

TAXPAYER ANNUAL LOCAL EARNED INCOME TAX RETURN

*You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes. Contact your Tax Officer.

*If you have relocated during the tax year, please supply additional information.

Tax Year **2019**

DATES LIVING AT EACH ADDRESS	STREET ADDRESS (No PO Box, RD or RR)	CITY OR POST OFFICE	STATE	ZIP
TO				
TO				

**If you need additional space - please see back of form.

LAST NAME, FIRST NAME, MIDDLE INITIAL Checchio, Erika L		SPOUSE'S LAST NAME, FIRST NAME, MIDDLE INITIAL	
STREET ADDRESS (No PO Box, RD or RR) 15 Bluejay Drive			
SECOND LINE OF ADDRESS			
CITY Du Bois		STATE PA	ZIP CODE 15801
DAYTIME PHONE NUMBER (814) 591-7587	RESIDENT PSD CODE 170305	EXTENSION <input type="checkbox"/>	AMENDED RETURN <input type="checkbox"/> NON-RESIDENT <input type="checkbox"/>

<p>The calculations reported in the first column MUST pertain to the name printed in the column, regardless of whether the husband or wife appears first. Combining income is NOT permitted.</p> <p style="text-align: center;">ONLY USE BLACK OR BLUE INK TO COMPLETE THIS FORM</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Married, Filing Jointly <input checked="" type="checkbox"/> Married, Filing Separately <input type="checkbox"/> Final Return*</p>	<p style="text-align: center;">Social Security #</p> <p style="text-align: center;">171-66-1957</p> <p>If you had NO EARNED INCOME, check the reason why:</p> <p><input type="checkbox"/> disabled <input type="checkbox"/> student <input type="checkbox"/> deceased <input type="checkbox"/> military <input type="checkbox"/> homemaker <input type="checkbox"/> retired <input type="checkbox"/> unemployed</p>	<p style="text-align: center;">Spouse's Social Security #</p> <p style="text-align: center;">161-64-0564</p> <p>If you had NO EARNED INCOME, check the reason why:</p> <p><input type="checkbox"/> disabled <input type="checkbox"/> student <input type="checkbox"/> deceased <input type="checkbox"/> military <input type="checkbox"/> homemaker <input type="checkbox"/> retired <input type="checkbox"/> unemployed</p>
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1. Gross Compensation as Reported on W-2(s). (Enclose W-2s)	48,756 .00	0 .00
2. Unreimbursed Employee Business Expenses. (Enclose PA Schedule UE)	1,000 .00	0 .00
3. Other Taxable Earned Income *	0 .00	0 .00
4. Total Taxable Earned Income (Subtract Line 2 from Line 1 and add Line 3)	47,756 .00	0 .00
5. Net Profit (Enclose PA Schedules*)	0 .00	0 .00
NON-TAXABLE S-Corp earnings check this box: <input type="checkbox"/>	0 .00	0 .00
6. Net Loss (Enclose PA Schedules*)	0 .00	0 .00
7. Total Taxable Net Profit (Subtract Line 6 from Line 5. If less than zero, enter zero)	0 .00	0 .00
8. Total Taxable Earned Income and Net Profit (Add Lines 4 and 7)	47,756 .00	0 .00
9. Total Tax Liability (Line 8 multiplied by 1.0000%)	478 .00	0 .00
10. Total Local Earned Income Tax Withheld (May not equal W-2 - See instructions)	488 .00	0 .00
11. Quarterly Estimated Payments/Credit From Previous Tax Year	0 .00	0 .00
12. Out-of-State or Philadelphia Credits (include supporting documentation)	0 .00	0 .00
13. TOTAL PAYMENTS and CREDITS (Add Lines 10 through 12)	488 .00	0 .00
14. Refund IF MORE THAN \$1.00, enter amount (or select option in 15)	10 .00	0 .00
15. Credit Taxpayer/Spouse (Amount of Line 13 you want as a credit to your account)00	.00
<input type="checkbox"/> Credit to next year <input type="checkbox"/> Credit to spouse		
16. EARNED INCOME TAX BALANCE DUE (Line 9 minus Line 13)	0 .00	0 .00
17. Penalty after April 15* (multiply Line 16 by)	0 .00	0 .00
18. Interest after April 15* (multiply Line 16 by)	0 .00	0 .00
19. TOTAL PAYMENT DUE (Add Lines 16, 17, and 18)	0 .00	0 .00

*See Instructions

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.

