

# IRS e-file Signature Authorization

OMB No. 1545-0074

**2019**

- ERO must obtain and retain completed Form 8879.  
► Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ►

Taxpayer's name Nancy J Dumont	Social security number 030-64-0942
Spouse's name	Spouse's social security number

## Part I Tax Return Information — Tax Year Ending December 31, 2019 (Whole dollars only)

1	Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	32,515.
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	4,873.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	28.
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	
5	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	2,788.

## Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

### Taxpayer's PIN: check one box only

☒ I authorize Sheltra Tax & Accounting, LLC to enter or generate my PIN 

4	0	9	4	2
---	---	---	---	---

 as my signature on my tax year 2019 electronically filed income tax return.  
ERO firm name

Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

### Spouse's PIN: check one box only

☐ I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on my tax year 2019 electronically filed income tax return.  
ERO firm name

Enter five digits, but don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

## Practitioner PIN Method Returns Only—continue below

## Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

0	3	0	4	0	6	0	3	0	4	0
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

IF you live in . . .	THEN use this address to send in your payment . . .
Alabama, Florida, Louisiana, Mississippi, North Carolina, South Carolina, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Alaska, California, Hawaii, Washington	Internal Revenue Service P.O. Box 7704 San Francisco, CA 94120-7704
Arizona, Colorado, Idaho, Illinois, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, South Dakota, Utah, Wisconsin, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
Arkansas, Connecticut, District of Columbia, Georgia, Indiana, Iowa, Kentucky, Maryland, Missouri, New Jersey, Oklahoma, Rhode Island, Tennessee, Virginia, West Virginia	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Delaware, Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-7008
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V** 2019

Form **1040-V**  
Department of the Treasury  
Internal Revenue Service (99)

**2019**

**Payment Voucher**

► Do not staple or attach this voucher to your payment or return.

3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"	Dollars	Cents
	2,788.	

REV 05/10/20 PRO

1555

NANCY J DUMONT

1241 TABER HILL ROAD  
STOWE VT 05672

INTERNAL REVENUE SERVICE  
P.O. BOX 37008  
HARTFORD, CT 06176-7008

030640942 UB DUM0 30 0 201912 610



## 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 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 Nancy J		Last name Dumont	Your social security number 030-64-0942
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. 1241 Taber Hill Road			Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Stowe VT 05672			<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here <input type="checkbox"/>			

## 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 for (see instructions):	
				Child tax credit	Credit for other dependents
Leila	Flanagan, J	009-92-3653	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Standard Deduction for—**

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under Standard Deduction, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	1	3,467.
2a	Tax-exempt interest . . . . .	2a	
3a	Qualified dividends . . . . .	3a	
4a	IRA distributions . . . . .	4a	
c	Pensions and annuities . . . . .	4c	
5a	Social security benefits . . . . .	5a	
b	Taxable interest. Attach Sch. B if required	2b	
b	Ordinary dividends. Attach Sch. B if required	3b	
b	Taxable amount . . . . .	4b	
d	Taxable amount . . . . .	4d	
b	Taxable amount . . . . .	5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	6	-3,000.
7a	Other income from Schedule 1, line 9 . . . . .	7a	34,485.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . . ▶	7b	34,952.
8a	Adjustments to income from Schedule 1, line 22 . . . . .	8a	2,437.
b	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . . ▶	8b	32,515.
9	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	9	18,350.
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	10	2,833.
11a	Add lines 9 and 10 . . . . .	11a	21,183.
b	<b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .	11b	11,332.

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

Form 1040 (2019)

<b>12a</b>	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>12a</b>	1,133.																				
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total	<b>12b</b>	1,133.																				
<b>13a</b>	Child tax credit or credit for other dependents	<b>13a</b>	833.																				
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total	<b>13b</b>	1,133.																				
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>	0.																				
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>15</b>	4,873.																				
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b>	<b>16</b>	4,873.																				
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	28.																				
<b>18</b>	Other payments and refundable credits:																						
<b>a</b>	Earned income credit (EIC)	<b>18a</b>	890.																				
<b>b</b>	Additional child tax credit. Attach Schedule 8812	<b>18b</b>	1,167.																				
<b>c</b>	American opportunity credit from Form 8863, line 8	<b>18c</b>																					
<b>d</b>	Schedule 3, line 14	<b>18d</b>																					
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>	<b>18e</b>	2,057.																				
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b>	<b>19</b>	2,085.																				
<b>Refund</b>																							
<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>	<b>20</b>																					
<b>21a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>21a</b>																					
<b>b</b>	Routing number <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
<b>d</b>	Account number <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b>	<b>22</b>																					
<b>Amount You Owe</b>																							
<b>23</b>	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions	<b>23</b>	2,788.																				
<b>24</b>	Estimated tax penalty (see instructions)	<b>24</b>																					
<b>Third Party Designee</b>																							
Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. <input type="checkbox"/> <b>Yes.</b> Complete below. <input checked="" type="checkbox"/> <b>No</b>																							
(Other than paid preparer)	Designee's name	Phone no.	Personal identification number (PIN)																				
<b>Sign Here</b>																							
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.																							
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation																				
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation																				
	Phone no.	Email address																					
	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						
If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <table border="1" style="display: inline-table; text-align: center; width: 100px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																							
<b>Paid Preparer Use Only</b>																							
Preparer's name	Preparer's signature	Date	PTIN																				
Diana J. Sheltra, EA			P00384947																				
Firm's name	Firm's address	Phone no.	Firm's EIN																				
Sheltra Tax & Accounting, LLC	76 Pearl Street, Suite 207 Essex Junction VT 05452	(802) 878-0990	56-2287007																				



**SCHEDULE 1**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

► **Attach to Form 1040 or 1040-SR.**  
► **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

Nancy J Dumont

Your social security number

030-64-0942

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . .

☐ Yes ☒ No

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	0.
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ►		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	34,485.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ►	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .	<b>9</b>	34,485.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	2,437.
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . .		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ►		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a . . . . .	<b>22</b>	2,437.

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

REV 05/10/20 PRO

Schedule 1 (Form 1040 or 1040-SR) 2019

**SCHEDULE 2**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

► **Attach to Form 1040 or 1040-SR.**  
► **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR

Nancy J Dumont

Your social security number

030-64-0942

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b . . . . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	4,873.
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 . . . . .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>7a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</b>	
<b>8</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____	<b>8</b>	
<b>9</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>9</b>	
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 15 . . . . .	<b>10</b>	4,873.

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

REV 05/10/20 PRO

Schedule 2 (Form 1040 or 1040-SR) 2019



**SCHEDULE 3**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

► **Attach to Form 1040 or 1040-SR.**  
► **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040 or 1040-SR

Nancy J Dumont

Your social security number

030-64-0942

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	300.
<b>6</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> . . . . .	<b>6</b>	
<b>7</b>	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b . . . . .	<b>7</b>	300.

**Part II Other Payments and Refundable Credits**

<b>8</b>	2019 estimated tax payments and amount applied from 2018 return . . . . .	<b>8</b>	
<b>9</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>9</b>	
<b>10</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>10</b>	
<b>11</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>11</b>	
<b>12</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>12</b>	
<b>13</b>	Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/> . . . . .	<b>13</b>	
<b>14</b>	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d . . . . .	<b>14</b>	

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

REV 05/10/20 PRO

Schedule 3 (Form 1040 or 1040-SR) 2019

**SCHEDULE C**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
**(Sole Proprietorship)**

► Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **09**

Name of proprietor Nancy J Dumont		Social security number (SSN) 030-64-0942
<b>A</b> Principal business or profession, including product or service (see instructions) Real Estate Sales	<b>B</b> Enter code from instructions ► 5 3 1 2 1 0	
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN) (see instr.)	
<b>E</b> Business address (including suite or room no.) ► 1241 Taber Hill Road City, town or post office, state, and ZIP code Stowe, VT 05672		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
<b>G</b> Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>H</b> If you started or acquired this business during 2019, check here <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J</b> If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. ► <input type="checkbox"/>	<b>1</b>	43,055.
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	43,055.
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	43,055.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6. ►	<b>7</b>	43,055.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising	<b>8</b>	200.	<b>18</b> Office expense (see instructions)	<b>18</b>	80.
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	9,422.	<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>	0.	<b>21</b> Repairs and maintenance	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses	<b>23</b>	
<b>16</b> Interest (see instructions):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	
<b>b</b> Other	<b>16b</b>		<b>b</b> Deductible meals (see instructions)	<b>24b</b>	
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities	<b>25</b>	
			<b>26</b> Wages (less employment credits)	<b>26</b>	
			<b>27a</b> Other expenses (from line 48)	<b>27a</b>	3,704.
			<b>b</b> Reserved for future use	<b>27b</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a. ►	<b>28</b>	13,406.			
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7.	<b>29</b>	29,649.			
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	<b>30</b>	2,589.			
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	27,060.			
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			<b>32a</b> <input checked="" type="checkbox"/> All investment is at risk.		
			<b>32b</b> <input type="checkbox"/> Some investment is not at risk.		



