

Form **8879**Department of the Treasury
Internal Revenue Service**IRS e-file Signature Authorization**

- ERO must obtain and retain completed Form 8879.
- Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

2019

Submission Identification Number (SID) ►

Taxpayer's name KATHRYN RAMSEY	Social security number 003-72-2194
Spouse's name MATTHEW M RAMSEY	Spouse's social security number 434-69-0932

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	200,644.
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	30,648.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	25,986.
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	3,978.

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 LAWRENCE P GAGNON, CPA to enter or generate my PIN 54347 as my
ERO firm name Enter five digits, but don't enter all zeros
signature on my tax year 2019 electronically filed income tax return.

☐ 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 ► Kathryn Ramsey Date ► 4/30/2020

Spouse's PIN: check one box only

☒ I authorize LAWRENCE P GAGNON, CPA to enter or generate my PIN 66682 as my
ERO firm name Enter five digits, but don't enter all zeros
signature on my tax year 2019 electronically filed income tax return.

☐ 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 ► Matthew M Ramsey Date ► 4/28/2020

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. 04304677987
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 ► LAWRENCE GAGNON Date ►

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

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

Form **8879** (2019)

LAWRENCE P GAGNON, CPA
19 INDEPENDENCE DRIVE, APT 14
METHUEN, MA 01844
6175191960

April 20, 2020

Kathryn and Matthew M Ramsey
26 Link Ln
Richmond, RI 02892

Dear Kathryn and Matthew,

Your 2019 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. There is a balance due of \$3,978. The balance due will be directly withdrawn from your bank account on July 10, 2020.

Your 2019 Rhode Island Individual Income Tax Return will be electronically filed with the State of Rhode Island. There is a balance due of \$361. The balance due will be directly withdrawn from your bank account on July 10, 2020.

Please be sure to call if you have any questions.

Sincerely,

Lawrence Gagnon

DO NOT FILE

2019**FEDERAL INCOME TAX SUMMARY****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194**

	2019	2018	DIFF
INCOME			
WAGES, SALARIES, TIPS, ETC.....	200,181	175,090	25,091
INTEREST INCOME.....	21	11	10
DIVIDEND INCOME.....	0	340	-340
CAPITAL GAIN OR LOSS.....	0	-2,407	2,407
FORM 4797 GAINS OR LOSSES.....	0	3	-3
RENT, ROYALTY, PARTNERSHIP, SCORP, TRUST	442	-959	1,401
TOTAL INCOME.....	200,644	172,078	28,566
ADJUSTMENTS TO INCOME			
TOTAL ADJUSTMENTS.....	0	0	0
ADJUSTED GROSS INCOME.....	200,644	172,078	28,566
ITEMIZED DEDUCTIONS			
TAXES.....	10,000	7,556	2,444
INTEREST.....	12,585	2,113	10,472
TOTAL ITEMIZED DEDUCTIONS.....	22,585	9,669	12,916
TAX COMPUTATION			
STANDARD DEDUCTION.....	24,400	24,000	400
LARGER OF ITEMIZED OR STANDARD DEDUCTION	24,400	24,000	400
TAXABLE INCOME.....	176,244	148,078	28,166
TAX BEFORE CREDITS.....	30,648	24,432	6,216
CREDITS			
TOTAL CREDITS.....	0	0	0
TAX AFTER CREDITS.....	30,648	24,432	6,216
OTHER TAXES			
TOTAL TAX.....	30,648	24,432	6,216
PAYMENTS			
FEDERAL INCOME TAX WITHHELD.....	25,986	25,116	870
ESTIMATED TAX PAYMENTS.....	684	0	684
TOTAL PAYMENTS.....	26,670	25,116	1,554
REFUND OR AMOUNT DUE			
AMOUNT OVERPAID.....	0	684	-684
APPLIED TO NEXT YEAR'S ESTIMATED TAX.....	0	684	-684
AMOUNT YOU OWE.....	3,978	0	3,978
TAX RATES			
MARGINAL TAX RATE.....	24.0%	22.0%	2.0%

2019**RHODE ISLAND INCOME TAX SUMMARY****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194**

	2019	2018	DIFF
FEDERAL ADJUSTED GROSS INCOME			
FEDERAL ADJUSTED GROSS INCOME.....	200,644	172,078	28,566
RHODE ISLAND INCOME TAX & CREDITS			
MODIFIED FEDERAL AGI.....	200,644	172,078	28,566
DEDUCTIONS.....	17,500	17,050	450
EXEMPTIONS.....	8,200	8,000	200
RHODE ISLAND TAXABLE INCOME.....	174,944	147,028	27,916
RHODE ISLAND INCOME TAX.....	8,033	6,419	1,614
CREDIT FOR TAXES PAID OTHER STATES.....	0	1,000	-1,000
RHODE ISLAND INCOME TAX AFTER CREDITS....	8,033	5,419	2,614
RHODE ISLAND USE/SALES TAX.....	161	11	150
TOTAL RHODE ISLAND TAX AND CONTRIBUTIONS	8,194	5,430	2,764
PAYMENTS			
RHODE ISLAND INCOME TAX WITHHELD.....	7,833	6,114	1,719
TOTAL PAYMENTS AND CREDITS.....	7,833	6,114	1,719
BALANCE DUE/OVERPAYMENT			
BALANCE DUE.....	361	0	361
OVERPAYMENT.....	0	684	-684
OVERPAYMENT TO BE REFUNDED.....	0	684	-684
MARGINAL TAX RATE.....	6.0%	6.0%	0.0%
EFFECTIVE TAX RATE.....	0.0%	4.4%	-4.4%

DO NOT FILE

2019**GENERAL INFORMATION****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****FORMS NEEDED FOR THIS RETURN**

FEDERAL: 1040, SCH 1, SCH 3, SCH E, SCH E P2, 1116, 8582, 8879
 RHODE ISLAND: RI-1040, SCHEDULE E, SCHEDULE U, SCHEDULE W, E-FILE PAYMENT

TAX RATES

	<u>MARGINAL</u>
FEDERAL	24.0%
RHODE ISLAND	6.0%

CARRYOVERS TO 2020FEDERAL CARRYOVERS

UNALLOWED PTP PASSIVE LOSSES	61.
AMT UNALLOWED PTP PASSIVE LOSSES	57.
DEDUCTIBLE STATE AND LOCAL TAXES	200.