YOUR SIGNATURE	SPOUSE'S SIGNATURE (if Filing Jointly)	
PREPARER'S PRINTED NAME & SIGNATURE Jeremiah Raybuck	Jeremiah Raybuck	PHONE NUMBER (814) 375-080

Form **8879**

IRS e-file Signature Authorization

OMB No. 1545-0074

2019

Department of the Treasury
Internal Revenue Service

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

Submission Identification Number (SID) ▶ 251841202009313kht78

Taxpayer's name Erika L Checchio		Social security number 171-66-1957
Spouse's name		Spouse's social security number 161-64-0564

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	44,661
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	1,703
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	4,903
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	3,200
5	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	0

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 R & J Raybuck's Tax Service Inc to enter or generate my PIN 17166
ERO firm name Enter five digits, but don't enter all zeros

as my 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 ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN
ERO firm name Enter five digits, but don't enter all zeros

as my 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 ▶ _____ 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. 25184120502
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 ▶ Jeremiah Raybuck Date ▶ 4/2/2020

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

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

HTA

pennsylvania
DEPARTMENT OF REVENUE

Pennsylvania e-file Signature Authorization

2019

PA-8879 (EX) 09-19

Declaration Control Number/Submission ID

2518412020093t3k7mud

Primary Taxpayer's Name

Erika L Checchio

Social Security Number

171661957

Secondary Taxpayer's Name

Social Security Number

161640564

SECTION I

TAX RETURN INFORMATION - TAX YEAR ENDING DEC. 31, 2019 (whole dollars only)

1. Adjusted PA Taxable Income (Form PA-40, Line 11)	1.	<u>47,756.00</u>
2. PA Tax Liability (Form PA-40, Line 12)	2.	<u>1,466.00</u>
3. Total PA Tax Withheld (Form PA-40, Line 13)	3.	<u>1,497.00</u>
4. Refund (Form PA-40, Line 30)	4.	<u>31.00</u>
5. Total Payment (Tax Due) (Form PA-40, Line 28)	5.	<u>0.00</u>

SECTION II

DECLARATION AND SIGNATURE AUTHORIZATION OF TAXPAYER

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements of my 2019 PA Tax Return (Form PA-40), and to the best of my knowledge and belief, it is true, correct and complete. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure of all information pertaining to my use of the system and software and to the transmission of my tax return electronically to the PA Department of Revenue. I further declare that the amounts in Section I above are the amounts shown on the copy of my electronic income tax return. If applicable, I authorize the PA Department of Revenue and its designated financial agents to initiate an electronic funds withdrawal (direct debit) entry to my designated account for Pennsylvania taxes owed. I also authorize my financial institution to debit the entry to my account and the financial institutions involved in the processing of my electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to payment. I certify the funds for this withdraw are originating from an account within the United States or one of its territories. I have selected a personal identification number as my signature for my electronic income tax return and, if applicable, my electronic funds withdrawal consent.

Primary Taxpayer's Personal Identification Number (PIN): (check one box only)

I authorize R & J Raybuck's Tax Service Inc to enter my PIN 17166 as my 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.

Signature _____ Date 04/02/20

Secondary Taxpayer's PIN: (check one box only)

I authorize _____ to enter my PIN _____ as my 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.