**Part III Cost of Goods Sold** (see instructions)

<b>33</b>	Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . . <b>35</b>
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . . <b>36</b>
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . . <b>37</b>
<b>38</b>	Materials and supplies . . . . . <b>38</b>
<b>39</b>	Other costs . . . . . <b>39</b>
<b>40</b>	Add lines 35 through 39 . . . . . <b>40</b>
<b>41</b>	Inventory at end of year . . . . . <b>41</b>
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . . <b>42</b>

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

<b>43</b>	When did you place your vehicle in service for business purposes? (month, day, year)    ▶ 01/01/2018
<b>44</b>	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:
<b>a</b>	Business    16,244 <b>b</b> Commuting (see instructions) <b>c</b> Other    13,565
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>47a</b>	Do you have evidence to support your deduction? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	If "Yes," is the evidence written? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

Internet	425.
MLS Dues	315.
Open House Showings	71.
Realtor Dues	705.
Telephone	1,270.
Postage & Delivery	96.
Client Gifts	441.
Client Event	381.
<b>48 Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b> 3,704.

**SCHEDULE C**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
**(Sole Proprietorship)**

► Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **09**

Name of proprietor Nancy J Dumont		Social security number (SSN) 030-64-0942
<b>A</b> Principal business or profession, including product or service (see instructions) Property Management	<b>B</b> Enter code from instructions ► 5 3 1 3 1 0	
<b>C</b> Business name. If no separate business name, leave blank. Snow Worries, LLC	<b>D</b> Employer ID number (EIN) (see instr.)	
<b>E</b> Business address (including suite or room no.) ► 1241 Taber Hill Road City, town or post office, state, and ZIP code Stowe, VT 05672		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
<b>G</b> Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>H</b> If you started or acquired this business during 2019, check here <input checked="" type="checkbox"/>		
<b>I</b> Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J</b> If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	<b>1</b>	4,850.
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	4,850.
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	4,850.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6	<b>7</b>	4,850.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><b>8</b> Advertising</td><td style="text-align: center;"><b>8</b></td><td></td></tr> <tr><td><b>9</b> Car and truck expenses (see instructions)</td><td style="text-align: center;"><b>9</b></td><td></td></tr> <tr><td><b>10</b> Commissions and fees</td><td style="text-align: center;"><b>10</b></td><td></td></tr> <tr><td><b>11</b> Contract labor (see instructions)</td><td style="text-align: center;"><b>11</b></td><td></td></tr> <tr><td><b>12</b> Depletion</td><td style="text-align: center;"><b>12</b></td><td></td></tr> <tr><td><b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)</td><td style="text-align: center;"><b>13</b></td><td></td></tr> <tr><td><b>14</b> Employee benefit programs (other than on line 19)</td><td style="text-align: center;"><b>14</b></td><td></td></tr> <tr><td><b>15</b> Insurance (other than health)</td><td style="text-align: center;"><b>15</b></td><td></td></tr> <tr><td><b>16</b> Interest (see instructions):</td><td></td><td></td></tr> <tr><td style="padding-left: 20px;"><b>a</b> Mortgage (paid to banks, etc.)</td><td style="text-align: center;"><b>16a</b></td><td></td></tr> <tr><td style="padding-left: 20px;"><b>b</b> Other</td><td style="text-align: center;"><b>16b</b></td><td></td></tr> <tr><td><b>17</b> Legal and professional services</td><td style="text-align: center;"><b>17</b></td><td></td></tr> </table>	<b>8</b> Advertising	<b>8</b>		<b>9</b> Car and truck expenses (see instructions)	<b>9</b>		<b>10</b> Commissions and fees	<b>10</b>		<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>12</b> Depletion	<b>12</b>		<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>		<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>15</b> Insurance (other than health)	<b>15</b>		<b>16</b> Interest (see instructions):			<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>b</b> Other	<b>16b</b>		<b>17</b> Legal and professional services	<b>17</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><b>18</b> Office expense (see instructions)</td><td style="text-align: center;"><b>18</b></td><td></td></tr> <tr><td><b>19</b> Pension and profit-sharing plans</td><td style="text-align: center;"><b>19</b></td><td></td></tr> <tr><td><b>20</b> Rent or lease (see instructions):</td><td></td><td></td></tr> <tr><td style="padding-left: 20px;"><b>a</b> Vehicles, machinery, and equipment</td><td style="text-align: center;"><b>20a</b></td><td></td></tr> <tr><td style="padding-left: 20px;"><b>b</b> Other business property</td><td style="text-align: center;"><b>20b</b></td><td></td></tr> <tr><td><b>21</b> Repairs and maintenance</td><td style="text-align: center;"><b>21</b></td><td></td></tr> <tr><td><b>22</b> Supplies (not included in Part III)</td><td style="text-align: center;"><b>22</b></td><td></td></tr> <tr><td><b>23</b> Taxes and licenses</td><td style="text-align: center;"><b>23</b></td><td></td></tr> <tr><td><b>24</b> Travel and meals:</td><td></td><td></td></tr> <tr><td style="padding-left: 20px;"><b>a</b> Travel</td><td style="text-align: center;"><b>24a</b></td><td></td></tr> <tr><td style="padding-left: 20px;"><b>b</b> Deductible meals (see instructions)</td><td style="text-align: center;"><b>24b</b></td><td></td></tr> <tr><td><b>25</b> Utilities</td><td style="text-align: center;"><b>25</b></td><td></td></tr> <tr><td><b>26</b> Wages (less employment credits)</td><td style="text-align: center;"><b>26</b></td><td></td></tr> <tr><td><b>27a</b> Other expenses (from line 48)</td><td style="text-align: center;"><b>27a</b></td><td></td></tr> <tr><td style="padding-left: 20px;"><b>b</b> Reserved for future use</td><td style="text-align: center;"><b>27b</b></td><td></td></tr> </table>	<b>18</b> Office expense (see instructions)	<b>18</b>		<b>19</b> Pension and profit-sharing plans	<b>19</b>		<b>20</b> Rent or lease (see instructions):			<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>		<b>b</b> Other business property	<b>20b</b>		<b>21</b> Repairs and maintenance	<b>21</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>		<b>23</b> Taxes and licenses	<b>23</b>		<b>24</b> Travel and meals:			<b>a</b> Travel	<b>24a</b>		<b>b</b> Deductible meals (see instructions)	<b>24b</b>		<b>25</b> Utilities	<b>25</b>		<b>26</b> Wages (less employment credits)	<b>26</b>		<b>27a</b> Other expenses (from line 48)	<b>27a</b>		<b>b</b> Reserved for future use	<b>27b</b>	
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<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. <ul style="list-style-type: none"> <li>If a profit, enter on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b>) and on <b>Schedule SE, line 2</b>. (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b>.</li> <li>If a loss, you <b>must</b> go to line 32.</li> </ul>	<b>31</b>	4,850.																																																																																
<b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions). <ul style="list-style-type: none"> <li>If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b>) and on <b>Schedule SE, line 2</b>. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b>.</li> <li>If you checked 32b, you <b>must</b> attach <b>Form 6198</b>. Your loss may be limited.</li> </ul>																																																																																		

**32a** ☐ All investment is at risk.  
**32b** ☐ Some investment is not at risk.



**Part III Cost of Goods Sold** (see instructions)

<b>33</b>	Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)	
<b>34</b>	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>35</b>	Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . .	<b>35</b>
<b>36</b>	Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>
<b>37</b>	Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>
<b>38</b>	Materials and supplies . . . . .	<b>38</b>
<b>39</b>	Other costs . . . . .	<b>39</b>
<b>40</b>	Add lines 35 through 39 . . . . .	<b>40</b>
<b>41</b>	Inventory at end of year . . . . .	<b>41</b>
<b>42</b>	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

