

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 GEORGETTE GOMEZ		Last name	Your social security number <div></div>	
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. <div></div>			Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <div></div>			Presidential Election Campaign 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):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	76,083.
2a	Tax-exempt interest	2a	
		b	Taxable int. Att. Sch. B if reqd.
		2b	45.
3a	Qualified dividends	3a	
		b	Ordinary div. Att. Sch. B if reqd.
		3b	
4a	IRA distributions	4a	
		b	Taxable amount
		4b	
c	Pensions and annuities	4c	
		d	Taxable amount
		4d	
5a	Social security benefits	5a	
		b	Taxable amount
		5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	6	
7a	Other income from Schedule 1, line 9	7a	13,049.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income	7b	89,177.
8a	Adjustments to income from Schedule 1, line 22	8a	6,831.
b	Subtract line 8a from line 7b. This is your adjusted gross income	8b	82,346.
9	Standard deduction or itemized deductions (from Schedule A)	9	30,101.
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	1,229.
11a	Add lines 9 and 10	11a	31,330.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	51,016.

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.

12a Tax (see inst.) Check if any from Form(s): 1 ☐ 88142 ☐ 49723 ☐

12a 7,084.

b Add Schedule 2, line 3, and line 12a and enter the total 12b 7,084.

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 7,084.**15** Other taxes, including self-employment tax, from Schedule 2, line 10. 15 1,833.**16** Add lines 14 and 15. This is your **total tax**. 16 8,917.**17** Federal income tax withheld from Forms W-2 and 1099. 17 8,989.**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

e Add lines 18a through 18d. These are your **total other payments and refundable credits**. 18e**19** Add lines 17 and 18e. These are your **total payments**. 19 8,989.**Refund** **20** If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid**. 20 72.**21a** Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here. ☐ 21a 72.Direct deposit?
See instructions.b Routing number. ☐ c Type: ☒ Checking ☐ Savings

d Account number.

22 Amount of line 20 you want **applied to your 2020 estimated tax**. 22**Amount You Owe** **23** **Amount you owe.** Subtract line 19 from line 16. For details on how to pay, see instructions. 23**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. ☐ Yes. Complete below.☒ 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

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Joint return?
See instructions.
Keep a copy for your records.Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. 619-952-4589

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

Alan Spiegel

Alan Spiegel

7/10/20

P00320894

☒ 3rd Party Designee

Firm's name ▶ Alan Spiegel, CPA

Phone no. 858-689-9661

☐ Self-employedFirm's address ▶ 16959 Bernardo Ctr Dr Ste 202
San Diego, CA 92128

Firm's EIN ▶

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

2019

Attachment
Sequence No. **01**

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

GEORGETTE GOMEZ

Your social security number

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

1	Taxable refunds, credits, or offsets of state and local income taxes	1	75.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	12,974.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
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	13,049.

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	917.
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	5,914.
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	6,831.

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

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 for instructions and the latest information.

OMB No. 1545-0074

2019

Attachment
Sequence No. **02**

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

GEORGETTE GOMEZ

Your social security number

Part I Tax

1	Alternative minimum tax. Attach Form 6251.	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962.	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b.	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE.	4	1,833.
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919.	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required.	6	
7a	Household employment taxes. Attach Schedule H.	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required.	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15.	10	1,833.

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

Schedule 2 (Form 1040 or 1040-SR) 2019

COPY

SCHEDULE A
(Form 1040 or 1040-SR)

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service (99)**Itemized Deductions**► Go to www.irs.gov/ScheduleA for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2019Attachment
Sequence No. **07**

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

GEORGETTE GOMEZ

Your social security number

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see instructions)	1	1,500.	
2	Enter amount from Form 1040 or 1040-SR, line 8b	2	82,346.	
3	Multiply line 2 by 7.5% (0.075)	3	6,176.	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.	

**Taxes You
Paid**

5	State and local taxes.			
a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box. <input type="checkbox"/>	5a	4,182.	
b	State and local real estate taxes (see instructions)	5b	4,798.	
c	State and local personal property taxes	5c		
d	Add lines 5a through 5c	5d	8,980.	
e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	8,980.	
6	Other taxes. List type and amount ►	6		
7	Add lines 5e and 6	7	8,980.	

**Interest You
Paid****Caution:** Your mortgage interest deduction may be limited (see instructions).

8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box. <input type="checkbox"/>			
a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited.	8a	17,694.	
b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	8b		
c	Points not reported to you on Form 1098. See instructions for special rules.	8c	157.	
d	Mortgage insurance premiums (see instructions)	8d		
e	Add lines 8a through 8d	8e	17,851.	
9	Investment interest. Attach Form 4952 if required. See instructions	9		
10	Add lines 8e and 9	10	17,851.	