Signature _____ Date _____

Practitioner PIN Program Participants Only - Continue Below

SECTION III

CERTIFICATION AND AUTHENTICATION

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 25184120502

As a participant in the Practitioner PIN Program, I certify the above numeric entry is my PIN, which is my signature on the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm I am participating in the Practitioner PIN Program in accordance with the requirements established for this program.

ERO's signature _____ Date 04/02/20

**ERO must retain this form and the supporting documents for three years.
DO NOT SUBMIT THIS FORM TO THE PENNSYLVANIA DEPARTMENT OF REVENUE.**

Form 1040 U.S. Individual Income Tax Return (99)

2019

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

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. Matthew Checchio

Your first name and middle initial: Erika L. Last name: Checchio. Your social security number: 171-66-1957. Spouse's social security number: 161-64-0564.

Home address (number and street): 15 Bluejay Drive. City, town or post office, state, and ZIP code: Du Bois PA 15801. Foreign country name, Foreign province/state/country, Foreign postal code.

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.

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Row 1: Maddox, Checchio, 364-69-6855, Son, [X], []

Main income table with rows 1-11b. Line 1: 44,911. Line 7b: 44,911. Line 8b: 44,661. Line 9: 12,200. Line 11a: 12,200. Line 11b: 32,461.

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

Form 1040 (2019)

Erika L Checchio

171-66-1957

Page 2

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	3,703	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	3,703	
13a	Child tax credit or credit for other dependents	13a	2,000	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	2,000	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	1,703	
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	1,703	
17	Federal income tax withheld from Forms W-2 and 1099	17	4,903	
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	0	
19	Add lines 17 and 18e. These are your total payments	19	4,903	
20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	3,200	
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	21a	3,200	
b	Routing number 043306855	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3001060254			
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	0	
24	Estimated tax penalty (see instructions)	24		

• If you have a qualifying child, attach Sch. EIC.
 • If you have nontaxable combat pay, see instructions.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

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

(Other than paid preparer)

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.)
<i>[Signature]</i>	4/2/2020	EDUCATOR	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Phone no. (814) 591-7587	Email address		

Paid Preparer Use Only

Preparer's name Jeremiah Raybuck	Preparer's signature Jeremiah Raybuck	Date 4/2/2020	PTIN P01204553	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name R & J Raybuck's Tax Service Inc	Phone no. (814) 375-0801		Firm's EIN 51-0563206	
Firm's address PO Box 750, DuBois, PA 15801				

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

SCHEDULE 1
(Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2019

Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040 or 1040-SR.

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

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

Erika L Checchio

Your social security number

171-66-1957

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	
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	
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	0

Part II Adjustments to Income

10	Educator expenses	10	250
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		
12	Health savings account deduction. Attach Form 8889	11	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	12	
14	Deductible part of self-employment tax. Attach Schedule SE	13	
15	Self-employed SEP, SIMPLE, and qualified plans	14	
16	Self-employed health insurance deduction	15	
17	Penalty on early withdrawal of savings	16	
18a	Alimony paid	17	
b	Recipient's SSN	18a	
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	250

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

Schedule 1 (Form 1040 or 1040-SR) 2019

Form **8867**

Paid Preparer's Due Diligence Checklist

OMB No. 1545-0074

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

2019

Attachment Sequence No. **70**

Department of the Treasury
Internal Revenue Service

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

Taxpayer name(s) shown on return

Taxpayer identification number

Erika L Checchio

171-66-1957

Enter preparer's name and PTIN

Jeremiah Raybuck

P01204553

Part I Due Diligence Requirements

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

EIC CTC/ACTC/ODC AOTC HOH

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

For Paperwork Reduction Act Notice, see separate instructions.
HTA

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

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

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

	Yes	No	N/A
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"/>	<input type="checkbox"/>	
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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 8932 or similar statement to the return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

	Yes	No
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"/>	<input type="checkbox"/>

Part VI Eligibility Certification

- ▶ You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
 - 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 this 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 the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).
- ▶ If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

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"/>	<input type="checkbox"/>
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1900116029

PA-40 - 2019
Pennsylvania Income Tax Return
ENTER ONE LETTER OR NUMBER IN EACH BOX (07-19)

171661957

161640564

CHECCHIO

ERIKA

L

Occupation EDUCATOR

MATTHEW

Occupation

CHECCHIO

15 BLUEJAY DRIVE

DU BOIS

PA 15801

814-591-7587

17200

N Extension. N Amended Return.