<b>43</b>	When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____
<b>44</b>	Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:
<b>a</b>	Business _____
<b>b</b>	Commuting (see instructions) _____
<b>c</b>	Other _____
<b>45</b>	Was your vehicle available for personal use during off-duty hours? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>46</b>	Do you (or your spouse) have another vehicle available for personal use?. . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>47a</b>	Do you have evidence to support your deduction? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	If "Yes," is the evidence written? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>48</b>	<b>Total other expenses.</b> Enter here and on line 27a . . . . . <b>48</b>

**SCHEDULE C**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**  
**(Sole Proprietorship)**

► Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **09**

Name of proprietor Nancy J Dumont		Social security number (SSN) 030-64-0942
<b>A</b> Principal business or profession, including product or service (see instructions) Canine Care	<b>B</b> Enter code from instructions ► 8 1 2 9 1 0	
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN) (see instr.)	
<b>E</b> Business address (including suite or room no.) ► 1241 Taber Hill Road City, town or post office, state, and ZIP code Stowe, VT 05672		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
<b>G</b> Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>H</b> If you started or acquired this business during 2019, check here <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>J</b> If "Yes," did you or will you file required Forms 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part I Income**

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	2,575.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	2,575.
4 Cost of goods sold (from line 42)	4	
5 <b>Gross profit.</b> Subtract line 4 from line 3	5	2,575.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 <b>Gross income.</b> Add lines 5 and 6	7	2,575.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18	Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10 Commissions and fees	10		20	Rent or lease (see instructions):	20	
11 Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12 Depletion	12		b	Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23	Taxes and licenses	23	
16 Interest (see instructions):			24	Travel and meals:	24	
a Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b Other	16b		b	Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25	Utilities	25	
			26	Wages (less employment credits)	26	
			27a	Other expenses (from line 48)	27a	
			b	Reserved for future use	27b	
28 <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a			28		28	
29 Tentative profit or (loss). Subtract line 28 from line 7			29		29	2,575.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			30		30	
31 <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.			31		31	2,575.
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.						

32a ☐ All investment is at risk.  
32b ☐ Some investment is not at risk.



<b>Part III</b>	<b>Cost of Goods Sold</b> (see instructions)
-----------------	--

- |    |  |
|----|--|
| 33 | Method(s) used to value closing inventory:      a <input type="checkbox"/> Cost      b <input type="checkbox"/> Lower of cost or market      c <input type="checkbox"/> Other (attach explanation)             |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventory?<br>If "Yes," attach explanation . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . . <b>35</b>  |
| 36 | Purchases less cost of items withdrawn for personal use . . . . . <b>36</b>  |
| 37 | Cost of labor. Do not include any amounts paid to yourself . . . . . <b>37</b>   |
| 38 | Materials and supplies . . . . . <b>38</b>   |
| 39 | Other costs . . . . . <b>39</b>  |
| 40 | Add lines 35 through 39 . . . . . <b>40</b>  |
| 41 | Inventory at end of year . . . . . <b>41</b>   |
| 42 | <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . . <b>42</b>  |

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43** When did you place your vehicle in service for business purposes? (month, day, year) ▶ \_\_\_\_\_

**44** Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:

**a** Business \_\_\_\_\_ **b** Commuting (see instructions) \_\_\_\_\_ **c** Other \_\_\_\_\_

**45** Was your vehicle available for personal use during off-duty hours? . . . . . ☐ **Yes** ☐ **No**

**46** Do you (or your spouse) have another vehicle available for personal use?. . . . . ☐ **Yes** ☐ **No**

**47a** Do you have evidence to support your deduction? . . . . . ☐ **Yes** ☐ **No**

**b** If "Yes," is the evidence written? . . . . . ☐ **Yes** ☐ **No**

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

[illegible]

**SCHEDULE D**  
(Form 1040 or 1040-SR)

**Capital Gains and Losses**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

- Attach to Form 1040, 1040-SR, or 1040-NR.  
► Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.  
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

**2019**  
Attachment  
Sequence No. **12**

Name(s) shown on return  
Nancy J Dumont

Your social security number  
030-64-0942

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . .				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>6</b> ( )
<b>7 Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back . . . . .				<b>7</b>

**Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year** (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked. . . . .				
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions . . . . .				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions . . . . .				<b>14</b> ( 5,490. )
<b>15 Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back . . . . .				<b>15</b> -5,490.

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

BAA

REV 05/10/20 PRO

Schedule D (Form 1040 or 1040-SR) 2019



**Part III Summary**

<b>16</b> Combine lines 7 and 15 and enter the result . . . . .	<b>16</b>	-5,490.
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22.</li> </ul>		
<b>17</b> Are lines 15 and 16 <b>both</b> gains? <input type="checkbox"/> <b>Yes.</b> Go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
<b>18</b> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ►	<b>18</b>	
<b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ►	<b>19</b>	
<b>20</b> Are lines 18 and 19 <b>both</b> zero or blank? <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42). <b>Don't</b> complete lines 21 and 22 below.  <input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Don't</b> complete lines 21 and 22 below.		
<b>21</b> If line 16 is a loss, enter here and on Form 1040 or 1040-SR, line 6; or Form 1040-NR, line 14, the <b>smaller</b> of:  <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> <li>• The loss on line 16; or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul> </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div style="border-bottom: 1px solid black; flex-grow: 1;"></div> </div>	<b>21</b>	( 3,000. )
<b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.		
<b>22</b> Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, line 10b?  <input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).  <input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.		



**SCHEDULE SE**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service (99)

**Self-Employment Tax**

► Go to [www.irs.gov/ScheduleSE](http://www.irs.gov/ScheduleSE) for instructions and the latest information.  
► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Nancy J Dumont

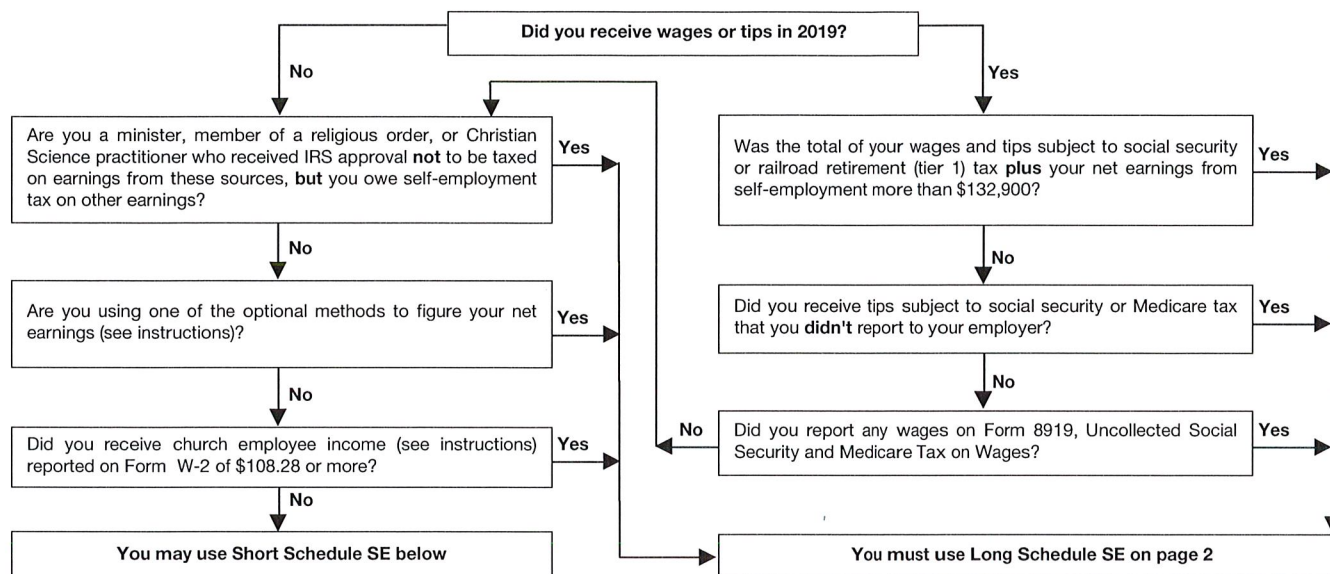
Social security number of person  
with self-employment income ►

030-64-0942

**Before you begin:** To determine if you must file Schedule SE, see the instructions.

**May I Use Short Schedule SE or Must I Use Long Schedule SE?**

**Note:** Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



**Section A—Short Schedule SE. Caution:** Read above to see if you can use Short Schedule SE.

<b>1a</b>	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . .	<b>1a</b>	
<b>b</b>	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH . . . . .	<b>1b</b>	( )
<b>2</b>	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report . . . . .	<b>2</b>	34,485.
<b>3</b>	Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	34,485.
<b>4</b>	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; <b>don't</b> file this schedule unless you have an amount on line 1b . . . . . ► <b>Note:</b> If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	<b>4</b>	31,847.
<b>5</b>	<b>Self-employment tax.</b> If the amount on line 4 is: • \$132,900 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on <b>Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.</b> • More than \$132,900, multiply line 4 by 2.9% (0.029). Then, add \$16,479.60 to the result. Enter the total here and on <b>Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55</b> .	<b>5</b>	4,873.
<b>6</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 5 by 50% (0.50). Enter the result here and on <b>Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27</b> . . . . .	<b>6</b>	2,437.

