

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial **Walter Barber Jr** Last name **Barber** Your social security number **585-35-5359**

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind
 If joint return, spouse's first name and initial **Daphne Lansing Barber** Last name **Barber** Spouse's social security number **585-84-9415**

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)
 Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **P.O. Box 2885** Apt. no. **Presidential Election Campaign (see inst.)** You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Kirtland, NM 87417** If more than four dependents, see inst. and here

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
				Child tax credit	Credit for other dependents
Wyatt Barber		022-53-6594	Son	<input checked="" type="checkbox"/>	

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.

Joint return? See instructions. Keep a copy for your records.
 Your signature **[Signature]** Date **3-6-24** Your occupation **Corporate Officer**
 Spouse's signature. If a joint return, both must sign. **[Signature]** Date **3/6/24** Spouse's occupation **Office Manager**

Paid Preparer Use Only
 Preparer's name **Bryan Washburn** Preparer's signature **[Signature]** PTIN **P00154760** Firm's EIN **85-0471328** Check if: 3rd Party Designee Self-employed
 Firm's name **WASHBURNS PC** Phone no. **(505) 326-6500**
 Firm's address **4001 NORTH BUTLER AVE BUILDING 5102 FARMINGTON, NM 87401**

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. FDIA0112L 01/08/19 Form **1040** (2018) Page **2**

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	37,100.
	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRAs, pensions, and annuities	4a	
	5a Social security benefits	5a	
	6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	72,700.
	7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	72,700.
	8 Standard deduction or itemized deductions (from Schedule A)	8	24,000.
	9 Qualified business income deduction (see instructions)	9	7,120.
	10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	41,580.
	11 a Tax (see inst.) 4,608. (check if any from: <input type="checkbox"/> Form 4972 <input type="checkbox"/> Form(s) 8814)	11	4,608.
	12 a Child tax credit/credit for other dependents 2,000.	12	2,600.
	13 Subtract line 12 from line 11. If zero or less, enter -0-	13	2,008.
	14 Other taxes. Attach Schedule 4	14	1,738.
	15 Total tax. Add lines 13 and 14	15	3,746.
	16 Federal income tax withheld from Forms W-2 and 1099	16	2,410.
	17 Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	17	
	18 Add any amount from Schedule 5	18	2,410.
	19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid.	19	
	20a Amount of line 19 you want refunded to you. If Form 8888 is attached, check here.	20a	
	21 Amount of line 19 you want applied to your 2019 estimated tax	21	
	22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	1,336.
	23 Estimated tax penalty (see instructions)	23	

Standard Deduction for —
 • Single or married filing separately, \$12,000
 • Married filing jointly or Qualifying widow(er), \$24,000
 • Head of household, \$18,000
 • If you checked any box under Standard deduction, see instructions.

Refund
 Direct deposit? See instructions. **b** Routing number **c** Type: Checking Savings

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2018

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

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

Attachment
Sequence No. **01**

Name(s) shown on Form 1040

Walter Barber Jr and Daphine Lansing Barber

Your social security number
585-35-5359

Additional Income	1-9b	Reserved.....		1-9b		
	10	Taxable refunds, credits, or offsets of state and local income taxes.....		10		
	11	Alimony received.....		11		
	12	Business income or (loss). Attach Schedule C or C-EZ.....		12		
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here..... ▶ <input type="checkbox"/>		13		
	14	Other gains or (losses). Attach Form 4797.....		14	-6,668.	
	15a	Reserved.....		15b		
	16a	Reserved.....		16b		
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.....		17	42,268.	
	18	Farm income or (loss). Attach Schedule F.....		18		
	19	Unemployment compensation.....		19		
	20a	Reserved.....		20b		
	21	Other income. List type and amount.....		21		
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23.....		22	35,600.	
	Adjustments to Income	23	Educator expenses.....	23		
		24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106.....	24		
		25	Health savings account deduction. Attach Form 8889.....	25		
		26	Moving expenses for members of the Armed Forces. Attach Form 3903.....	26		
		27	Deductible part of self-employment tax. Attach Schedule SE.....	27		
		28	Self-employed SEP, SIMPLE, and qualified plans.....	28		
		29	Self-employed health insurance deduction.....	29		
		30	Penalty on early withdrawal of savings.....	30		
31a		Alimony paid b Recipient's SSN ▶.....	31a			
32		IRA deduction.....	32			
33	Student loan interest deduction.....	33				
34	Reserved.....	34				
35	Reserved.....	35				
36	Add lines 23 through 35.....	36		0.		