R Residency Status.
PA Resident/Nonresident/Part-Year Resident
from to

M Single, Married/Filing Jointly,
Married/Filing Separately, Final Return

N Deceased

N Taxpayer Date of Death

N Spouse Date of Death

N Farmers.
School District Name DUBOIS AREA

1a Gross Compensation. Do not include exempt income, such as combat zone pay and qualifying retirement benefits. See the instructions.

1b Unreimbursed Employee Business Expenses.

1c Net Compensation. Subtract Line 1b from Line 1a.

2 Interest Income. Complete PA Schedule A if required.

3 Dividend and Capital Gains Distributions Income. Complete PA Schedule B if required.

4 Net Income or Loss from the Operation of a Business, Profession or Farm.

5 Net Gain or Loss from the Sale, Exchange or Disposition of Property.

6 Net Income or Loss from Rents, Royalties, Patents or Copyrights.

7 Estate or Trust Income. Complete and submit PA Schedule J.

8 Gambling and Lottery Winnings. Complete and submit PA Schedule T.

9 Total PA Taxable Income. Add only the positive income amounts from Lines 1c, 2, 3, 4, 5, 6, 7 and 8. DO NOT ADD any losses reported on Lines 4, 5 or 6.

10 Other Deductions. Enter the appropriate code for the type of deduction. See the instructions for additional information.

11 Adjusted PA Taxable Income. Subtract Line 10 from Line 9.

1a	48756
1b	1000
1c	47756
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	47756
10	0
11	47756



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EC OFFICIAL USE ONLY FC

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1900216035

PA-40 - 2019

Social Security Number

171661957

Name(s) CHECCHIO ERIKA L

- 12 PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307).
- 13 Total PA Tax Withheld. See the instructions.
- 14 Credit from your 2018 PA income Tax return.
- 15 2019 Estimated Installment Payments. REV-459B included. N
- 16 2019 Extension Payment.
- 17 Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only)
- 18 Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17.
- Tax Forgiveness Credit. Submit PA Schedule SP.
- 19a Filing Status: 01 Unmarried or Separated 02 Married 03 Deceased
- 19b Dependents, Section II, Line 2, PA Schedule SP
- 20 Total Eligibility Income from Section III, Line 11, PA Schedule SP.
- 21 Tax Forgiveness Credit from Section IV, Line 16, PA Schedule SP.
- 22 Resident Credit. Submit your PA Schedule(s) G-L and/or RK-1.
- 23 Total Other Credits. Submit your PA Schedule OC.
- 24 TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23.
- 25 USE TAX. Due on internet, mail order or out-of-state purchases. See instructions.
- 26 TAX DUE. If the total of Line 12 and Line 25 is more than Line 24, enter the difference here.
- 27 Penalties and Interest. See the instructions. Enter Code:
If including form REV-1630/REV-1630A, mark the box. N
- 28 TOTAL PAYMENT DUE. See the instructions.
- 29 OVERPAYMENT. If Line 24 is more than the total of Line 12, Line 25 and Line 27, enter the difference here.
The total of Lines 30 through 36 must equal Line 29.
- 30 Refund - Amount of Line 29 you want as a check mailed to you. REFUND
- 31 Credit - Amount of Line 29 you want as a credit to your 2020 estimated account.
- 32 Refund donation line. Enter the organization code and donation amount. See instructions.
- 33 Refund donation line. Enter the organization code and donation amount. See instructions.
- 34 Refund donation line. Enter the organization code and donation amount. See instructions.
- 35 Refund donation line. Enter the organization code and donation amount. See instructions.
- 36 Refund donation line. Enter the organization code and donation amount. See instructions.