NET SECTION 1231 LOSSESFEDERAL

2015 LOSSES	9.
2017 LOSSES	1.

NET SECTION 1231 LOSSES (AMT)FEDERAL

2015 LOSSES	9.
2017 LOSSES	1.

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Internal Revenue Service**IRS e-file Signature Authorization**

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OMB No. 1545-0074

2019

Submission Identification Number (SID) ►

Taxpayer's name KATHRYN RAMSEY	Social security number 003-72-2194
Spouse's name MATTHEW M RAMSEY	Spouse's social security number 434-69-0932

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3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	25,986.
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	3,978.

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 LAWRENCE P GAGNON, CPA to enter or generate my PIN 54347 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 LAWRENCE P GAGNON, CPA to enter or generate my PIN 66682 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. 04304677987
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 ► LAWRENCE GAGNON Date ► _____

ERO Must Retain This Form – See Instructions
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BAA For Paperwork Reduction Act Notice, see your tax return instructions.Form **8879** (2019)

FDIA0112L 10/07/19

12a Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814		
2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a 30,648.	
b Add Schedule 2, line 3, and line 12a and enter the total		12b 30,648.
13a Child tax credit or credit for other dependents		13a
b Add Schedule 3, line 7, and line 13a and enter the total		13b
14 Subtract line 13b from line 12b. If zero or less, enter -0-		14 30,648.
15 Other taxes, including self-employment tax, from Schedule 2, line 10		15
16 Add lines 14 and 15. This is your total tax		16 30,648.
17 Federal income tax withheld from Forms W-2 and 1099		17 25,986.
18 Other payments and refundable credits:		
a Earned income credit (EIC)	18a	
b Additional child tax credit. Attach Schedule 8812	18b	
c American opportunity credit from Form 8863, line 8	18c	
d Schedule 3, line 14	18d 684.	
e Add lines 18a through 18d. These are your total other payments and refundable credits		18e 684.
19 Add lines 17 and 18e. These are your total payments		19 26,670.
20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid		20
21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>		21a
b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number <input type="text"/>		
22 Amount of line 20 you want applied to your 2020 estimated tax		22
23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions		23 3,978.
24 Estimated tax penalty (see instructions)		24
Third Party Designee (Other than paid preparer)		
Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.		<input type="checkbox"/> Yes. Complete below.
		<input checked="" type="checkbox"/> No
Designee's name	Phone no.	Personal identification number (PIN)
Sign Here		
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.		
Your signature	Date	Your occupation
<input type="text"/>		PROFESSOR
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
<input type="text"/>		PROFESSOR
Phone no. 603-557-2207	Email address	RAMSEY.KATHRYN.M@GMAIL.COM
Paid Preparer Use Only		
Preparer's name	Preparer's signature	Date
LAWRENCE GAGNON	LAWRENCE GAGNON	
Firm's name	Phone no.	PTIN
LAWRENCE P GAGNON, CPA	6175191960	P01238583
Firm's address	Firm's EIN	
19 INDEPENDENCE DRIVE, APT 14 METHUEN, MA 01844		

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2019)

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 for instructions and the latest information.**

OMB No. 1545-0074

2019Attachment
Sequence No. **01**

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

KATHRYN AND MATTHEW M RAMSEY

Your social security number

003-72-2194At 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**

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	442.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	442.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	0.

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

Schedule 1 (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 for instructions and the latest information.**

OMB No. 1545-0074

2019Attachment
Sequence No. **03**

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

KATHRYN AND MATTHEW M RAMSEY

Your social security number

003-72-2194**Part I Nonrefundable Credits**

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

Part II Other Payments and Refundable Credits

8	2019 estimated tax payments and amount applied from 2018 return.	8	684.
9	Net premium tax credit. Attach Form 8962.	9	
10	Amount paid with request for extension to file (see instructions).	10	
11	Excess social security and tier 1 RRTA tax withheld.	11	
12	Credit for federal tax on fuels. Attach Form 4136.	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d.	14	684.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.**Schedule 3 (Form 1040 or 1040-SR) 2019****DO NOT FILE**

SCHEDULE E
(Form 1040 or 1040-SR)Department of the Treasury
Internal Revenue Service (99)**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2019Attachment
Sequence No. **13**

Name(s) shown on return

KATHRYN AND MATTHEW M RAMSEY

Your social security number

003-72-2194

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use Schedule C (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

- A** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No
- B** If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

1 a	Physical address of each property (street, city, state, ZIP code)				
A					
B					
C					
1 b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	6	A			
B		B			
C		C			

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:	A	B	C
3	Rents received	3			
4	Royalties received	4	465.		
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7			
8	Commissions	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest	13			
14	Repairs	14			
15	Supplies	15			
16	Taxes	16	23.		
17	Utilities	17			
18	Depreciation expense or depletion	18			
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20	23.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	442.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22			
23 a	Total of all amounts reported on line 3 for all rental properties	23 a			
b	Total of all amounts reported on line 4 for all royalty properties	23 b	465.		
c	Total of all amounts reported on line 12 for all properties	23 c			
d	Total of all amounts reported on line 18 for all properties	23 d			
e	Total of all amounts reported on line 20 for all properties	23 e	23.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24		442.	
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.	26		442.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040 or 1040-SR) 2019

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

KATHRYN AND MATTHEW M RAMSEY

003-72-2194

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198** (see instructions).