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

Schedule 1 (Form 1040) 2018

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Nonrefundable Credits

▶ **Attach to Form 1040.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018

Attachment
Sequence No. **03**

Name(s) shown on Form 1040

Walter Barber Jr and Daphine Lansing Barber

Your social security number

585-35-5359

Nonrefundable Credits	48	Foreign tax credit. Attach Form 1116 if required.	48	
	49	Credit for child and dependent care expenses. Attach Form 2441.	49	600.
	50	Education credits from Form 8863, line 19.	50	
	51	Retirement savings contributions credit. Attach Form 8880.	51	
	52	Reserved.	52	
	53	Residential energy credit. Attach Form 5695.	53	
	54	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12.	55	600.	

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

Schedule 3 (Form 1040) 2018

SCHEDULE 4
(Form 1040)

Other Taxes

OMB No. 1545-0074

2018

Attachment
Sequence No. **04**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040.**

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

Name(s) shown on Form 1040

Walter Barber Jr and Daphine Lansing Barber

Your social security number

585-35-5359

Other Taxes	57	Self-employment tax. Attach Schedule SE.....	57	
	58	Unreported social security and Medicare tax from: Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	59	
	60a	Household employment taxes. Attach Schedule H	60a	
	b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions).....	61	1,738.
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) -----	62	
	63	Section 965 net tax liability installment from Form 965-A. ... 63		
	64	Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14.....	64	1,738.

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

Schedule 4 (Form 1040) 2018

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

Your social security number

Walter Barber Jr and Daphine Lansing Barber

585-35-5359

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, excess farm loss, 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

Table with 6 columns: (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. Rows include Indigenous Innovations, LLC.

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss from Schedule K-1, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Includes totals and summary rows 29a-32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer ID no. Rows A and B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes totals and summary rows 34a-37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Includes summary row 39.

Part V Summary

Summary table with 2 columns: Description, Amount. Rows 40-43 including Total income or (loss) and Reconciliation of farming and fishing income.

Child and Dependent Care Expenses

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

2018

▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

Attachment
Sequence No. **21**

Name(s) shown on return

Your social security number

Walter Barber Jr and Daphne Lansing Barber

585-35-5359

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box.

Part I **Persons or Organizations Who Provided the Care** — You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	Promiseland Child Dev	5101 N. Dustin Ave Farmington, NM 87401	85-0318057	3,550.

Did you receive dependent care benefits? **No** → Complete only Part II below.
 Yes → Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 4 (Form 1040), line 60a; or Form 1040NR, line 59a.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2018 for the person listed in column (a)
First	Last		
Wyatt	Barber	022-53-6594	3,550.

3 Add the amounts in column (c) of line 2. Don't enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31.....	3	3,000.
4 Enter your earned income . See instructions.....	4	33,600.
5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4.....	5	3,500.
6 Enter the smallest of line 3, 4, or 5.....	6	3,000.
7 Enter the amount from Form 1040, line 7; or Form 1040NR, line 36.....	7	72,700.

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0	– 15,000	.35	\$29,000	– 31,000	.27
15,000	– 17,000	.34	31,000	– 33,000	.26
17,000	– 19,000	.33	33,000	– 35,000	.25
19,000	– 21,000	.32	35,000	– 37,000	.24
21,000	– 23,000	.31	37,000	– 39,000	.23
23,000	– 25,000	.30	39,000	– 41,000	.22
25,000	– 27,000	.29	41,000	– 43,000	.21
27,000	– 29,000	.28	43,000	– No limit	.20

8 X .20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2017 expenses in 2018, see the instructions.... **9** 600.

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions..... **10** 4,608.

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Schedule 3 (Form 1040), line 49; or Form 1040NR, line 47..... **11** 600.

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

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment
Sequence No. **27**

Name(s) shown on return

Walter Barber Jr and Daphine Lansing Barber

Identifying number

585-35-5359

1 Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions. 1 **1,500.**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft – Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	From K-1						-8,168.