**Gifts to
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	2,420.	
12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	12	850.	
13	Carryover from prior year	13		
14	Add lines 11 through 13	14	3,270.	

**Casualty and
Theft Losses**

15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions.	15	0.	
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**Other
Itemized
Deductions**

16	Other—from list in instructions. List type and amount ►	16	0.	
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**Total
Itemized
Deductions**

17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9.	17	30,101.	
18	If you elect to itemize deductions even though they are less than your standard deduction, check this box. <input type="checkbox"/>			

FDIA0301L 01/15/20

SCHEDULE C
(Form 1040 or 1040-SR)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service (99)

► Go to 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.

Attachment
Sequence No. **09**

Name of proprietor GEORGETTE GOMEZ		Social security number (SSN) <div style="background-color: black; width: 100px; height: 1.2em;"></div>	
A Principal business or profession, including product or service (see instructions) PUBLIC TRANSPORTATION CONSULTANT		B Enter code from instructions ► 485110	
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) ► City, town or post office, state, and ZIP code			
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►			
G 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			
H If you started or acquired this business during 2019, check here <input type="checkbox"/>			
I 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			
J 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	22,300.
2 Returns and allowances.	2	
3 Subtract line 2 from line 1.	3	22,300.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3.	5	22,300.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6.	7	22,300.

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

8 Advertising.	8		18 Office expense (see instructions).	18	230.
9 Car and truck expenses (see instructions)	9	2,914.	19 Pension and profit-sharing plans.	19	
10 Commissions and fees.	10		20 Rent or lease (see instructions):		
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	609.
15 Insurance (other than health)	15		23 Taxes and licenses.	23	
16 Interest (see instr.):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel.	24a	3,112.
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	200.	25 Utilities.	25	
			26 Wages (less employment credits)	26	
			27 a Other expenses (from line 48)	27a	2,261.
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.	28			28	9,326.
29 Tentative profit or (loss). Subtract line 28 from line 7.	29			29	12,974.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: 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 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31			31	12,974.
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 Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.	32a	
			32b <input type="checkbox"/> Some investment is not at risk.	32b	

Part III Cost of Goods Sold (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? 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.	35
36 Purchases less cost of items withdrawn for personal use.	36
37 Cost of labor. Do not include any amounts paid to yourself.	37
38 Materials and supplies.	38
39 Other costs.	39
40 Add lines 35 through 39.	40
41 Inventory at end of year.	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.	42

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) ▶ 1/01/17

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 5,024 **b** Commuting (see instructions) _____ **c** Other 6,300

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.

Parking and Tolls	644.
Telephone	480.
Work Events	1,137.
48 Total other expenses. Enter here and on line 27a.	48 2,261.

SCHEDULE SE
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Go to 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)