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

BAA

REV 05/10/20 PRO

Schedule SE (Form 1040 or 1040-SR) 2019

**SCHEDULE EIC**  
(Form 1040 or 1040-SR)

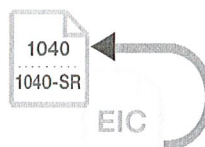
Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return  
Nancy J Dumont

**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](http://www.irs.gov/ScheduleEIC) for the latest information.**



OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **43**

Your social security number  
030-64-0942

**Before you begin:**

- See the instructions for Form 1040 or 1040-SR, line 18a, 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 1-800-772-1213.



- 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**

1 Child's name	First name	Last name	First name	Last name	First name	Last name
If you have more than three qualifying children, you have to list only three to get the maximum credit.	Leila	Flanagan J				
2 Child's SSN						
The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 18a, unless the child was born and died in 2019. If your child was born and died in 2019 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.	009-92-3653					
3 Child's year of birth	Year <u>2</u> <u>0</u> <u>0</u> <u>9</u>		Year _____		Year _____	
	<i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		<i>If born after 2000 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i>		<i>If born after 2000 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 2019, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.
b Was the child permanently and totally disabled during any part of 2019?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	Go to line 5.	The child is not a qualifying child.	Go to line 5.	The child is not a qualifying child.	Go to line 5.	The child is not a qualifying child.
5 Child's relationship to you						
(for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter					
6 Number of months child lived with you in the United States during 2019						
• If the child lived with you for more than half of 2019 but less than 7 months, enter "7." • If the child was born or died in 2019 and your home was the child's home for more than half the time he or she was alive during 2019, enter "12."	<u>12</u> months Do not enter more than 12 months.		<u>      </u> months Do not enter more than 12 months.		<u>      </u> months Do not enter more than 12 months.	

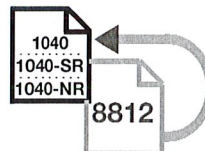


**SCHEDULE 8812**  
**(Form 1040 or 1040-SR)**

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](http://www.irs.gov/Schedule8812) for instructions and the latest information.**



OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **47**

Name(s) shown on return

Nancy J Dumont

Your social security number

030-64-0942

**Part I All Filers**

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

<b>1</b>	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: <b>1040 and 1040-SR filers:</b> 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 13a). <b>1040-NR filers:</b> Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040-NR, line 49).	<b>1</b>	2,000.
<b>2</b>	Enter the amount from Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49 . . . . .	<b>2</b>	833.
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop here</b> ; you cannot claim this credit . . . . .	<b>3</b>	1,167.
<b>4</b>	Number of qualifying children under 17 with the required social security number: <u>1</u> x \$1,400. Enter the result. If zero, <b>stop here</b> ; you cannot claim this credit . . . . . <b>TIP:</b> 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.	<b>4</b>	1,400.
<b>5</b>	Enter the <b>smaller</b> of line 3 or line 4 . . . . .	<b>5</b>	1,167.
<b>6a</b>	Earned income (see instructions) . . . . .	<b>6a</b>	35,515.
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>6b</b>	
<b>7</b>	Is the amount on line 6a more than \$2,500? <input type="checkbox"/> <b>No.</b> Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 6a. Enter the result . . . . .	<b>7</b>	33,015.
<b>8</b>	Multiply the amount on line 7 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> <b>No.</b> If line 8 is zero, <b>stop here</b> ; you cannot claim this credit. Otherwise, skip Part II and enter the <b>smaller</b> of line 5 or line 8 on line 15. <input type="checkbox"/> <b>Yes.</b> 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.	<b>8</b>	4,952.

**Part II Certain Filers Who Have Three or More Qualifying Children**

<b>9</b>	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 . . . . .	<b>9</b>	
<b>10</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR), line 14, and Schedule 2 (Form 1040 or 1040-SR), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040 or 1040-SR), line 8. <b>1040-NR filers:</b> Enter the total of the amounts from Form 1040-NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	<b>10</b>	
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>	
<b>12</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 18a, and Schedule 3 (Form 1040 or 1040-SR), line 11. <b>1040-NR filers:</b> Enter the amount from Form 1040-NR, line 67.	<b>12</b>	
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	<b>13</b>	
<b>14</b>	Enter the <b>larger</b> of line 8 or line 13 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 5 or line 14 on line 15.	<b>14</b>	

**Part III Additional Child Tax Credit**

<b>15</b>	This is your additional child tax credit . . . . .	<b>15</b>	1,167.
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Enter this amount on  
Form 1040, line 18b;  
Form 1040-SR, line 18b; or  
Form 1040-NR, line 64.



**Qualified Business Income Deduction  
Simplified Computation**

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.**2019**Attachment  
Sequence No. **55**

Name(s) shown on return

Nancy J Dumont

Your taxpayer identification number

030-64-0942

<b>1</b>	<b>(a)</b> Trade, business, or aggregation name	<b>(b)</b> Taxpayer identification number	<b>(c)</b> Qualified business income or (loss)
<b>i</b>	Real Estate Sales	030640942	25,148.
<b>ii</b>	Property Management	030640942	4,507.
<b>iii</b>	Canine Care	030640942	2,393.
<b>iv</b>			
<b>v</b>			
<b>2</b>	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)		<b>2</b> 32,048.
<b>3</b>	Qualified business net (loss) carryforward from the prior year		<b>3</b> ( 7,158. )
<b>4</b>	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-		<b>4</b> 24,890.
<b>5</b>	Qualified business income component. Multiply line 4 by 20% (0.20)		<b>5</b> 4,978.
<b>6</b>	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)		<b>6</b>
<b>7</b>	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year		<b>7</b> ( 0. )
<b>8</b>	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-		<b>8</b> 0.
<b>9</b>	REIT and PTP component. Multiply line 8 by 20% (0.20)		<b>9</b> 0.
<b>10</b>	Qualified business income deduction before the income limitation. Add lines 5 and 9		<b>10</b> 4,978.
<b>11</b>	Taxable income before qualified business income deduction		<b>11</b> 14,165.
<b>12</b>	Net capital gain (see instructions)		<b>12</b> 0.
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0-		<b>13</b> 14,165.
<b>14</b>	Income limitation. Multiply line 13 by 20% (0.20)		<b>14</b> 2,833.
<b>15</b>	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶		<b>15</b> 2,833.
<b>16</b>	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		<b>16</b> ( 0. )
<b>17</b>	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		<b>17</b> ( 0. )

**Paid Preparer's Due Diligence Checklist***Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status***► To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
► Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

Taxpayer name(s) shown on return

Nancy J Dumont

Taxpayer identification number

030-64-0942

Enter preparer's name and PTIN

Diana J. Sheltra, EA

P00384947

**Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).

☒ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☒ HOH

	Yes	No	N/A
<b>1</b> Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>2</b> If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>4</b> Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>a</b> Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5</b> Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s) . . . . . List those documents, if any, that you relied on. _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>6</b> Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>7</b> Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a</b> Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8</b> If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
<b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification****► You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; **and**
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  - A copy of this Form 8867.
  - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
  - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).