12		1466
13		1497
14		0
15		0
16		0
17		0
18		0
19a	02	
19b	01	
20		47756
21		0
22		0
23		0
24		1497
25		0
26		0
27		0
28		0
29		31
30		31
31		0
32		0
33		0
34		0
35		0
36		0

Signature(s). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Spouse's Signature, if filing jointly
----------------	---------------------------------------

Preparer's Name and Telephone Number	Date
R & J Raybuck's Tax Service I (814) 375-0801	04022020

E-File Opt Out

Firm FEIN
Preparer's PTIN

510563206
P01204553



1900216035

1900216035

PA SCHEDULE SP
Special Tax Forgiveness

1901110021

PA-40 SP 05-19 (I)
PA Department of Revenue **2019**

OFFICIAL USE ONLY

Name of taxpayer claiming Tax Forgiveness (If filing a PA-40 jointly, enter the name shown first) Checchio, Erika L	Social Security Number (shown first) 171-66-1957
Spouse's Name (even if filing separately) Checchio, Matthew	Spouse's Social Security Number 161-64-0564

Eligibility Questions

1. Are you a dependent on another taxpayer's (parent, guardian, step-parent, etc.) federal tax return? Yes No
2. If you answered "Yes" above, does the taxpayer on whose return you are a dependent qualify for tax forgiveness? Yes No

IMPORTANT: If you answered "No" to Question 1, please proceed with completing Schedule SP. If you answered "Yes" to Question 1, you must also have answered "Yes" to Question 2 to be eligible for tax forgiveness and complete Line 1b. or Line 3c. from Section I below.

SECTION I - Filing Status for Tax Forgiveness.

1. Unmarried - use Column A to calculate your Eligibility Income. Fill in the Unmarried box on Line 19a of your PA-40. Fill in the box that describes your situation:
- a. Single. Unmarried/divorced on Dec. 31, 2019
- b. Single and claimed as a dependent on another person's PA Schedule SP. Enter the other person's:
SSN: _____ Name: _____
2. Separated - use Column A to calculate your Eligibility Income.
Fill in this box only if (a) you are separated pursuant to a written agreement or (b) you were married, but separated and lived apart for the last six months of the year. Fill in the Unmarried box on Line 19a of your PA-40.
3. Married - Fill in the Married box on Line 19a of your PA-40. Enter your spouse's name and SSN above. Fill in the box that describes your situation:
- a. Married and claiming Tax Forgiveness together with my spouse. Use Column A to calculate Eligibility Income.
- b. Married and filing separate PA tax returns. Certification. Fill in this box certifying that you and your spouse are submitting the same information on each PA Schedule SP. Use Columns B and C to calculate your Eligibility Income.
- c. Married with a spouse who is a dependent on another person's PA Schedule SP or federal income tax return. Use Columns B and C to calculate Eligibility Income. Enter the other person's:
SSN: _____ Name: _____
- d. Separated and lived apart from my spouse but for less than the last six months of the year. Use Columns B and C to calculate Eligibility Income. Enter your spouse's name and SSN above.
4. Deceased - use Column A to calculate your Eligibility Income.
Fill in the Deceased box on Line 19a of the PA-40. You must annualize the decedent's income (see the instructions) and briefly describe your method:

SECTION II - Dependent Children. Provide all the information for each dependent child. If more than four dependent children, submit additional sheets in this format.

1. Dependent's Name	Age	Relationship	Social Security No.
Maddox J Checchio	5	Son	364896855

IMPORTANT: Only claim the child or children that you claimed as your dependent(s) on your 2019 Federal Income Tax return.