- 27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	BUCKEYE PARTNERS, LP	P		23-2432497		
B						
C						
D						

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A PTP					
B					
C					
D					
29 a Totals.....					
b Totals.....					
30 Add columns (h) and (k) of line 29a.....				30	
31 Add columns (g), (i), and (j) of line 29b.....				31	
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31.....				32	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
A		
B		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A		
B		
34 a Totals.....		
b Totals.....		
35 Add columns (d) and (f) of line 34a.....		35
36 Add columns (c) and (e) of line 34b.....		36
37 Total estate and trust income or (loss). Combine lines 35 and 36.....		37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) – Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q , line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q , line 1b	(e) Income from Schedules Q , line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below.....				39

Part V Summary

40 Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below.....	40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18.	41	442.
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions).....	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules.....	43	

Form **1116****Foreign Tax Credit**

OMB No. 1545-0121

2019Department of the Treasury
Internal Revenue Service (99)

► **Attach to Form 1040, 1040-SR, 1040-NR, 1041, or 990-T.**
 ► **Go to www.irs.gov/Form1116 for instructions and the latest information.**

Attachment
Sequence No. **19**

Name

ID no. as shown on page 1 of your tax return

KATHRYN AND MATTHEW M RAMSEY

003-72-2194

Use a separate Form 1116 for each category of income listed below. See *Categories of Income* in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☐ Section 951A category income c ☒ Passive category income e ☐ Section 901(j) income g ☐ Lump-sum distributions
 b ☐ Foreign branch category income d ☐ General category income f ☐ Certain income re-sourced by treaty

h Resident of (name of country) ►

Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to **more than one** foreign country or U.S. possession, use a separate column and line for each country or possession.

Part I Taxable Income or Loss From Sources Outside the United States (for category checked above)

	Foreign Country or U.S. Possession			Total (Add columns A, B, and C.)
	A	B	C	
i Enter the name of the foreign country or U.S. possession. ► CANADA				
1 a Gross income from sources within country shown above and of the type checked above (see instructions):				1 a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions). ► <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)				
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction (see instructions)	24,400.			
b Other deductions (attach statement)				
c Add lines 3a and 3b	24,400.			
d Gross foreign source income (see instructions)				
e Gross income from all sources (see instructions)	200,667.			
f Divide line 3d by line 3e (see instructions)				
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense (see instructions):				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2. ►				7

Part II Foreign Taxes Paid or Accrued (see instructions)

C O U N T R Y	Credit is claimed for taxes (you must check one) (j) <input checked="" type="checkbox"/> Paid (k) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								(u) Total foreign taxes paid or accrued (add columns (q) through (t))
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(p) Other foreign taxes paid or accrued	Taxes withheld at source on:			(t) Other foreign taxes paid or accrued	
		(l) Date paid or accrued	(m) Dividends	(n) Rents & royalties		(o) Interest		(q) Dividends		(r) Rents & royalties
A										
B										
C										

8 Add lines A through C, column (u). Enter the total here and on line 9, page 2. ►

8

Part III Figuring the Credit

9 Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I.	9		
10 Carryback or carryover (attach detailed computation). (If your income was section 951A category income (box a above Part I), leave line 10 blank.)	10		
11 Add lines 9 and 10.	11		
12 Reduction in foreign taxes (see instructions).	12		
13 Taxes reclassified under high tax kickout (see instructions).	13		
14 Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit.	14		
15 Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see instructions).	15		
16 Adjustments to line 15 (see instructions).	16		
17 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17		
18 Individuals: Enter the amount from Form 1040 or 1040-SR, line 11b; or Form 1040-NR, line 41. Estates and trusts: Enter your taxable income without the deduction for your exemption.	18		
Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.			
19 Divide line 17 by line 18. If line 17 is more than line 18, enter "1".	19		
20 Individuals: Enter the total of Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2. If you are a nonresident alien, enter the total of Form 1040-NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 41, 42, and 44. Foreign estates and trusts should enter the amount from Form 1040-NR, line 42.	20		
Caution: If you are completing line 20 for separate category g (lump-sum distributions), see instructions.			
21 Multiply line 20 by line 19 (maximum amount of credit).	21		
22 Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 30 and enter this amount on line 31. Otherwise, complete the appropriate line in Part IV (see instructions).	22		

Part IV Summary of Credits From Separate Parts III (see instructions)

23 Credit for taxes on section 951A category income.	23		
24 Credit for taxes on foreign branch category income.	24		
25 Credit for taxes on passive category income.	25		
26 Credit for taxes on general category income.	26		
27 Credit for taxes on section 901(j) income.	27		
28 Credit for taxes on certain income re-sourced by treaty.	28		
29 Credit for taxes on lump-sum distributions.	29		
30 Add lines 23 through 29.	30		
31 Enter the smaller of line 20 or line 30.	31		
32 Reduction of credit for international boycott operations. See instructions for line 12.	32		
33 Subtract line 32 from line 31. This is your foreign tax credit . Enter here and on Schedule 3 (Form 1040 or 1040-SR), line 1; Form 1040-NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 46a.	33		

Form 1116 (2019)

Form **8582****Passive Activity Loss Limitations**

OMB No. 1545-1008

Department of the Treasury
Internal Revenue Service (99)

► See separate instructions.
 ► Attach to Form 1040, Form 1040-SR, or Form 1041.
 ► Go to www.irs.gov/Form8582 for instructions and the latest information.