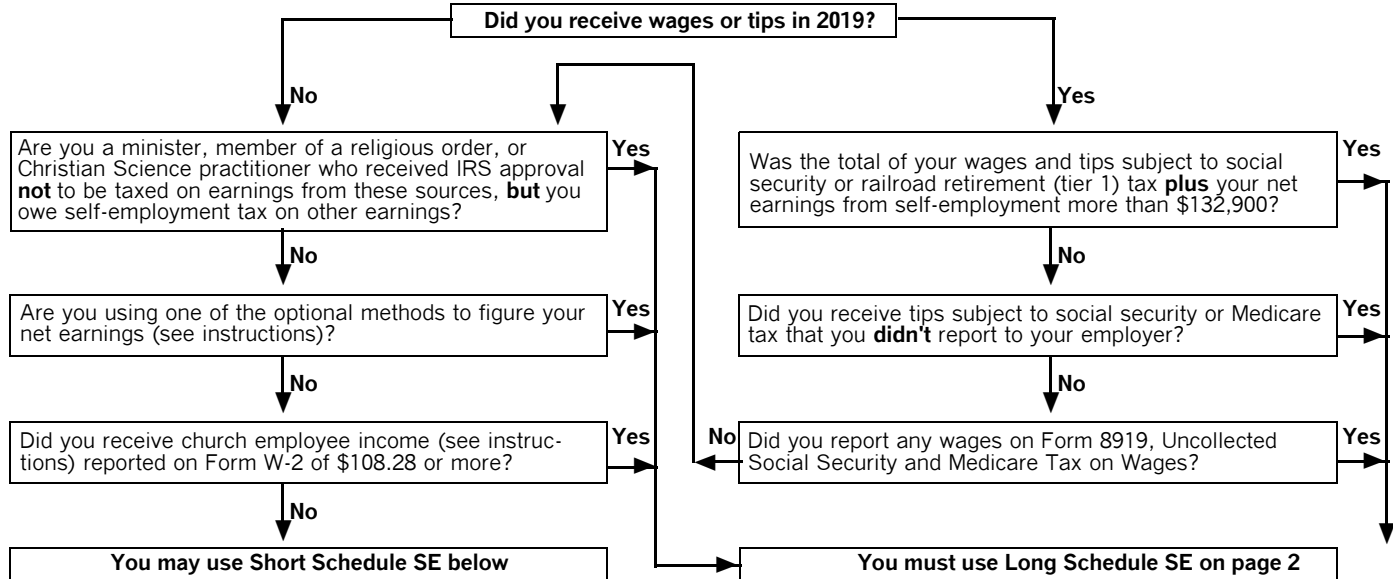
GEORGETTE GOMEZ

Social security number of person
with **self-employment** income ►

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.

1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1 a	
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	1 b	
2 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	2	12,974.
3 Combine lines 1a, 1b, and 2	3	12,974.
4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b	4	11,981.
Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
5 Self-employment tax. 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 Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55. • 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 Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55.	5	1,833.
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27	6	917.

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

Schedule SE (Form 1040 or 1040-SR) 2019

**Qualified Business Income Deduction
Simplified Computation****2019**Attachment
Sequence No. **55**▶ **Attach to your tax return.**▶ **Go to www.irs.gov/Form8995 for instructions and the latest information.**

Name(s) shown on return

GEORGETTE GOMEZ

Your taxpayer identification number

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	GEORGETTE GOMEZ		6,143.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c).	2	6,143.	
3	Qualified business net (loss) carryforward from the prior year.	3	0.	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	6,143.	
5	Qualified business income component. Multiply line 4 by 20% (0.20).	5		1,229.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions).	6	0.	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year.	7	0.	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0.	
9	REIT and PTP component. Multiply line 8 by 20% (0.20).	9		0.
10	Qualified business income deduction before the income limitation. Add lines 5 and 9.	10		1,229.
11	Taxable income before qualified business income deduction.	11	52,245.	
12	Net capital gain (see instructions).	12	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	52,245.	
14	Income limitation. Multiply line 13 by 20% (0.20).	14		10,449.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return. ▶	15		1,229.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16		0.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17		0.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8995** (2019)

Form **8283**(Rev. November 2019)
Department of the Treasury
Internal Revenue Service**Noncash Charitable Contributions**

► **Attach one or more Forms 8283 to your tax return if you claimed a total deduction of over \$500 for all contributed property.**

► **Go to www.irs.gov/Form8283 for instructions and the latest information.**

OMB No. 1545-0908

Attachment
Sequence No. **155**

Name(s) shown on your income tax return

GEORGETTE GOMEZ

Identifying number

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.**Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities** — List in this section **only** an item (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities and certain other property even if the deduction is more than \$5,000 (see instructions).**Part I Information on Donated Property** — If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description and condition of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, and other property, see instructions.)
A	SALVATION ARMY 1335 BROADWAY SAN DIEGO, CA 92101	<input type="checkbox"/>	Various clothing items, houseware
B	GOODWILL INDUSTRIES 3663 ROSECRANS ST SAN DIEGO, CA 92110	<input type="checkbox"/>	Clothing, kitchen & houseware
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A	12/28/19	Various	Purchase	2,275.	450.	Thrift Shop Value
B	12/05/19	Various	Purchase	1,925.	400.	Thrift Shop Value
C						
D						
E						

Part II Partial Interests and Restricted Use Property — Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).**2a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest. ►

If Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Part I: **(1)** For this tax year. ►**(2)** For any prior tax years. ►**c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

d For tangible property, enter the place where the property is located or kept. ►**e** Name of any person, other than the donee organization, having actual possession of the property. ►**3a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?

Yes	No
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b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?**c** Is there a restriction limiting the donated property for a particular use?