2. Number of dependent children.
Enter on Line 19b of your PA-40..... 2.

SECTION III - Eligibility Income

Married taxpayers filing jointly use Column A and Eligibility Income Table 2. Single filers, qualifying separated filers, and if filing for a decedent use Column A and Eligibility Income Table 1.

Married taxpayers filing separately, and taxpayers separated but not for the last six months of the year use Columns B and C, and Eligibility Income Table 2.

1.	Column A Unmarried or Married Filing Jointly	The Eligibility Income Tables are on page 36 of the PA-40 booklet.	Married Filing Separately	
			Column B Taxpayer	Column C Spouse
1.	0.00	PA taxable income from Line 9 of your PA-40	47,756.00	
2.	0.00	Nontaxable interest, dividends and gains and/or annualized income	0.00	0.00
3.	0.00	Alimony	0.00	0.00
4.	0.00	Insurance proceeds and inheritances	0.00	0.00
5.	0.00	Gifts, awards and prizes	0.00	0.00
6.		Nonresident income - part-year residents and nonresidents		
7.		Nontaxable military income - Do not include combat pay		
8.		Gain excluded from the sale of a residence		
9.		Nontaxable educational assistance		
10.		Cash received for personal purposes from outside your home		
11.	0.00	← Total Eligibility Income for Column A	47,756.00	0.00
Total Eligibility Income for Columns B and C - add Lines 1 through 10 for each spouse and enter the total →			11.	47,756.00
SECTION IV - Calculating your Tax Forgiveness Credit				
12.	0.00	PA Tax Liability from your PA-40, Line 12 (if amended return, see instructions)	12.	1,466.00
13.	0.00	Less Resident Credit from your PA-40, Line 22	13.	0.00
14.	0.00	Net PA Tax Liability. Subtract Line 13 from Line 12	14.	1,466.00
15.	0.00	Percentage of Tax Forgiveness entered as a decimal from the Eligibility Income Table using your dependents from Section II and your Total Eligibility Income from Line 11	15.	0.00
16.	0.00	Tax Forgiveness Credit. Multiply Line 14 by the decimal on Line 15. Enter on your PA-40, Line 21.	16.	0.00

PA SCHEDULE UE
Allowable Employee Business Expenses

PA-40 UE 05-19 (I)
PA Department of Revenue 2019

OFFICIAL USE ONLY

Name of taxpayer claiming expenses Checchio, Erika L		Social Security Number (shown first) 171-66-1957
Employer's Name DuBois Area School District	Employer's address 500 Liberty Blvd, DuBois, PA 15801	Employer Identification Number 25-6001145
Describe the duties of the job in which you incurred these expenses EDUCATOR		Employer's Telephone Number (814) 371-6171

CAUTION: You must complete a separate schedule for each job or position. Spouses may not file joint PA Schedule(s) UE.

SECTION I - Direct Employee Business Expenses.

1. Union dues. List union name(s) and amount(s) paid. Enter the total. Submit additional sheets, if needed. Name of union(s) and amount(s). UNION DUES	1.	750
2. Work clothes and uniforms. Needed for your employment and not suitable for everyday use. Description:	2.	
3. Small tools and supplies. Needed for your employment and not provided by your employer. Description: SCHOOL SUPPLIES	3.	250
4. Professional license fees, malpractice insurance and fidelity bond premiums. Required as a condition of your employment. Description:	4.	
5. Total Direct Employee Business Expenses. Add Lines 1 through 4.	5.	1,000

SECTION II - Business Travel Expenses.