2019Attachment
Sequence No. **88**

Name(s) shown on return

KATHRYN AND MATTHEW M RAMSEY

Identifying number

003-72-2194

Part I 2019 Passive Activity Loss**Caution:** Complete Worksheets 1, 2, and 3 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1 a Activities with net income (enter the amount from Worksheet 1, column (a))....	1 a		
b Activities with net loss (enter the amount from Worksheet 1, column (b)).....	1 b		
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c)).	1 c		
d Combine lines 1a, 1b, and 1c.....	1 d		

Commercial Revitalization Deductions From Rental Real Estate Activities

2 a Commercial revitalization deductions from Worksheet 2, column (a).....	2 a		
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b).....	2 b		
c Add lines 2a and 2b.....	2 c		

All Other Passive Activities

3 a Activities with net income (enter the amount from Worksheet 3, column (a))....	3 a	442.	
b Activities with net loss (enter the amount from Worksheet 3, column (b)).....	3 b		
c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)).	3 c		
d Combine lines 3a, 3b, and 3c.....	3 d		442.

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used.....	4		442.
---	----------	--	------

If line 4 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4.....	5	
6 Enter \$150,000. If married filing separately, see instructions.....	6	
7 Enter modified adjusted gross income, but not less than zero. See instructions....	7	200,202.
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.		
8 Subtract line 7 from line 6.....	8	
9 Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions.	9	
10 Enter the smaller of line 5 or line 9.....	10	0.

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions.....	11	
12 Enter the loss from line 4.....	12	
13 Reduce line 12 by the amount on line 10.....	13	
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13.....	14	

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total.....	15	
16 Total losses allowed from all passive activities for 2019. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return.....	16	

BAA For Paperwork Reduction Act Notice, see instructions.Form **8582** (2019)

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.**Worksheet 1 – For Form 8582, Lines 1a, 1b, and 1c** (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c					

Worksheet 2 – For Form 8582, Lines 2a and 2b (see instructions)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 – For Form 8582, Lines 3a, 3b, and 3c (see instructions)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
EOG RESOURCES INC	442 .			442 .	
Total. Enter on Form 8582, lines 3a, 3b, and 3c	442 .				

Worksheet 4 – Use This Worksheet if an Amount Is Shown on Form 8582, Line 10 or 14. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total			1.00		

Worksheet 5 – Allocation of Unallowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

Worksheet 6 – Allowed Losses (see instructions)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total				0.

Worksheet 7 – Activities With Losses Reported on Two or More Forms or Schedules (see instructions)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule.....					
b Net income from form or schedule.....					
c Subtract line 1b from line 1a. If zero or less, enter -0-.....					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule.....					
b Net income from form or schedule.....					
c Subtract line 1b from line 1a. If zero or less, enter -0-.....					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule.....					
b Net income from form or schedule.....					
c Subtract line 1b from line 1a. If zero or less, enter -0-.....					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule.....					
b Net income from form or schedule.....					
c Subtract line 1b from line 1a. If zero or less, enter -0-.....					
Total	0.	1.00		0.	0.

Name of activity:

Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule.....					
b Net income from form or schedule.....					
c Subtract line 1b from line 1a. If zero or less, enter -0-.....					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule.....					
b Net income from form or schedule.....					
c Subtract line 1b from line 1a. If zero or less, enter -0-.....					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule.....					
b Net income from form or schedule.....					
c Subtract line 1b from line 1a. If zero or less, enter -0-.....					
Form or schedule and line number to be reported on (see instructions):					
1 a Net loss plus prior year unallowed loss from form or schedule.....					
b Net income from form or schedule.....					
c Subtract line 1b from line 1a. If zero or less, enter -0-.....					
Total	0.	1.00		0.	0.

2019**FEDERAL WORKSHEETS****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****WAGE SCHEDULE**

<u>TAXPAYER - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>LOCAL W/H</u>
UNIVERSITY OF RHODE ISLAND	9,384.	1,734.			398.	
STATE OF RHODE ISLAND	82,606.	6,835.	5,390.	1,261.	3,083.	
TOTAL	91,990.	8,569.	5,390.	1,261.	3,481.	0.

<u>SPOUSE - EMPLOYER</u>	<u>WAGES</u>	<u>FEDERAL W/H</u>	<u>FICA</u>	<u>MEDI- CARE</u>	<u>STATE W/H</u>	<u>LOCAL W/H</u>
STATE OF RHODE ISLAND OFFICE OF A&C	81,319.	12,504.	5,314.	1,243.	3,222.	
UNIVERSITY OF RHODE ISLAND	26,872.	4,913.			1,130.	
TOTAL	108,191.	17,417.	5,314.	1,243.	4,352.	0.
GRAND TOTAL	200,181.	25,986.	10,704.	2,504.	7,833.	0.

**FORM 1040 OR 1040-SR, LINE 2B
INTEREST INCOME**

THE WASHINGTON TRUST CO

TOTAL	21.
	21.

TAX COMPUTATION WORKSHEET (FORM 1040 OR 1040-SR, LINE 12A)

TAXABLE INCOME	(A)	(B)	(C)	(D)	TAX
IF LINE 11B IS -	ENTER THE AMOUNT FROM LINE 11B	MULTI- PLICATION AMOUNT	MULTIPLY (A) BY (B)	SUBTRACTION AMOUNT	SUBTRACT (D) FROM (C) (ROUNDED)
OVER \$168,400 BUT NOT OVER \$321,450	176,244.	24.0%	42,298.56	11,651.00	30,648.

FEDERAL INCOME TAX WITHHELD

STATE OF RHODE ISLAND OFFICE OF A&C	12,504.
UNIVERSITY OF RHODE ISLAND	1,734.
UNIVERSITY OF RHODE ISLAND	4,913.
STATE OF RHODE ISLAND	6,835.
TOTAL	25,986.