**► If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

	Yes	No
<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>



# Residential Energy Credits

► Go to [www.irs.gov/Form5695](http://www.irs.gov/Form5695) for instructions and the latest information.  
► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **158**

Name(s) shown on return  
Nancy J Dumont

Your social security number  
030-64-0942

## Part I Residential Energy Efficient Property Credit (See instructions before completing this part.)

**Note:** Skip lines 1 through 11 if you only have a **credit carryforward from 2018**.

1	Qualified solar electric property costs . . . . .	1	
2	Qualified solar water heating property costs . . . . .	2	
3	Qualified small wind energy property costs . . . . .	3	
4	Qualified geothermal heat pump property costs . . . . .	4	
5	Add lines 1 through 4 . . . . .	5	
6	Multiply line 5 by 30% (0.30) . . . . .	6	
7a	Qualified fuel cell property. Was qualified fuel cell property installed on, or in connection with, your main home located in the United States? (See instructions.) ►	7a	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Caution:</b> If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.</p>			
b	Print the complete address of the main home where you installed the fuel cell property.		
	Number and street	Unit No.	
	City, State, and ZIP code		
8	Qualified fuel cell property costs . . . . .	8	
9	Multiply line 8 by 30% (0.30) . . . . .	9	
10	Kilowatt capacity of property on line 8 above . . . . . x \$1,000	10	
11	Enter the smaller of line 9 or line 10 . . . . .	11	
12	Credit carryforward from 2018. Enter the amount, if any, from your 2018 Form 5695, line 16 . . . . .	12	
13	Add lines 6, 11, and 12 . . . . .	13	
14	Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions) . . . . .	14	
15	<b>Residential energy efficient property credit.</b> Enter the smaller of line 13 or line 14. Also include this amount on Schedule 3 (Form 1040 or 1040-SR), line 5; or Form 1040-NR, line 50 . . . . .	15	
16	Credit carryforward to 2020. If line 15 is less than line 13, subtract line 15 from line 13 . . . . .	16	

**Part II Nonbusiness Energy Property Credit**

<b>17a</b> Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) . . . . . ►	<b>17a</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Caution:</b> If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.	
<b>b</b> Print the complete address of the main home where you made the qualifying improvements. <b>Caution:</b> You can only have one main home at a time.	
1241 Tabor Hill Road	
Number and street	Unit No.
Stowe VT 05672	
City, State, and ZIP code	
<b>c</b> Were any of these improvements related to the construction of this main home? . . . . . ►	<b>17c</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Caution:</b> If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.	
<b>18</b> Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions) . . .	<b>18</b>
<b>19</b> Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).	
<b>a</b> Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC . . . . .	<b>19a</b>
<b>b</b> Exterior doors that meet or exceed the version 6.0 Energy Star program requirements . . . . .	<b>19b</b>
<b>c</b> Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home . . . . .	<b>19c</b>
<b>d</b> Exterior windows and skylights that meet or exceed the version 6.0 Energy Star program requirements . . . . .	<b>19d</b>
<b>e</b> Maximum amount of cost on which the credit can be figured . . . . .	<b>19e</b> \$2,000
<b>f</b> If you claimed window expenses on your Form 5695 prior to 2019, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0- . . . . .	<b>19f</b> 0.
<b>g</b> Subtract line 19f from line 19e. If zero or less, enter -0- . . . . .	<b>19g</b> 2,000.
<b>h</b> Enter the smaller of line 19d or line 19g . . . . .	<b>19h</b> 0.
<b>20</b> Add lines 19a, 19b, 19c, and 19h . . . . .	<b>20</b> 0.
<b>21</b> Multiply line 20 by 10% (0.10) . . . . .	<b>21</b> 0.
<b>22</b> Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).	
<b>a</b> Energy-efficient building property. Do not enter more than \$300 . . . . .	<b>22a</b> 300.
<b>b</b> Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150 . . .	<b>22b</b> 0.
<b>c</b> Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50 . . . . .	<b>22c</b> 0.
<b>23</b> Add lines 22a through 22c . . . . .	<b>23</b> 300.
<b>24</b> Add lines 21 and 23 . . . . .	<b>24</b> 300.
<b>25</b> Maximum credit amount. (If you jointly occupied the home, see instructions) . . . . .	<b>25</b> 500.
<b>26</b> Enter the amount, if any, from line 18 . . . . .	<b>26</b>
<b>27</b> Subtract line 26 from line 25. If zero or less, <b>stop</b> ; you cannot take the nonbusiness energy property credit . . . . .	<b>27</b> 500.
<b>28</b> Enter the smaller of line 24 or line 27 . . . . .	<b>28</b> 300.
<b>29</b> Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions) . . . . .	<b>29</b> 1,133.
<b>30</b> <b>Nonbusiness energy property credit.</b> Enter the smaller of line 28 or line 29. Also include this amount on Schedule 3 (Form 1040 or 1040-SR), line 5; or Form 1040-NR, line 50 . . . . .	<b>30</b> 300.



**Expenses for Business Use of Your Home**  
► File only with Schedule C (Form 1040 or 1040-SR). Use a separate Form 8829 for each home you used for business during the year.  
► Go to [www.irs.gov/Form8829](http://www.irs.gov/Form8829) for instructions and the latest information.

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **176**

Name(s) of proprietor(s) **Nancy J Dumont** Your social security number **030-64-0942**

**Part I Part of Your Home Used for Business**

**Real Estate Sales**

<b>1</b>	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	<b>1</b>	144
<b>2</b>	Total area of home	<b>2</b>	1,100
<b>3</b>	Divide line 1 by line 2. Enter the result as a percentage	<b>3</b>	13.09 %
<b>For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.</b>			
<b>4</b>	Multiply days used for daycare during year by hours used per day	<b>4</b>	hr.
<b>5</b>	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	<b>5</b>	8,760 hr.
<b>6</b>	Divide line 4 by line 5. Enter the result as a decimal amount	<b>6</b>	
<b>7</b>	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	<b>7</b>	13.09 %

**Part II Figure Your Allowable Deduction**

<b>8</b>	Enter the amount from Schedule C, line 29, <b>plus</b> any gain derived from the business use of your home, <b>minus</b> any loss from the trade or business not derived from the business use of your home (see instructions)	<b>8</b>	29,649.
<b>See instructions for columns (a) and (b) before completing lines 9-22.</b>			
		(a) Direct expenses	(b) Indirect expenses
<b>9</b>	Casualty losses (see instructions)	<b>9</b>	
<b>10</b>	Deductible mortgage interest (see instructions)	<b>10</b>	10,328.
<b>11</b>	Real estate taxes (see instructions)	<b>11</b>	3,751.
<b>12</b>	Add lines 9, 10, and 11	<b>12</b>	14,079.
<b>13</b>	Multiply line 12, column (b), by line 7	<b>13</b>	1,843.
<b>14</b>	Add line 12, column (a), and line 13	<b>14</b>	1,843.
<b>15</b>	Subtract line 14 from line 8. If zero or less, enter -0-	<b>15</b>	27,806.
<b>16</b>	Excess mortgage interest (see instructions)	<b>16</b>	
<b>17</b>	Excess real estate taxes (see instructions)	<b>17</b>	
<b>18</b>	Insurance	<b>18</b>	827.
<b>19</b>	Rent	<b>19</b>	
<b>20</b>	Repairs and maintenance	<b>20</b>	
<b>21</b>	Utilities	<b>21</b>	
<b>22</b>	Other expenses (see instructions)	<b>22</b>	
<b>23</b>	Add lines 16 through 22	<b>23</b>	827.
<b>24</b>	Multiply line 23, column (b), by line 7	<b>24</b>	108.
<b>25</b>	Carryover of prior year operating expenses (see instructions)	<b>25</b>	
<b>26</b>	Add line 23, column (a), line 24, and line 25	<b>26</b>	108.
<b>27</b>	Allowable operating expenses. Enter the <b>smaller</b> of line 15 or line 26	<b>27</b>	108.
<b>28</b>	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	<b>28</b>	27,698.
<b>29</b>	Excess casualty losses (see instructions)	<b>29</b>	
<b>30</b>	Depreciation of your home from line 42 below	<b>30</b>	638.
<b>31</b>	Carryover of prior year excess casualty losses and depreciation (see instructions)	<b>31</b>	
<b>32</b>	Add lines 29 through 31	<b>32</b>	638.
<b>33</b>	Allowable excess casualty losses and depreciation. Enter the <b>smaller</b> of line 28 or line 32	<b>33</b>	638.
<b>34</b>	Add lines 14, 27, and 33	<b>34</b>	2,589.
<b>35</b>	Casualty loss portion, if any, from lines 14 and 33. Carry amount to <b>Form 4684</b> (see instructions)	<b>35</b>	
<b>36</b>	<b>Allowable expenses for business use of your home.</b> Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	<b>36</b>	2,589.