6. Enter your total business miles _____ and multiply by the federal standard mileage rate.	6.	0
Vehicle Expenses: Actual Vehicle Expenses.		
7a. Total vehicle miles driven in 2019	7a.	0
7b. Total business miles driven in 2019	7b.	0
7c. Business use ratio. Divide Line 7b by Line 7a. See the Instructions.	7c.	0.000000
8a. Gasoline, oil, repairs, vehicle insurance, vehicle rentals, etc	8a.	0
8b. Depreciation. See the Instructions	8b.	0
9. Total vehicle expenses. Add Lines 8a and 8b	9.	0
10. Allowable Actual Vehicle Expenses. Multiply Line 9 by Line 7c	10.	0
Other Business Travel Expenses.		
11. Parking fees, tolls and transportation	11.	0
12. Travel expenses while away from home overnight	12.	0
13. Meals expense	13.	0
14. Entertainment expenses	14.	0
15. Total Business Travel Expenses. Add Lines 6 or 10 and Lines 11, 12, 13 and 14.	15.	0

SECTION III - Miscellaneous Expenses. Itemize your additional expenses.

16. Total Miscellaneous Expenses	16.	0
Total Allowable PA Employee Business Expenses. You must account for reimbursements, if any.		
A. Direct Expenses from Line 5	A.	1,000
B. Business Travel Expenses from Line 15	B.	0
C. Miscellaneous Expenses from Line 16	C.	0
D. Office or Work Area Expenses from Line 17, on Side 2	D.	0
E. Moving Expenses from Line 20, on Side 2	E.	0
F. Education Expenses from Line 24, on Side 2	F.	0
G. Total Depreciation Expenses from Line 25, on Side 2	G.	0
H. Total Allowable Employee Business Expenses. Add Lines A through G	H.	1,000
I. Reimbursements. See the instructions	I.	0
J. Net expense or reimbursement. Subtract Line I from Line H. Enter the difference, and: If Line H is MORE than Line I, include on Line 1b, on your PA-40. If Line I is MORE than Line H, include the excess on Line 1a, on your PA-40. Nonresidents and part-year residents may also need to complete PA Schedule NRH. See instructions.	J.	1,000

SIDE 1



PA SCHEDULE UE
Allowable Employee Business Expenses

PA-40 UE 05-19 (I)
PA Department of Revenue 2019

OFFICIAL USE ONLY

Name of taxpayer claiming expenses: Checchio, Erika L
Social Security Number (shown first): 171-66-1957

SECTION IV - Office or Work Area Expenses. You must answer ALL three questions or the Department will disallow your expenses.

- D1. Does your employer require you to maintain a suitable work area away from the employer's premises?
D2. Is this work area the principal place where you perform the duties of your employment?
D3. Do you use this work area regularly and exclusively to perform the duties of your employment?

If you answer YES to ALL three questions, continue. If you answer NO to ANY question, you may not claim office or work area expenses.

Actual Office or Work Area Expenses. Enter expenses for the entire year and then calculate the business portion.

Table with columns for expense type (a-h), description, and amount. Includes rows for Depreciation expense, Real estate taxes, Mortgage interest, Utilities, Property insurance, etc.

SECTION V - Moving Expenses.

Distance Test.

E1. Enter the number of miles from your old home to your new workplace.
E2. Enter the number of miles from your old home to your old workplace.
E3. Subtract Line E2 from Line E1 and enter the difference.
18. Transportation expenses in moving household goods and personal effects.
19. Travel, meals, and lodging expenses during the actual move from your old home to your new home.

SECTION VI - Education Expenses. You must answer ALL three questions or the Department will disallow your expenses.

- F1. Did your employer (or law) require that you obtain this education to retain your present position or job?
F2. Did you need this education to meet the entry level or minimum requirements to obtain your job?
F3. Will this education, program or course of study qualify you for a new business or profession?

Name of college, university or educational institution:
Course of study:
21. Tuition or fees.
22. Course materials.
23. Travel expenses.
24. Total Education Expenses. Add Lines 21 through 23.

SECTION VII - Depreciation Expenses. PA law does not allow any federal bonus depreciation and limits IRC Section 179 expensing to \$25,000.

Table with 6 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation method, (e) Section 179 expense, (f) Depreciation expenses.