FORM 1116, PAGE 1, LINE 3E
GROSS INCOME FROM ALL SOURCES

WAGES, SALARIES, TIPS, ETC.....	200,181.
TAXABLE INTEREST.....	21.
GROSS INCOME FROM SCHEDULE C, E AND F.....	465.
TOTAL \$	<u>200,667.</u>

DO NOT FILE

2019**E-FILE PAYMENT RECORD - BALANCE DUE****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****Form Payment Record**

The taxpayer's balance due or an estimated tax payment for next year will be paid electronically using the following information. Modify the bank and account information using the Direct Deposit / Electronic Payment input fields in Screen 3. To cancel payment, call the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the requested payment (settlement) date.

Name of Bank

Routing Transit Number

Bank Account Number

Type of Account

1 = Checking; 2 = Savings

Amount of Tax Payment

DO NOT FILE

Tax Type

1040, 1040-ES, 2350 or 4868

Requested Payment Date

Taxpayer's Daytime Phone Number

2019**Married Filing Joint vs. Married Filing Separate Comparison****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194**

MARRIED FILING JOINT GENERATED A TENTATIVE TAX SAVINGS OF \$90.

SUMMARY	Taxpayer	Spouse	Married Filing Separately	Married Filing Joint
AGI	91,990.	108,654.	200,644.	200,644.
Itemized deductions	11,293.	11,292.	22,585.	22,585.
Standard deduction	12,200.	12,200.	24,400.	24,400.
Taxable income	79,790.	96,454.	176,244.	176,244.
Total tax	13,409.	17,329.	30,738.	30,648.
Tentative amount due or (overpayment)	4,498.	-430.	4,068.	3,978.
TAX SAVINGS BY FILING JOINTLY				90.
Marginal tax rate	22%	24%		24%
Amount of income taxed at marginal rate	40,300.	12,275.		7,844.
Current tax bracket remaining	4,410.	64,271.		145,206.
INCOME				
Wages, salaries, tips, etc.	91,990.	108,191.	200,181.	200,181.
Taxable interest income		21.	21.	21.
Ordinary dividends				
Taxable refunds of state and local income taxes				
Alimony received				
Business income or loss				
Capital gain or loss				
Other gains or losses				
Taxable IRA distributions				
Taxable pensions and annuities				
Rental real estate, royalties, partnerships, S corporations, trusts, etc.		442.	442.	442.
Farm income or loss				
Unemployment compensation				
Taxable social security benefits				
Other income				
Total income	91,990.	108,654.	200,644.	200,644.
ADJUSTMENTS				
Educator expenses				
Certain business expenses of reservists, performing artists, and fee-basis government officials				
Health savings account deduction				
Moving expenses				
Deductible part of self-employment tax				
Self-employed SEP, SIMPLE, and qualified plans				
Self-employed health insurance deduction				
Penalty on early withdrawal of savings				
Alimony paid				
IRA deduction				
Student loan interest deduction				
Tuition and fees				
Other adjustments				
Total adjustments				
Federal adjusted gross income	91,990.	108,654.	200,644.	200,644.

Note: This comparison has been computed without certain credits and certain other taxes. These items may change the final results.

2019**Married Filing Joint vs. Married Filing Separate Comparison****PAGE 2****003-72-2194**

	Taxpayer	Spouse	Married Filing Separately	Married Filing Joint
ITEMIZED DEDUCTIONS				
Medical and dental				
Taxes	5,000.	5,000.	10,000.	10,000.
Interest	6,293.	6,292.	12,585.	12,585.
Contributions				
Casualty and theft				
Other miscellaneous deductions				
Total itemized deductions	11,293.	11,292.	22,585.	22,585.
TAX CALCULATION				
Standard deduction	12,200.	12,200.	24,400.	24,400.
Higher of itemized or standard deduction	12,200.	12,200.	24,400.	24,400.
Qualified business income deduction				
Taxable income	79,790.	96,454.	176,244.	176,244.
Tax	13,409.	17,329.	30,738.	30,648.
Alternative minimum tax				
Excess advance premium tax credit repayment				
Foreign tax credit				
Child tax credit/credit for other dependents				
Education credits				
Retirement savings contributions credit				
Child care credit				
Residential energy credit				
General business credit				
Minimum tax credit				
Elderly and disabled credit				
Other credits				
Tax after credits	13,409.	17,329.	30,738.	30,648.
OTHER TAXES				
Self-employment tax				
Social security tax on tip income/wages				
Tax on qualified retirement plans and MSAs				
Household employment taxes				
Other taxes				
Section 965 net tax liability installment				
Total tax	13,409.	17,329.	30,738.	30,648.
PAYMENTS				
Federal income tax withheld	8,569.	17,417.	25,986.	25,986.
Estimated tax payments	342.	342.	684.	684.
Earned income credit				
Additional child tax credit				
American opportunity credit				
Net premium tax credit				
Amount paid with extension				
Excess social security and RRTA tax withheld				
Other payments				
Total payments	8,911.	17,759.	26,670.	26,670.
Tentative amount due or (overpayment)	4,498.	-430.	4,068.	3,978.

WORKSHEET FOR PUBLICLY TRADED PARTNERSHIPS

NAME OF ACTIVITY: BUCKEYE PARTNERS, LP

1A.	ACTIVITIES WITH NET INCOME.....	
B.	ACTIVITIES WITH NET LOSS.....	
C.	PRIOR YEAR UNALLOWED LOSSES.....	61.
D.	COMBINE LINES 1A, 1B, AND 1C. IF GAIN STOP HERE.....	-61.
2.	ALLOWED LOSSES.....	
3.	UNALLOWED LOSSES.....	61.