**Part III Depreciation of Your Home**

<b>37</b>	Enter the <b>smaller</b> of your home's adjusted basis or its fair market value (see instructions)	<b>37</b>	190,100.
<b>38</b>	Value of land included on line 37	<b>38</b>	
<b>39</b>	Basis of building. Subtract line 38 from line 37	<b>39</b>	190,100.
<b>40</b>	Business basis of building. Multiply line 39 by line 7	<b>40</b>	24,884.
<b>41</b>	Depreciation percentage (see instructions)	<b>41</b>	2.5641 %
<b>42</b>	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	<b>42</b>	638.

**Part IV Carryover of Unallowed Expenses to 2020**

<b>43</b>	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	<b>43</b>	0.
<b>44</b>	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	<b>44</b>	0.



**VERMONT**  
Individual Income Tax Declaration for Electronic Filing  
(SEE INSTRUCTIONS IN THE VT FED/STATE E-FILE HANDBOOK)

For office use only
Date received

<b>Part I</b>  Remember to write in your Social Security Number	Last Name DUMONT	First Name and Initial NANCY J	Enter Social Security Number (SSN) 030 - 64 - 0942
	Spouse's Last Name (if different and joint return)	First Name and Initial	Enter Spouse's SSN, if joint return - -
	Current Mailing Address 1241 TABER HILL ROAD		E-mail Address
	City or Town STOWE	State VT	Zip Code 05672
Telephone Number			

**Part II Tax Return Information (whole dollars only)**

- |  |          |
|--|----------|
| 1. Federal Taxable Income .....                                  | 1. 32515 |
| 2. Vermont Taxable Income .....                                  | 2. 14815 |
| 3. Adjusted VT Income Tax .....                                  | 3. 490   |
| 4. Vermont Income Tax Withheld .....                             | 4. 14    |
| 5. Vermont Earned Income Tax Credit .....                        | 5. 320   |
| 6. Refund credited to next years estimated tax .....             | 6. 0     |
| 7. Refund credited to property tax bill .....                    | 7. 0     |
| 8. <input type="checkbox"/> Refund Amount (check applicable box) |          |
| <input checked="" type="checkbox"/> Amount Due .....             | 8. 156   |

**→ DO NOT MAIL THIS FORM -- KEEP THIS FORM AND REQUIRED ATTACHMENTS ON FILE FOR 3 YEARS ←**

**Part III Form HS-122 For Vermont Residents Only (check box)**

☒ Check here if Property Tax Adjustment Claim filed

**Part IV** ☐ Direct Deposit of Refund ☐ ACH Debit Payment Amount \$ 0 Payment Date \_\_\_\_\_

Routing transit number (RTN) \_\_\_\_\_ The first two numbers of the RTN must be 01 through 12 or 21 through 32.

Depositor account number (DAN) \_\_\_\_\_ Type of account: ☐ Savings ☐ Checking

**Part V Declaration of Taxpayer** *By signing below, you agree that:*

- Under penalties of perjury, I declare the information I provided to my Electronic Return Originator (ERO) and the amounts shown in Part II agree with the amounts shown on the corresponding lines of my Vermont Personal Income tax return noted above, and is, to the best of my knowledge and belief, true, accurate and complete.
- If making an ACH Debit Payment, I authorize the Department to withdraw funds from my account in the amount and on the date specified.
- I consent to have the ERO forward my return, including this declaration and accompanying schedules and statements, to the Vermont Department of Taxes upon the Department's request.
- If the Vermont Department of Taxes does not receive full and timely payment of the amount due, I am liable for the tax and any applicable charges.

Please Sign  
Here

Your Signature _____	Date _____	Spouse's Signature (if joint return, BOTH must sign) _____	Date _____
----------------------	------------	--	------------

**Part VI Declaration of Electronic Return Originator (ERO) Only**

As an ERO, I am not responsible for review of the taxpayer's return but declare this form accurately reflects the data on the return. The taxpayer(s) signed this form before I submitted the return. I will give the taxpayer a copy of all forms and information to be filed with Vermont.

<b>Electronic Return Originator's Use Only</b>	ERO's signature	Date	Check if: paid preparer <input checked="" type="checkbox"/> self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address	EIN 562287007	
	76 PEARL STREET, SUITE 207 ESSEX JUN	Phone Number 8028780990	
	E-mail address: DIANA@SHELTRATAX.COM		

**Part VII Declaration of Paid Preparer**

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statement. To the best of my knowledge and belief, they are true, correct and complete. This declaration is based on all information of which I have knowledge.

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) and address	EIN 562287007	
	76 PEARL STREET, SUITE 207 ESSEX JUN	Phone Number 8028780990	
	E-mail address: DIANA@SHELTRATAX.COM		



PO BOX 1779  
MONTPELIER, VT 05601

Vermont Department of Taxes

**2019 Form IN-116**

**Vermont Income Tax Payment Voucher**

DEPT  
USE  
ONLY ☐



\* 1 9 1 1 6 1 1 7 3 \*

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name DUMONT		First Name NANCY		MI J	Taxpayer's Social Security Number 030640942
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number
Mailing Address (Number and Street/Road or PO Box) 1241 TABER HILL ROAD					Tax Year 2019
City STOWE		State VT	ZIP Code or Postal Code 05672		Amount of this payment ..... 156.00
Foreign Country (if not United States)					

RTN000306409422019000000000156000000DUMONTWWS

Mail to: Vermont Department of Taxes  
PO Box 1779  
Montpelier, VT 05601-1779

If you electronically filed, DO NOT  
include a copy of the filed return  
with this payment. REV 02/08/20 PRO

Form IN-116  
Rev.10/19

1555

## 2019 Form IN-111

## Vermont Income Tax Return

DEPT  
USE  
ONLY  
☐

\* 1 9 1 1 1 1 1 7 3 \*

FILE YOUR RETURN  
ELECTRONICALLY FOR A  
FASTER REFUND. GO TO  
TAX.VERMONT.GOV FOR  
MORE INFORMATION.

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name DUMONT		First Name NANCY		MI J	Social Security Number 030640942	<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number	<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) 1241 TABER HILL ROAD						
City STOWE		State VT	ZIP Code or Foreign Postal Code 05672		Foreign Country	
Vermont School District Code 183	911/Physical Street Address on 12/31/2019 1241 TABER HILL ROAD				<input type="checkbox"/> Check if AMENDED Return	<input type="checkbox"/> Check if RECOMPUTED Return
Filing Status and Standard Deduction	<input type="checkbox"/> Single (\$6,150)	<input type="checkbox"/> Married/CU Filing Jointly (\$12,300)	<input type="checkbox"/> Married/CU Filing Separately (\$6,150)	<input checked="" type="checkbox"/> Head of Household (\$9,200)	<input type="checkbox"/> Qualifying Widow(er) (\$12,300)	

1. Federal Adjusted Gross Income (Federal Form 1040, Line 8b) ..... ☐ ← Check to indicate loss 1. 32515.00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 15) ..... ☐ ← Check to indicate loss 2. 0.00

3. Federal AGI with Modifications (Add Lines 1 and 2) ..... ☐ ← Check to indicate loss 3. 32515.00

4. 2019 Vermont Standard Deduction from filing status section above. .... 4. 9200.00  
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions:

5a. Enter "1" for yourself if no one can claim you as a dependent ..... 5a. 1

5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) ..... 5b. 0

5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. .... 5c. 1

5d. Add Lines 5a through 5c. .... 5d. 2

5e. Multiply Line 5d by \$4,250 (2019 Personal Exemption) ..... 5e. 8500.00

6. Add Lines 4 and 5e ..... 6. 17700.00

7. Vermont Taxable Income (Subtract Line 6 from Line 3. If less than zero, enter -0-) ..... 7. 14815.00

8. Vermont Income Tax from tax table or tax rate schedule ..... 8. 497.00  
(If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16) ..... ☐ ← Check to indicate loss 9. 0.00

10. Vermont Income Tax with Adjustment (Add Lines 8 and 9. If less than zero, enter -0-) ..... 10. 497.00

11. Tax-Deductible Charitable Contribution (See instructions) <u>141.00</u>	12. Multiply Line 11 by 5% (0.05) <u>7.00</u>	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) ..... 13. <u>7.00</u>
--	---	--

14. Vermont Income Tax (Line 10 minus Line 13. If less than zero, enter -0-) ..... 14. 490.00

15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%) ..... 15. 100.0000 %

16. Adjusted Vermont Income Tax (Multiply Line 14 by Line 15) ..... 16. 490.00

Amount Due (from Line 31)	<u>156.00</u>
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Taxpayer's Last Name  
DUMONT

