2018 Form 1040 U.S. Individual Income Tax Return

Primary: 400-00-6004 TEST CROW Occupation: HARVESTER Born: 12/07/1953

Spouse: 400-00-6005 ASTHE CROWFLIES Occupation: STUDENT Born: 11/06/1993

4562 E 4TH ST APT 2

CLARINDA, IA 51632

Filing Status: Married filing jointly

Standard deduction: Check “You were born before January 2, 1954”

Check “Full-year health care coverage or exempt”

Presidential Election Campaign: You checked. Spouse unchecked.

Dependents: (1): Skair Crow (2): 400-00-6006 (3): Grandchild (4): Check “Child tax credit”

1: 22605

2: (b) 388

3: (b) 390

4: (b) 3000

5: (a): 15000 (b): 2338

6: Amount from Schedule 1, Line 22: 2792

Line 6: 31513

7: 31513

8: 25300

10: 6213

11: (a) Tax 623

Line 11: 623

12: (a) 593, (b) Check Schedule 3 box

Line 12: 623

13: 0

15: 0

16: 1625

17: (a) 2315 (b) 1400

Line 17: 3715

18: 5340

19: 5340

20(a): 5340

2018 Form 1040 Schedule 1: TEST CROW and ASTHE CROWFLIES 400-00-6004

19: 2792

22: 2792

2018 Form 1040 Schedule 3: TEST CROW and ASTHE CROWFLIES 400-00-6004

49: 30

55: 30

2018 Form 2441: TEST CROW and ASTHE CROWFLIES 400-00-6004

Part I

Line 1(a): THE ZOO (b): 223 W WASHINGTON ST, CLARINDA, IA 51632 (c): 555551122 (d): 115

Part II

2(a): SKAIR CROW (b): 400-00-6006 (c): 115

3: 115

4: 22605

5: 3000

6: 115

7: 31513

8: 0.26

9: 30

10: 623

11: 30

2018 Schedule EIC: TEST CROW and ASTHE CROWFLIES 400-00-6004

Child 1

1: SKAIR CROW

2: 400-00-6006

3: 2013

5: GRANDCHILD

6: 12

2018 Schedule 8812: TEST CROW and ASTHE CROWFLIES 400-00-6004

Part I

1: 2000

2: 593

3: 1407

4: Enter 1, 1400

5: 1400

6a: 22605

7: Check Yes, 20105

8: 3016

Part III

15: 1400

2018 W-2 Wage and Tax Statement:

(a): 400-00-6004

(b): 42-6004457

(c): STATE OF IOWA-CENTRALIZED PAYROLL

HOOVER STATE OFFICE BUILDING

DES MOINES, IA 50319

(d): 400-00-6004

(e): TEST CROW

(f): 4562 E 4TH ST, APT 2

CLARINDA, IA 51632

(1): 22605 (2): 1586 (3): 22605 (4): 1402 (5): 22605 (6): 328

(15): IA 426004457001 (16): 22605 (17): 491

2018 1099-G Certain Government Payments (Unemployment Insurance Benefits):

Payer: IOWA WORKFORCE DEVELOPMENT

1000 E GRAND AVE

DES MOINES, IA 50319

Payer Fed ID: 42-6004546

Recipient ID: 400-00-6005

Recipient Name: ASTHE CROWFLIES

Recipient Address: 4562 E 4TH ST, APT 2

CLARINDA, IA 51632

1: 2792

4: 39

10a: IA

10b: 426004546001

2018 Form SSA-1099 Social Security Benefit Statement:

1: TEST CROW

2: 400-00-6004

3: 15000

5: 15000

7: 4562 E 4TH ST, APT 2

CLARINDA, IA 51632