DO NOT FILE

2019

FEDERAL K-1 RECONCILIATION WORKSHEET

PAGE 1

KATHRYN AND MATTHEW M RAMSEY

003-72-2194

BUCKEYE PARTNERS, LP
23-2432497PARTNERSHIP - PTP
PASSIVE

	K-1 Input	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Unallowed Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E (page 2)						
Ordinary income (loss)						
Rental real estate income (loss)						
Other rental income (loss)						
Section 59(e)(2) expenses						
Passive interest expense						
Guaranteed payments (nonpassive)						
Section 179 expense and carryover						
Disallowed section 179 expense						
Net income (loss)				-61.	61.	
First passive other						
Second passive other						
Cost depletion						
Percentage depletion						
Depletion carryover						
Disallowed due to 65% limitation						
Unreimbursed expenses (nonpassive)						
Nonpassive other						
Total Schedule E (page 2)						
FORM 4797						
Section 1231 gain (loss)						
4797 ordinary income						
SCHEDULE D						
Short-term capital gain (loss)						
Long-term capital gain (loss)						
FORM 4952						
Investment interest expense						
Other net investment income						
SCHEDULE A						
Charitable contributions						
Deductions related to portfolio income						
SCHEDULE B						
Interest income (banks, S&L, C/U, etc.)						
Interest income (U.S. bonds, T-bills, etc.)						
Ordinary dividends						
Tax-exempt interest (total muni-bonds)						
Tax-exempt interest (in-state bonds)						
FORM 6251						
Depreciation adjustment after 12/31/86						
Adjusted gain or loss						
Depreciation (pre-1987)						
Beneficiary's AMT adjustment						
Depletion						
Excess intangible drilling costs						
MISCELLANEOUS						
Net earnings from self employment (SE)						
Gross farming income (Sch. E, page 2)						
Royalties (Sch. E, page 1)						
Taxes on undistributed capital gains (1040)						
Credit for income tax withheld						
Estimated taxes credited from trust						
Credits						

*Carries to AMT at-risk/passive worksheets to compute Form 6251.

FDIL1201L 12/27/19

State of Rhode Island and Providence Plantations

2019 Form RI-1040

Resident Individual Income Tax Return



19100110320101

Your social security number
003-72-2194Spouse's social security number
434-69-0932

Your first name

KATHRYN

MI

Last name

RAMSEY

Suffix

Spouse's name

MATTHEW

MI

Last name

M RAMSEY

Suffix

Address

26 LINK LN

City, town or post office

RICHMOND

State

RI

ZIP code

02892

City or town of legal residence

WARWICKCheck each box
that applies. Other-
wise, leave blank.Primary
deceased?

Yes

Spouse
deceased?New
address?Amended
Return?***ELECTORAL
CONTRIBUTION**If you want \$5.00 (\$10.00 if a joint return) to go
to this fund, check here. (See instructions. This
will not increase your tax or reduce your refund.)If you wish the 1st \$2.00 (\$4.00 if a joint return) be paid to a specific party,
check the box and fill in the name of the political party.
Otherwise, it will be paid to a nonpartisan general account.**FILING****STATUS**
Check one

Single →

Married filing
jointly → **X**Married filing
separately →Head of
household →Qualifying
widow(er) →**INCOME,
TAX AND
CREDITS**

1	Federal AGI from Federal Form 1040 or 1040-SR, line 8b.....	1	200644	00
2	Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on this line....	2		00
3	Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases).....	3	200644	00
4	RI Standard Deduction from left. If line 3 is over \$203,850 see Standard Deduction Worksheet.....	4	17500	00
5	Subtract line 4 from line 3. If zero or less, enter 0.....	5	183144	00
6	Enter # of exemptions from RI Sch E, line 5 in box, multiply by \$4,100 and enter result on line 6. If line 3 is over \$203,850, see Exemption Worksheet	2	x \$4,100 =	6 8200 00
7	RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0.....	7	174944	00
8	RI income tax from Rhode Island Tax Table or Tax Computation Worksheet.....	8	8033	00
9a	RI percentage of allowable Federal credit from page 3, RI Sch I, line 22.....	9a	00	
b	RI Credit for income taxes paid to other states from page 3, RI Sch II, line 29.....	9b	00	X Check ✓ to certify use tax amount on line 12 is accurate.
c	Other Rhode Island Credits from RI Schedule CR, line 8.....	9c	00	
d	Total RI credits. Add lines 9a, 9b and 9c.....	9d		00
10a	Rhode Island income tax after credits. Subtract line 9d from line 8 (not less than zero)...	10a	8033	00
b	Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 11.....	10b		00
11	RI checkoff contributions from page 3, RI Checkoff Schedule, line 37. Contributions reduce your refund or increase your balance due	11		00
12	USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies.....	12	161	00
13a	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 10a, 10b, 11 and 12.....	13a	8194	00

Using a
paper
clip,
please
attach
Forms
W-2 and
1099
here.

1032

RETURN MUST BE SIGNED — SIGNATURE IS LOCATED ON PAGE 2
Mailing address: RI Division of Taxation, One Capitol Hill, Providence, RI 02908-5806

* If filing an amended return, attach the Explanation of Changes supplemental page