Social Security Number  
030640942



\* 1 9 1 1 1 2 7 3 \*

Other State Credit (Schedule IN-117, Line 21)		Vermont Tax Credits (Schedule IN-119, Part II)		Total Vermont Credits (Add Lines 17 and 18)	
17.	0 .00	+	18. 0 .00	=	19. 0 .00
20.	Vermont Income Tax after credits (Subtract Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-). . . . . 20. 490 .00				
21.	Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . <input checked="" type="checkbox"/> Check to certify no Use Tax is due. OR 21. 0 .00				
22.	Total Vermont Taxes (Add Lines 20 and 21) . . . . . 22. 490 .00				
Nongame Wildlife Fund		Children's Trust Fund		Vermont Veterans Fund	
23a. 0 .00		23b. 0 .00		23c. 0 .00	
+		+		23d. 0 .00	
				= 23e. 0 .00	
				23f. 0 .00	
24.	Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e) . . . . . 24. 490 .00				
25a.	2019 Vermont Tax Withheld from W-2, 1099 . . . . . 25a. 14 .00				
25b.	2019 Estimated Tax payments, amount carried forward from 2018, and payment made with 2019 extension . . . . . 25b. 0 .00				
25c.	Refundable Credits (Schedule IN-112, Part II). . . . . 25c. 320 .00				
25d.	2019 Vermont Real Estate Withholding from Form RW-171 . . . . . 25d. 0 .00				
25e.	2019 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 . . . . . 25e. 0 .00				
25f.	Total Payments and Credits (Add Lines 25a through 25e). . . . . 25f. 334 .00				
26.	Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f. . . . . 26. 0 .00				
27a.	Refund to be credited to 2020 Estimated Tax Payment . . . . . 27a. 0 .00				
27b.	Refund to be credited to 2020 Property Tax Bill . . . . . 27b. 0 .00				
28.	REFUND AMOUNT (Subtract Lines 27a and 27b from Line 26). . . . . 28. 0 .00				
29.	If Line 24 is more than Line 25f, Subtract Line 25f from Line 24. See instructions on tax due . . . . . 29. 156 .00				
30.	Interest and Penalty on Underpayment of Estimated Tax. . 30. 0 .00		31. AMOUNT DUE (Add Lines 29 and 30) . 31. 156 .00		

For Amended Returns Only:	Original refund received 0 .00	Refund due now 0 .00	Original payment 0 .00	Amount due now 0 .00
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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. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
		03 / 05 / 1973	
Signature (If a joint return, BOTH must sign.)	Date	Date of Birth (MM/DD/YYYY)	Daytime Telephone Number
		/ /	
Paid Preparer's Signature		Date	Preparer's Telephone Number
			802-878-0990
Firm's Name (or yours if self-employed) and address SHELTRA TAX & ACCOUNTING, LLC 76 PEA		Preparer's SSN or PTIN P00384947	EIN 562287007

☒ Check if the Department of Taxes may discuss this return with the preparer shown.  
1555

REV 02/08/20 PRO

Page 2 of 2

Keep a copy for  
your records.

Form IN-111  
Rev. 10/19

**2019 Schedule IN-112****Vermont Tax Adjustments and Credits**Please PRINT in  
BLUE or BLACK INK

\* 1 9 1 1 2 1 1 7 3 \*

INCLUDE WITH FORM IN-111

Taxpayer's Last Name DUMONT	First Name NANCY	MI J	Taxpayer's Social Security Number 030640942
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**PART I****ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME**

1. Total interest and dividend income from all state and local obligations exempt from federal tax (Reported on federal Form 1040) . . . 1. 0 .00
2. Interest and dividend income from Vermont state and local obligations included in Line 1 . . . 2. 0 .00
3. Income from Non-Vermont State and Local Obligations (Subtract Line 2 from Line 1) . . . 3. 0 .00
4. Bonus Depreciation Allowed under Federal Law for 2019 . . . 4. 0 .00
5. Total Additions (Add Line 3 and Line 4) . . . 5. 0 .00

**SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME**

6. Interest Income from U.S. Obligations . . . 6. 0 .00
  7. Capital Gains Exclusion (Schedule IN-153, Line 21) . . . 7. 0 .00
  8. Adjustment for Prior Years' Bonus Depreciation . . . 8. 0 .00
  9. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) . . . 9. 0 .00
  10. Medical Expense Deduction (see the worksheet in the instructions) . . . 10. 0 .00
  11. Social Security Benefits Exempt from Taxation (see the worksheet in the instructions) . . . 11. 0 .00
  12. Railroad Retirement income . . . 12. 0 .00
  13. Bond/note interest income from (see below) . . . 13. 0 .00
- ☐ VSAC     
 ☐ Build America     
 ☐ Vermont Telecom Authority     
 ☐ Vermont Public Power Supply Authority
14. Total Subtractions (Add Lines 6 through 13) . . . 14. 0 .00

**NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME**

15. Subtract Line 14 from Line 5. Enter on Form IN-111, Line 2. . . 15. 0 .00  
This can be a negative number.





Taxpayer's Last Name  
DUMONT

Social Security Number  
030640942



## PART II

### REFUNDABLE CREDITS

Line 1 is for FULL-YEAR residents

1. **Low Income Child & Dependent Care Credit** ..... 1. 0.00

If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly) or less, and child care services are provided by a Vermont accredited daycare provider, enter 50% of federal Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not accredited, use Schedule IN-119, Part I, Line 8. See instructions if your providers are both accredited and not accredited.

### VERMONT EARNED INCOME TAX CREDIT

For FULL-YEAR residents and PART-YEAR residents

#### ELIGIBILITY QUESTIONS MUST BE ANSWERED

- A. Enter number of qualifying children ..... A. 1
- B. Enter number of qualifying children under the age of 18 ..... B. 1
- C. Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the end of 2019? ..... C. ☒ Yes ☐ No  
If you answered "No" and do not have any qualifying children, you do not qualify for Earned Income Tax Credit

#### FULL-YEAR RESIDENTS

Answer eligibility questions above and complete Lines 2 and 3

2. Earned income tax credit (Reported from federal Form 1040) ..... 2. 890.00
3. Vermont Earned Income Tax Credit (Multiply Line 2 by 36%) ..... 3. 320.00

#### PART YEAR RESIDENTS

Answer eligibility questions above and complete Lines 4 through 10

##### A. Federal Amount \$

Enter figures in Column A from your federal EITC worksheet and Schedule IN-113

##### B. Vermont Portion \$

For Vermont Portion, enter income earned while a Vermont resident as shown on Schedule IN-113, Column B, Lines 1, 8, 10, and 11

- |  |   |
|--|---|
| 4. Wages, salaries, tips, etc.<br>(Schedule IN-113, Line 1) ..... 4A. <u>0.00</u>  | 4B. <u>0.00</u>   |
| 5. Other earned income<br>(Schedule IN-113, Lines 8, 10, and 11) ..... <input type="checkbox"/> Check to indicate loss 5A. <u>0.00</u> | <input type="checkbox"/> Check to indicate loss 5B. <u>0.00</u> |
| 6. Total earned income (Add Lines 4 and 5) ..... 6A. <u>0.00</u>   | 6B. <u>0.00</u>   |
| 7. Earned income tax credit adjustment (Divide Line 6B by Line 6A and enter here, but not more than 100%) ..... 7. <u>0 %</u>          |   |
| 8. Earned income tax credit<br>(Reported on federal Form 1040) ..... 8. <u>0.00</u>  |   |
| 9. Multiply Line 8 by 36% and enter the result here. .... 9. <u>0.00</u>   |   |
| 10. Vermont Earned Income Tax Credit (Multiply Line 9 by Line 7) ..... 10. <u>0.00</u>   |   |

#### 11. TOTAL REFUNDABLE CREDITS

(Add Line 1 to Line 3 or Line 10. Enter this amount on the IN-111, Line 25c) ..... 11. 320.00

## 2019 Schedule HI-144



\* 1 9 1 4 4 2 1 7 3 \*

## Household Income

For the year Jan 1 - Dec 31, 2019

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2019 Renter Rebate Claim (Form PR-141) OR the 2020 Property Tax Credit Claim (Form HS-122) UNLESS you are filing an AMENDED HI-144. Please read instructions before completing schedule.