GEORGETTE GOMEZ

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>SDI</u>
City of San Diego	76,083.	8,989.		1,351.	4,182.	
Grand Total	<u>76,083.</u>	<u>8,989.</u>	<u>0.</u>	<u>1,351.</u>	<u>4,182.</u>	<u>0.</u>

Form 1040 or 1040-SR, Line 2b
Interest Income

DOVENMUEHLE MORTG	32.
SD COUNTY CREDIT UNION	13.
Total	<u>45.</u>

State and Local Refunds Taxable in 2020
(IRS Pub. 525)

1. State and local income tax refunds (current year)	1,872.
2. Refunds attributable to post 12/31/2019 payments per IRS Pub. 525	0.
3. Net state and local income tax refunds	1,872.
4. State and local income taxes included on Schedule A, line 5e	4,182.
5. Allowable general sales tax deduction	935.
6. Excess of income taxes deducted over sales taxes deducted	3,247.
7. Enter the smaller of line 3 or line 6	1,872.
8. Itemized deductions from Schedule A, line 17	30,101.
9. Recomputed itemized deductions, if state/local taxes limited	0.
10. Standard deduction	12,200.
11. Enter the larger of line 9 or line 10	12,200.
12. Subtract line 11 from line 8 (not less than 0)	17,901.
13. Enter the smaller of line 7 or line 12	1,872.
14. Negative taxable income (current year)	0.
15. State and local refunds taxable next year (add lines 13 and 14, but not less than 0)	<u>1,872.</u>

Self-Employed Health Insurance Deduction (Schedule 1, Line 16)

	<u>Taxpayer</u>
1. Health insurance premiums (except long-term care)	5,914.
2. Long-term care premiums (\$790 max.)	0.
3. Total health insurance premiums paid (add lines 1 and 2)	5,914.
4. Earned income, minus any deductions claimed on Schedule 1, line 15	12,974.
5. Deductible portion of SE tax	917.
6. Subtract line 5 from line 4	12,057.
7. Self-employed health insurance deduction (the smaller of line 3 or line 6)	<u>5,914.</u>

GEORGETTE GOMEZ

Qualified Business Income

Trade or business name:	GEORGETTE GOMEZ
Taxpayer identification number:	
Business income.....	12,974.
Allocated deduction for one-half of self-employment tax.....	-917.
Allocated deduction for self-employed health insurance.....	-5,914.
Qualified Business Income	<u>6,143.</u>

Federal Income Tax Withheld

City of San Diego	8,989.
Total	<u>8,989.</u>

State and Local Taxes (Schedule A, Line 5a)

State and Local Income Taxes

	State	Local
Income tax withheld	4,182.	0.
Disability/unemployment insurance/transit tax	0.	0.
Estimated tax payments	0.	0.
Credit for prior year overpayment	0.	0.
Credit for income tax withheld (K-1)	0.	0.
1/19 payment on 2018 estimate	0.	0.
Paid with 2018 extension	0.	0.
Paid with 2018 return	0.	0.
Paid for prior years and/or to other states	0.	0.
Total income taxes	<u>4,182.</u>	<u>0.</u>

Total state and local income taxes	<u>4,182.</u>
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State and Local Sales Taxes Using the Optional Sales Tax Tables

Available Income:

Adjusted gross income per Form 1040 or 1040-SR	82,346.
Tax-exempt interest	0.
Nontaxable combat pay	0.
Nontaxable social security benefits	0.
Nontaxable pensions	0.
Nontaxable IRAs	0.
Prior year refundable credits (refundable portion only)	0.
Additional nontaxable amounts	0.
Total Available Income (not less than zero)	<u>82,346.</u>

Number of Exemptions	1.
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GEORGETTE GOMEZ

State and Local Taxes (Schedule A, Line 5a) (continued)

1. State general sales taxes per Tables	935.
2. Local general sales taxes per Tables for certain residents of AK, AZ, AR, CO, GA, IL, LA, MO, MS, NC, NY, SC, TN, UT, and VA (based on a rate of 1%)	0.
3. Local general sales tax rate	
4. If line 2 is zero, enter your state general sales tax rate. Otherwise, skip line 4 and 5, and go to line 6	7.2500
5. Divide line 3 by line 4	
6. Local general sales taxes. If line 2 is zero, multiply line 1 by line 5. Otherwise, multiply line 2 by line 3.	0.
7. State and local general sales taxes (add lines 1 and 6)	935.
8. Sales taxes paid on vehicles, boats, etc.	0.
9. Sales tax deduction when using Tables (add lines 7 and 8)	935.