RIIA0112L 01/09/20

State of Rhode Island and Providence Plantations

2019 Form RI-1040

Resident Individual Income Tax Return - page 2



19100110320102

Name(s) shown on Form RI-1040 or RI-1040 NR

KATHRYN**RAMSEY**

Your social security number

003-72-2194

13b	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 13a.....	13b	8194 00
14a	RI 2019 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding	14a	7833 00
b	2019 estimated tax payments and amount applied from 2018 return	14b	00
c	Property tax relief credit from RI-1040H, line 13. Attach RI-1040H.	14c	00
d	RI earned income credit from page 3, RI Schedule EIC, line 40.	14d	00
e	RI Residential Lead Paint Credit from RI-6238, line 7. Attach RI-6238	14e	00
f	Other payments	14f	00
g	TOTAL PAYMENTS AND CREDITS. Add lines 14a, 14b, 14c, 14d, 14e and 14f	14g	7833 00
h	Previously issued overpayments (if filing an amended return)	14h	00
i	NET PAYMENTS. Subtract line 14h from line 14g	14i	7833 00
15a	AMOUNT DUE. If line 13b is LARGER than line 14i, subtract line 14i from line 13b.	15a	361 00
b	Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A. (attach form) This amount should be added to line 15a or subtracted from line 16, whichever applies.	15b	00
c	TOTAL AMOUNT DUE. Add lines 15a and 15b. Complete RI-1040V and send in with your payment.	15c	361 00
16	AMOUNT OVERPAID. If line 14i is LARGER than line 13b, subtract line 13b from line 14i. If there is an amount due for underestimating interest on line 15b, subtract line 15b from line 16	16	00
17	Amount of overpayment to be refunded	17	00
18	Amount of overpayment to be applied to 2020 estimated tax.	18	00

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, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Your driver's license number

and state

Date

Telephone number

603-557-2207

Telephone number

Spouse's signature

Spouse's driver's license number and state

Date

Paid preparer signature

Print name

Date

Telephone number

LAWRENCE GAGNON**LAWRENCE GAGNON****(617) 519-1960**

Paid preparer address

City, town or post office

State

ZIP code

PTIN

**19 INDEPENDENCE DRIVE,
LAWRENCE P GAGNON, CPA****METHUEN****MA****01844****P01238583**

State of Rhode Island and Providence Plantations

2019 Form RI-1040

Resident Individual Income Tax Return - page 3



19100110320103

Name(s) shown on Form RI-1040 or RI-1040 NR

KATHRYN

RAMSEY

Your social security number

003-72-2194

RI SCHEDULE I — ALLOWABLE FEDERAL CREDIT

19	RI income tax from page 1, line 8.....	19	00
20	Credit for child and dependent care expenses from Federal Form 1040 or 1040-SR, Schedule 3, line 2.....	20	00
21	Tentative allowable federal credit. Multiply line 20 by 25% (0.2500).....	21	00
22	MAXIMUM CREDIT. Line 19 or 21, whichever is SMALLER. Enter here and on page 1, line 9a.....	22	00

**RI SCHEDULE II — CREDIT FOR INCOME TAX PAID TO ANOTHER STATE
(ATTACH COPY OF OTHER STATE(S) RETURN)**

23	RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 3, line 22.....	23	00
24	Income derived from other state. If more than one state, see instructions.....	24	00
25	Modified federal AGI from page 1, line 3.....	25	00
26	Divide line 24 by line 25.....	26	00
27	Tentative credit. Multiply line 23 by line 26.....	27	00
28	Tax due and paid to other state (see specific instructions). Insert abbreviation for state paid.....	28	00
29	MAXIMUM TAX CREDIT. Line 23, 27 or 28, whichever is the SMALLEST. Enter here and on pg 1, line 9b.....	29	00

RI CHECKOFF CONTRIBUTIONS SCHEDULE

		\$1.00	\$5.00	\$10.00	Other		
30	Drug program account RIGL §44-30-2.4.....					30	00
31	Olympic Contribution RIGL §44-30-2.1..... Yes	\$1.00			contribution (\$2.00 if a joint return)	31	00
32	RI Organ Transplant Fund RIGL §44-30-2.5.....					32	00
33	RI Council on the Arts RIGL §42-75.1-1.....					33	00
34	Nongame Wildlife Fund RIGL §44-30-2.2.....					34	00
35	Childhood Disease Victim's Fund RIGL §44-30-2.3 and Substance Use and Mental Health Leadership Council of RI RIGL §44-30-2.11.....					35	00
36	RI Military Family Relief Fund RIGL §44-30-2.9.....					36	00
37	TOTAL CONTRIBUTIONS. Add lines 30 through 36. Enter here and on RI-1040, page 1, line 11.....					37	00

RI SCHEDULE EIC — RHODE ISLAND EARNED INCOME CREDIT

38	Federal earned income credit from Federal Form 1040 or 1040-SR, line 18a.....	38	00
39	Rhode Island percentage.....	39	15%
40	RI EARNED INCOME CREDIT. Multiply line 38 by line 39. Enter here and on RI-1040, page 2, line 14d.....	40	00

State of Rhode Island and Providence Plantations

2019 RI Schedule E

Exemption Schedule for RI-1040 and RI-1040NR



19105910320101

Name(s) shown on Form RI-1040 or RI-1040NR

KATHRYN

RAMSEY

Your social security number

003-72-2194

EXEMPTIONS

Complete this Schedule listing all individuals you can claim as a dependent.

ATTACH THIS EXEMPTION SCHEDULE TO YOUR RETURN**Failure to do so may delay the processing of your return.**1a Yourself ☒b Spouse ☒

(A) Name of Dependent

(B) Social Security Number

(C) Date of Birth

(D) Relationship

2a

b

c

d

e

f

g

h

i

j

k

l

m

DO NOT FILE**Exemption Number Summary**

3 Enter the number of boxes checked on lines 1a and 1b. 3

2

4a Enter the number of children from lines 2a through 2m who lived with you. 4a

b Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation. 4b

c Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b. 4c

5 Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6. 5

2

State of Rhode Island and Providence Plantations

2019 RI Schedule U

Individual Consumer's Use Tax



19101610320101

Name(s) shown on Form RI-1040 or RI-1040NR

KATHRYN

RAMSEY

Your social security number

003-72-2194

Individual Consumer's Use Tax Worksheet

NOTE: When reporting the amount of use tax obligation on the Rhode Island personal income tax return. The taxpayer shall list either the actual amount of use tax due, or an amount using the Rhode Island Use Tax Lookup Table below. If you know the actual amount of all purchases made that are subject to the use tax, use Option #1. Otherwise, use Option #2. Be sure to check the box on page 1 of your return attesting to the amount of use tax listed on your return. For more information, see the 1040 instructions at www.tax.ri.gov.