Claimant's Last Name DUMONT	First Name NANCY	MI J	Claimant's Social Security Number 030640942
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY) 03051973

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2019. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief. . . . .	a. 0 .00	0 .00	0 .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable . . . . .	b. 0 .00	0 .00	0 .00
c. Unemployment compensation/worker's compensation. . . . .	c. 0 .00	0 .00	0 .00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.) . . . . .	d. 3467 .00	0 .00	0 .00
e. Interest and dividends . . . . .	e. 0 .00	0 .00	0 .00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable . . . . .	f. 0 .00	0 .00	0 .00
g. Alimony and support money . . . . .	g. 0 .00	0 .00	0 .00
h. Child support and cash gifts			
Please specify . . . . .	h. 0 .00	0 .00	0 .00
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss . . . . .	i. 34485 .00	0 .00	0 .00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss . . . . .	j. 0 .00	0 .00	0 .00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions . . . . .	k. 0 .00	0 .00	0 .00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss . . . . .	l. 0 .00	0 .00	0 .00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line m instructions for only exception to offset a loss . . . . .	m. 0 .00	0 .00	0 .00
n. Other income (see instructions for examples of other income)			
Please specify . . . . .	n. 0 .00	0 .00	0 .00
<b>o. Total Income: Add Lines a through n . . . . .</b>	<b>o. 37952 .00</b>	<b>0 .00</b>	<b>0 .00</b>



Claimant's Last Name  
DUMONT

Social Security Number  
030640942



\* 1 9 1 4 4 2 2 7 3 \*

Carried forward from Line o ..... 37952 .00 0 .00 0 .00

p. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE if not included with income tax filing . . . . .	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p. 5138 .00	5138 .00	0 .00	0 .00
q. Child support paid. You must include proof of payment. See instructions . . . . .	q. 0 .00	0 .00	0 .00

Support paid to: Last Name	First Name	MI	Social Security Number
----------------------------	------------	----	------------------------

r. Allowable adjustments from Federal Form 1040

r1. Business expenses for Reservists . . . . .	r1. 0 .00	0 .00	0 .00
r2. Alimony paid . . . . .	r2. 0 .00	0 .00	0 .00
r3. Self-employed health insurance deduction . . . . .	r3. 0 .00	0 .00	0 .00
r4. Health Savings Account deduction . . . . .	r4. 0 .00	0 .00	0 .00
r5. Tuition and Fees . . . . .	r5. 0 .00	0 .00	0 .00
s. Add Lines p, q, and total of Lines r1 to r5 for each column . . . . .	s. 5138 .00	0 .00	0 .00
t. Subtract Line s from Line o of each column. If a negative amount, enter -0- . . . . .	t. 32814 .00	0 .00	0 .00

u. Add all three amounts from Line t. If a negative amount, enter -0- . . . . . u. 32814 .00

v. Complete if born Jan. 1, 1955 and after.

Enter interest and dividend income from

Lines e and f . . . . . v. 0 .00 0 .00 0 .00

w. Add all three amounts from Line v . . . . . w. 0 .00

x. . . . . x. 10000 .00

y. Subtract Line x from Line w. If Line x is more than Line w, enter -0- . . . . . y. 0 .00

z. HOUSEHOLD INCOME. Add Line u and Line y . . . . . z. 32814 .00

**RENTERS** If Line z Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141 Renter Rebate Claim. This schedule must be filed with the Renter Rebate Claim. Claims are due April 15, 2020, but can be filed up to Oct. 15, 2020.

If Household Income is more than \$47,000, you do not qualify for a renter rebate.

**HOMEOWNERS** Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.

Homeowners with Household Income up to \$138,250 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2020. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 15, 2020, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

**2020 Form HS-122****Vermont Homestead Declaration AND  
Property Tax Credit Claim**

\* 2 0 1 2 2 1 1 7 3 \*

**Under Act 51, effective July 1, 2019, the Property Tax Adjustment has been changed to the Property Tax Credit.****DUE DATE:** April 15, 2020. You may file up to Oct. 15, 2020, but the town may assess a penalty. For details on late filing, see the instructions.**How to file a Homestead Declaration:** Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes**How to file a Property Tax Credit Claim:** To be considered for a Property Tax Credit, you must file a 1) Homestead Declaration (Section A of this form), 2) Property Tax Credit Claim (Section B of this form), and 3) Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.**Tired of paper forms? It's fast and convenient to file your claim online at [myVTax.vermont.gov](https://myVTax.vermont.gov).****Annual Vermont Homestead Declaration**

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead.

**SECTION A.**

A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2020. If your homestead is leased to a tenant on April 1, 2020, you may still claim it as a homestead if it is not leased for more than 182 days in the 2020 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name DUMONT		First Name NANCY		MI J	Claimant's Social Security Number 030640942
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number
Mailing Address (Number and Street/Road or PO Box) 1241 TABER HILL ROAD					Claimant's Date of Birth (MMDDYYYY) 03 / 05 / 1973
City STOWE	State VT	ZIP Code 05672		SPAN - REQUIRED (From the 2019/2020 property tax bill) 62119510951	
Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.") 1241 TABER HILL ROAD					City/Town of Legal Residence on April 1, 2020 & State STOWE VT
Federal Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married/CU Filing Jointly <input type="checkbox"/> Married/CU Filing Separately <input checked="" type="checkbox"/> Head of Household					

A1. Business Use of Dwelling . . . . . A1. 0.00 %

A2. Rental Use of Dwelling . . . . . A2. 0.00 %

**A3. Business or Rental Use of Improvements or Other Buildings**Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented? . . . A3. ☐ Yes ☒ No**A4-A7 Special Situations** (see instructions for more information). Check the following if it applies:☐ A4. Grantor and sole beneficiary of a revocable trust owning the property☐ A6. Homestead property crosses town boundaries (File a declaration for each town.)☐ A5. Life estate holder of the property☐ A7. Residing in a dwelling on the homestead parcel owned by a related farmer.

Please continue to Page 2, Part B, for property tax credit. Sign on Page 2.

**Mail to:** Vermont Department of Taxes  
PO Box 1881  
Montpelier, VT 05601-1881



Claimant's Last Name  
DUMONT

Social Security Number  
030640942



DUE DATE: April 15, 2020. Claims accepted up to Oct. 15, 2020.

**SECTION B.**

**PROPERTY TAX CREDIT CLAIM**

For Household Income up to \$138,250. Complete and attach Schedule HI-144.

To qualify, you must meet the requirements for filing a homestead declaration in addition to the following requirements.  
ALL eligibility questions must be answered.

- B1. Were you domiciled in Vermont all of calendar year 2019? ..... ☒ Yes, Go to Line B2. ☐ No, STOP.
- B2. Were you claimed as a dependent in 2019 by another taxpayer? .... ☐ Yes, STOP. ☒ No, Go to Line B3.
- B3. Do you anticipate selling this Vermont housesite on or before April 1, 2020? ..... ☐ Yes, STOP. ☒ No, Continue

Amounts for Lines B4-B6 are found on the 2019/2020 property tax bill. Round amounts to the nearest dollar.

- B4. Housesite Value .....B4. 190100.00
- B5. Housesite Education Tax. ....B5. 2933.00
- B6. Housesite Municipal Tax .....B6. 818.00
- B7. Ownership Interest .....B7. 100.00 %
- B8. Household Income (Schedule HI-144, Line z).  
You MUST attach Schedule HI-144. .... B8. 32814.00 ☐ Check here if amended Schedule HI-144, Household Income, is included.

Complete the following **ONLY if applicable**. See instructions for details.

**Lot Rent**

- B9. E-file Certificate Number (From Form LC-142) .....B9. -
- B10. Mobile Home Lot Rent (Allocable Rent from Form LC-142 - include Form LC-142 with claim.) .....B10. 0.00

**OR Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park**

- B11. Allocated Education Tax. ....B11. 0.00
- B12. Allocated Municipal Tax. ....B12. 0.00

**OR Property Tax from contiguous property if housesite has less than 2 acres (see instructions.)**

- B13. Contiguous property Education Tax .....B13. 0.00
- B14. Contiguous property Municipal Tax .....B14. 0.00

**MAXIMUM CREDIT AMOUNT IS \$8,000.**

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. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MMDDYYYY)	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Daytime Telephone Number
Paid Preparer's Signature	Date (MMDDYYYY)	Preparer's Telephone Number 8028780990
Firm's Name (or yours if self-employed) and address SHELTRA TAX & ACCOUNTING, LLC 76 PEARL S	Preparer's SSN or PTIN P00384947	EIN 562287007

☒ Check if the Department of Taxes may discuss this return with the preparer shown.