

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

Please review the updated information below.

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

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

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

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

104		artment of the Treasury—Internal Revenue Se S. Individual Income Ta			(99) (n	20	19	OMB No. 1545	5-0074	IRS Use O	inly—E	Do not wi	ite or staple in this space.	
Filing Status Check only one box.	Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) 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				Last name							Y	Your social security number		
If joint return, spouse's first name and middle initial				Last name							S	Spouse's social security number		
Home address (number and street). If you have a P.O. box, see				instructions. Apt. no.						Ch	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.			
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).										Checking a box below will not change your tax or refund. You Spouse				
Foreign countr	country name			Foreign province/state/county				Forei			If more than four dependents, see instructions and ✓ here ►			
Standard Deduction		eone 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, 19	55 [Are	blind	Spouse		Was born befor	e Janu	ary 2, 1955		ls blir	nd	
								qualifies for (see instructions): edit Credit for other dependents						
]			
] 1			
	1	Wages, salaries, tips, etc. Attach For	m(c) \	N 2								1		
	י 2a	Tax-exempt interest	2a		• •	· · · ·	 b Та	axable interest. A	Attach 9	 Sch Bifred	uired	2b		
	3a			3a			b Ordinary dividends. Attach S			· · · · · · · · · · · · · · · · · · ·		3b		
Standard Deduction for—	4a	IRA distributions	4a					axable amount	7 11 10 11	0011. 12 11 100	lanoa	4b		
Single or Married	c	Pensions and annuities	4c					axable amount				4d		
filing separately, \$12,200	5a	Social security benefits						axable amount				5b		
 Married filing jointly or Qualifying 	6	Capital gain or (loss). Attach Schedule D if required. If not required, check here									6			
widow(er),	7a	Other income from Schedule 1, line 9									7a			
\$24,400 • Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income								►	7b			
household, \$18,350	8a	Adjustments to income from Schedule 1, line 22									8a			
 If you checked 	b	Subtract line 8a from line 7b. This is your adjusted gross income								►	8b			
any box under Standard	9	Standard deduction or itemized deductions (from Schedule A) 9												
Deduction,	10	Qualified business income deduction. Attach Form 8995 or Form 8995-A 10												
see instructions.	11a	Add lines 9 and 10								11a				
	b	Taxable income. Subtract line 11a f	rom lir	ne 8b. lf	zero	or less, ente	er-0					11b		
For Disclosure,	Privac	y Act, and Paperwork Reduction Act	Notic	ce, see	sepai	rate instruc	tions.		Cat. No	. 11320B			Form 1040 (2019)	

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	12a	Tax (see inst.) Check i	f any from Form(s): 1 📃 8814	2 4972	3	12a			
	b	Add Schedule 2, line	3, and line 12a and enter the	total			🕨	12b	
	13a	Child tax credit or cre	dit for other dependents .			13a			
	b	Add Schedule 3, line	7, and line 13a and enter the	total			🕨	13b	
	14	Subtract line 13b from	n line 12b. If zero or less, ente	er-0				14	
	15	Other taxes, including	15						
	16	Add lines 14 and 15.	This is your total tax				🕨	16	
	17	Federal income tax w	thheld from Forms W-2 and ⁻	1099				17	
 If you have a qualifying child, attach Sch. EIC. If you have 	18	Other payments and	efundable credits:						
	a	Earned income credit	(EIC)			18a			
	b	Additional child tax cr	edit. Attach Schedule 8812			18b			
nontaxable combat pay, see	с	American opportunity	credit from Form 8863, line 8	3		18c			
instructions.	d	Schedule 3, line 14 .				18d			
	е	Add lines 18a through	18d. These are your total ot	her payments a	and refundable cre	edits	🕨	18e	
	19	Add lines 17 and 18e	🕨	19					
Refund	20	If line 19 is more than	line 16, subtract line 16 from	line 19. This is t	he amount you ov e	erpaid		20	
noruna	21a	Amount of line 20 you	want refunded to you. If For	rm 8888 is attac	hed, check here		. 🕨 🗌	21a	
Direct deposit? See instructions.	►b	Routing number			► c Type:	Checking	Savings		
See instructions.	►d	Account number							
	22	Amount of line 20 you	want applied to your 2020 e	estimated tax	🕨	22			
Amount	23	Amount you owe. Su	btract line 19 from line 16. Fo	or details on how	to pay, see instru	ctions	🕨	23	
You Owe	24	Estimated tax penalty	(see instructions)		🕨	24			
Third Party Designee	Do	you want to allow anot	her person (other than your p	aid preparer) to	discuss this return	with the IRS? See i	nstructions.		fes. Complete below. No
(Other than paid preparer)		signee's me ►		Phone			onal identifica ber (PIN)	tion	
			e leve that I have evenined this w						and halisf they are true
Sign Here			eclare that I have examined this re tion of preparer (other than taxpay					riowiedge	e and Deller, they are true,
	Yo	ur signature	Date	Your occupation			the IRS sent you an Identity protection PIN, enter it here		
Joint return?			(see i						
See instructions. Keep a copy for	Sp	ouse's signature. If a jo	Date	Spouse's occupa	tion		If the IRS sent your spouse an		
your records.	,							entity Protection PIN, enter it here ee inst.)	
	Ph	one no.		Email address			I		
Paid Preparer Use Only	Pre	eparer's name	Preparer's signat	Preparer's signature			PTIN		Check if:
									3rd Party Designee
	Fir	m's name 🕨				Phone no.	-		Self-employed
	Firm's address ► Firm								n's EIN ▶
					- 1040				

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

Form **1040** (2019)