Option #1 - Actual Use Tax Due

1 Enter the total price of purchases subject to the use tax. 1 00

2 Use tax due. Multiply line 1 by 7% (0.07) 2 00

3 Enter the amount of sales taxes paid in other states for the purchases on line 1. 3 00

4 Net use tax due. Subtract line 3 from line 2. Enter here and on RI-1040, pg 1, line 12 or RI-1040NR, pg 1, line 15. 4 00

Option #2 - Rhode Island Use Tax Lookup Table

5 Enter your 2019 Federal AGI from Form RI-1040 or RI-1040NR, page 1, line 1. 5 200644 00

6 Use tax due. Multiply line 5 by 0.0008 or enter the amount from the Rhode Island Use Tax Lookup Table below. 6 161 00

7 In the space below, list the actual amount of each single purchase greater than or equal to \$1,000.00

	Column A Product Purchased	Column B Product Cost	Column C Tax Due (Cost x 7%)	Column D Sales Tax Paid	Column E Sales Tax Due (Col C - Col D)
a Purchase #1		00	00	00	7a 00
b Purchase #2		00	00	00	7b 00
c Purchase #3		00	00	00	7c 00
d Purchase #4		00	00	00	7d 00
e Net use tax due on purchases equal to or greater than \$1,000. Add lines 7a, 7b, 7c and 7d.					7e 00
8 Use tax due. Add lines 6 and 7e. Enter here and on RI-1040, page 1, line 12 or RI-1040NR, page 1, line 15.					8 161 00

USE TAX TABLE					
Federal AGI from RI-1040/NR, line 1		Use Tax Amount	Federal AGI from RI-1040/NR, line 1		Use Tax Amount
At least	Less than		At least	Less than	
\$0	6,650	\$5	\$39,900	\$46,550	\$35
6,650	13,300	10	46,550	53,200	40
13,300	19,950	15	53,200	59,850	45
19,950	26,600	20	59,850	66,500	50
26,600	33,250	25	66,500	73,150	55
33,250	39,900	30	73,150	79,800	60
If your Federal AGI is \$79,800 or greater, multiply Form RI-1040/NR, line 1 by 0.08% (0.0008)					

State of Rhode Island and Providence Plantations

2019 RI Schedule W

Rhode Island W-2 and 1099 Information - Page 4



19101010320101

Name(s) shown on Form RI-1040 or RI-1040NR

KATHRYN

RAMSEY

Your social security number

003-72-2194

Complete this Schedule listing all of your and, if applicable, your spouse's W-2s and 1099s showing Rhode Island Income Tax withheld. W-2s or 1099s showing Rhode Island Income Tax withheld must still be attached to the front of your return.

Failure to do so may delay the processing of your return.

ATTACH THIS SCHEDULE W TO YOUR RETURN

	Column A Enter "S" if Spouse's W-2 or 1099	Column B Enter 1099 letter code from chart	Column C Employer's Name from Box C of your W-2 or Payer's Name from your Form 1099	Column D Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from Form 1099	Column E Rhode Island Income Tax Withheld (SEE BELOW FOR BOX REFERENCES)
1	S		STATE OF RHODE ISLAND	05-6000522	3222 00
2			UNIVERSITY OF RHODE I	22-3011455	398 00
3	S		UNIVERSITY OF RHODE I	22-3011455	1130 00
4			STATE OF RHODE ISLAND	05-6000522	3083 00
5					00
6					00
7					00
8					00
9					00
10					00
11					00
12					00
13					00
14					00
15					00
16	Total RI Income Tax Withheld. Add lines 1 through 15, Col. E. Enter total here and on RI-1040, line 14a or RI-1040NR, line 17a				7833 00
17	Total number of W-2s and 1099s showing Rhode Island Income Tax Withheld.				4

DO NOT FILE

2019**RI E-FILE PAYMENT RECORD - BALANCE DUE****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****Form Payment Record**

THE RI-1040 BALANCE DUE WILL BE PAID ELECTRONICALLY USING THE FOLLOWING INFORMATION. MODIFY THE BANK AND ACCOUNT INFORMATION USING THE RHODE ISLAND ELECTRONIC PAYMENT INPUT FIELDS.

Name of Bank

Routing Transit Number

Bank Account Number

Type of Account

Amount of Tax Payment

Tax Type

Requested Payment Date

Taxpayer's Daytime Phone Number

2019**RI E-FILE PAYMENT RECORD - BALANCE DUE****PAGE 1****KATHRYN AND MATTHEW M RAMSEY****003-72-2194****Form Payment Record**

THE RI-1040 BALANCE DUE WILL BE PAID ELECTRONICALLY USING THE FOLLOWING INFORMATION. MODIFY THE BANK AND ACCOUNT INFORMATION USING THE RHODE ISLAND ELECTRONIC PAYMENT INPUT FIELDS.

Name of Bank

Routing Transit Number

Bank Account Number

Type of Account

Amount of Tax Payment

Tax Type

Requested Payment Date

Taxpayer's Daytime Phone Number

2019

Agency Disclosure Statements

Page 1

Client

Kathryn and Matthew M Ramsey

003-72-2194

Rhode Island Disclosure Statements

Statement: Refund Expectations

Where's My Refund? <https://www.ri.gov/taxation/refund/>

Statement: Payment Expectations

<http://www.tax.ri.gov/misc/creditcard.php>

DO NOT FILE