3 Gain, if any, from Form 4684, line 39. **3**

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37. **4**

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824. **5**

6 Gain, if any, from line 32, from other than casualty or theft. **6**

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: **7** **-8,168.**

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions. **8**

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions. **9**

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

11 Loss, if any, from line 7. **11** **-8,168.**

12 Gain, if any, from line 7 or amount from line 8, if applicable. **12**

13 Gain, if any, from line 31. **13** **1,500.**

14 Net gain or (loss) from Form 4684, lines 31 and 38a. **14**

15 Ordinary gain from installment sales from Form 6252, line 25 or 36. **15**

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824. **16**

17 Combine lines 10 through 16. **17** **-6,668.**

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from 'Form 4797, line 18a.' See instructions. **18a**

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14. **18b** **-6,668.**

BAA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19(a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A Toyota Sequoia - 2005	1/20/13	4/06/18
B Toyota Sequoia - 2005	1/20/13	4/06/18
C		
D		

These columns relate to the properties on lines 19A through 19D		Property A	Property B	Property C	Property D
20 Gross sales price (Note: See line 1 before completing.)	20	750.	750.		
21 Cost or other basis plus expense of sale.	21	8,923.	8,923.		
22 Depreciation (or depletion) allowed or allowable.	22	8,923.	8,923.		
23 Adjusted basis. Subtract line 22 from line 21.	23				
24 Total gain. Subtract line 23 from line 20.	24	750.	750.		
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22.	25a	8,923.	8,923.		
b Enter the smaller of line 24 or 25a.	25b	750.	750.		
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975. See instrs.	26a				
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions.	26b				
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e.	26c				
d Additional depreciation after 1969 and before 1976.	26d				
e Enter the smaller of line 26c or 26d.	26e				
f Section 291 amount (corporations only).	26f				
g Add lines 26b, 26e, and 26f.	26g				
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a Soil, water, and land clearing expenses.	27a				
b Line 27a multiplied by applicable percentage. See instructions.	27b				
c Enter the smaller of line 24 or 27b.	27c				
28 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions.	28a				
b Enter the smaller of line 24 or 28a.	28b				
29 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126. See instructions.	29a				
b Enter the smaller of line 24 or 29a. See instrs.	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24.	30	1,500.
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13.	31	1,500.
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6.	32	0.

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years.	33	
34 Recomputed depreciation. See instructions.	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report.	35	

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status
► To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.
► Go to www.irs.gov/Form8867 for instructions and the latest information.

Taxpayer name(s) shown on return

Walter Barber Jr and Daphne Lansing Barber

Taxpayer identification number

585-35-5359

Enter preparer's name and PTIN

Bryan Washburn P00154760

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I-V for the benefit(s), and/or HOH filing status claimed (check all that apply).		EIC	CTC/ ACTC/ODC	AOTC	HOH
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. <ul style="list-style-type: none"> Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of any credit(s) claimed 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b	Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount of the credit(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	List those documents, if any, that you relied on.				
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
a	Did you complete the required recertification Form 8862?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			

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

	EIC	CTC/ ACTC/ODC	AOTC	HOH
9a Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim the EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

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

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

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

	EIC	CTC/ ACTC/ODC	AOTC	HOH
13 Did the taxpayer provide the required substantiation for the credit, including a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to determine the amount of the credit(s) claimed;
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of Form 8867;
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed;
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine eligibility for the credit(s) and/or HOH filing status;
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained; and
 - 5. A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing status and the amount(s) of any credit(s) claimed and the taxpayer's answers.

▶ **If you have not complied with all due diligence requirements, you may have to pay a \$520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Make your check payable to the "United States Treasury"
and mail Form 4868 with your payment to:

Internal Revenue Service
P.O. Box 7122
San Francisco, CA 94120-7122

▼ DETACH HERE ▼

Form 4868 Department of the Treasury Internal Revenue Service (99)	Application for Automatic Extension of Time To File U.S. Individual Income Tax Return	1030 FDIA4601L 07/11/18. <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div>
For calendar year 2018, or other tax year beginning		2018, ending

Part I Identification	Part II Individual Income Tax
1 Walter Barber Jr Daphne Lansing Barber WASHBURNS PC 4001 NORTH BUTLER AVE BUILDING 5102 FARMINGTON, NM 87401 2 585-35-5359	4 Estimate of total tax liability for 2018... \$ <u>3,746.</u> 5 Total 2018 payments..... <u>2,410.</u> 6 Balance due. Subtract line 5 from line 4 (see instructions)..... <u>1,336.</u> 7 Amount you are paying (see instructions)..... ▶ <u>1,336.</u> 8 Check here if you are 'out of the country' and a U.S. citizen or resident (see instructions)..... ▶ <input type="checkbox"/> 9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding..... ▶ <input type="checkbox"/>
3 585-84-9415	

585355359 IQ BARB 30 0 201812 670

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