

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

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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. | | | | | | | | | |