State and Local Sales Tax Deduction
(Greater of Taxes Paid or Table Amount)

1. General sales taxes paid	0.
2. Use taxes paid	0.
3. Total actual taxes paid (add lines 1 and 2)	0.
4. Sales taxes using Tables	935.
5. Greater of sales taxes paid or Table amount	<u>935.</u>

State & Local Taxes to Sch. A, Ln 5 (greater of income or sales tax) 4,182.

Net Nonfarm Profit or (Loss) (Schedule SE, Line 2)

	<u>Taxpayer</u>
Schedule C	12,974.
Schedule E, page 2 (from Sch. K-1)	0.
Other Income (Schedule 1, line 8)	0.
Section 1256 contracts	0.
Minister wages	0.
Minister housing allowance	0.
Minister parsonage - utilities	0.
Employee business expenses	0.
Net nonfarm income adjustment	0.
Total Net Nonfarm Profit or (Loss)	<u>12,974.</u>

GEORGETTE GOMEZ

	2019	2018	Diff
INCOME			
Wages, salaries, tips, etc.....	76,083	0	76,083
Interest income.....	45	10	35
Refunds of state and local taxes.....	75	0	75
Business income.....	12,974	9,277	3,697
Total income.....	89,177	9,287	79,890
ADJUSTMENTS TO INCOME			
Deductible part of self-employment tax...	917	656	261
Self-employed health insurance.....	5,914	521	5,393
Total adjustments.....	6,831	1,177	5,654
Adjusted gross income.....	82,346	8,110	74,236
ITEMIZED DEDUCTIONS			
Taxes.....	8,980	5,465	3,515
Interest.....	17,851	13,379	4,472
Contributions.....	3,270	869	2,401
Total itemized deductions.....	30,101	19,713	10,388
TAX COMPUTATION			
Standard deduction.....	12,200	12,000	200
Larger of itemized or standard deduction.....	30,101	19,713	10,388
Qualified business income deduction.....	1,229	0	1,229
Taxable income.....	51,016	-11,603	62,619
Tax before credits.....	7,084	0	7,084
CREDITS			
Total credits.....	0	0	0
Tax after credits.....	7,084	0	7,084
OTHER TAXES			
Self-employment tax.....	1,833	1,311	522
Total tax.....	8,917	1,311	7,606
PAYMENTS			
Federal income tax withheld.....	8,989	0	8,989
Earned income credit.....	0	508	-508
Total payments.....	8,989	508	8,481
REFUND OR AMOUNT DUE			
Amount overpaid.....	72	0	72
Amount refunded to you.....	72	0	72
Amount you owe.....	0	803	-803
TAX RATES			
Marginal tax rate.....	22.0%	0.0%	22.0%
Effective tax rate.....	17.5%	0.0%	17.5%

GEORGETTE GOMEZ

	2019	2018	Diff
FEDERAL ADJUSTED GROSS INCOME			
Federal adjusted gross income.....	82,346	8,110	74,236
CALIFORNIA SUBTRACTIONS			
State tax refund.....	75	0	75
Total subtractions from federal AGI.....	75	0	75
ADJUSTED GROSS INCOME			
Adjusted gross income.....	82,271	8,110	74,161
ITEMIZED DEDUCTIONS			
Itemized deduction before limitation.....	25,919	18,359	7,560
California itemized deductions.....	25,919	18,359	7,560
California standard deduction.....	4,537	4,401	136
TAX COMPUTATION			
Total taxable income.....	56,352	0	56,352
Tax.....	2,432	0	2,432
Exemption credits.....	122	118	4
Net tax.....	2,310	0	2,310
PAYMENTS			
California income tax withheld.....	4,182	0	4,182
Earned income tax credit.....	0	75	-75
Total payments.....	4,182	75	4,107
REFUND OR AMOUNT DUE			
Amount overpaid.....	1,872	75	1,797
Amount you owe.....	0	0	0
Amount refunded to you.....	1,872	75	1,797
TAX RATES			
Marginal tax rate.....	8.0%	0.0%	8.0%
Effective tax rate.....	4.1%	0.0%	4.1%

12/31/19

2019 Federal Summary Depreciation Schedule

Page 1

GEORGETTE GOMEZ

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct	Cur 179/ SDA	Prior 179/ SDA/ Depr	Method	Life	Current Depr
Schedule A (Points)										
Amortization										
1	POINTS ON REFI	10/04/18		4,704			39	S/L	30	157
	Total Amortization			4,704		0	39			157
	Total Depreciation			0		0	0			0
	Grand Total Amortization			4,704		0	39			157
	Grand Total Depreciation			0		0	0			0

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