	
Direct deposit?	►b	Routing number			▶ c Type:	Checking	Savir	ngs	
See instructions.	►d	Account number							
	22	Amount of line 20 you want app	lied to your 2020	estimated tax	•	22			
Amount	23	Amount you owe. Subtract line	19 from line 16. Fo	or details on how	v to pay, see instructi	ons		▶ 23	
You Owe	24	Estimated tax penalty (see instructions)							
Third Party Designee	Do	you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No							
(Other than		signee's	Phone		Personal ider				
paid preparer)	name ▶ no. ▶ number (PIN) ▶							_	
Sign		der penalties of perjury, I declare that I rect, and complete. Declaration of prep.						of my knowledo	je and belief, they are true,
Here	Yo	ur signature	Date	Your occupation			If the IRS se	he IRS sent you an Identity	
		a. o.g.nata.o		Tour occupation			Protection PIN, enter it here		
Joint return?							(see inst.)	see inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return,	Date	Spouse's occupation	on			f the IRS sent your spouse an dentity Protection PIN, enter it here	
							(see inst.)		
	Ph	one no.	Email address						
Paid Preparer Use Only	Pre	eparer's name	Preparer's signat	ure		Date PT		N	Check if:
									3rd Party Designee
	Firm's name ▶					Phone no.			Self-employed
	Fire	m's address ▶			Firm's EIN ▶				<u> </u>
Go to www.irs.gov/Form1040 for instructions and the latest information.									