1901910024

PA SCHEDULE W-2S

Wage Statement Summary

PA-40 W-2S 09-19 (1)
PA Department of Revenue **2019**

OFFICIAL USE ONLY

Summary of PA-Taxable Employee, Non-employee and Miscellaneous Compensation

Name shown first on the PA-40 (if filing jointly) **Erika L Checchio** Social Security Number (shown first) **171-86-1957**

Use this schedule to list and calculate your total PA-taxable compensation and PA tax withheld from all sources.

Section I Instructions: List each federal Form W-2 for you and your spouse, if married, received from your employer(s). In the first column enter T for the taxpayer's Social Security Number that appears first on the PA tax return and enter S for the second or spouse SSN. From the Form(s) W-2, enter each employer's federal identification number. Enter the amounts from the Forms W-2 in each column. **IMPORTANT:** You do not have to submit a copy of your Form W-2 if you earned all your income in Pennsylvania and your employer reported your PA wages correctly and withheld the correct amount of PA income tax. You must submit a copy of your Form W-2 in certain circumstances. See the PA Schedule W-2S instructions for a list of when a copy of a W-2 is required.

Section II Instructions: List each source of income received during the taxable year on a form or statement other than a federal Form W-2. Enter each payer's name. List the payment type that most closely describes the source of your non-employee compensation. Enter the amount of other compensation that you earned. If the form or statement does not have separately stated amounts, enter the amount shown in both federal and PA columns.

IMPORTANT: You must submit a copy of each form and statement that you list in Section II, whether or not the payer withheld any PA income tax and regardless of whether or not the income was taxable in PA. **CAUTION:** The federal and Pennsylvania (state) wages may be different in Section I and Section II.

If you need more space, you may photocopy this schedule or make your own schedules in this format.

Section I - Federal Forms W-2		SEE THE INSTRUCTIONS FOR WHEN TO SUBMIT FORM(S) W-2			
T/S	Employer's identification number from Box b	Federal wages from Box 1	Medicare wages from Box 5	PA compensation from Box 16	PA income tax withheld from Box 17
T	25-6001145	44,911	48,756	48,756	1,497
Total Section I - Add the Pennsylvania columns				48,756	1,497

Section II - Miscellaneous and Non-employee Compensation from federal Forms 1099-R, 1099-MISC and other statements							
YOU MUST SUBMIT COPIES OF EACH FORM OR STATEMENT LISTED IN THIS SECTION							
A. T/S	B. Type	C. Payer FEIN	D. 1099R code	E. Total federal amount	F. Adjusted plan basis	G. PA compensation	H. PA tax withheld
Total Section II - Add the Pennsylvania columns							

TOTAL - Add the totals from Sections I and II	48,756	1,497
Enter the TOTALS on your PA tax return on:		Line 1a Line 13

- Payment type:
- A. Executor fee
 - B. Jury duty pay
 - C. Director's fee
 - D. Expert witness fee
 - E. Honorarium
 - F. Covenant not to compete
 - G. Damages or settlement for lost wages, other than personal injury
 - H. Other nonemployee compensation. Describe: _____
 - I. Distribution from employer sponsored retirement, pension or qualified deferred compensation plan
 - J. Distribution from IRA (Traditional or Roth)
 - K. Distribution from Life Insurance, Annuity or Endowment Contracts
 - L. Distribution from Charitable Gift Annuities
 - M. Distribution from Employee Stock Ownership Plan
- Describe: _____



1901910024

1901910024

Line 13 (PA 40) - Pennsylvania Income Tax Withheld

1	Form W-2	1	1,497
2	Form W-2G	2	0
3	Form 1099-R	3	0
4	Form 1099-G	4	0
5	Form 1099-K	5	0
6	Form 1099-MISC	6	0
7	Form 1099-INT	7	0
8	Form 1099-DIV	8	0
9	Form 1099-MSA	9	
10	Form 1099-SSA	10	
11	Form 1099-RRB	11	
12	Form 1099-A	12	
13	Form 1099-B	13	
14	Form 1099-C	14	
15	Form 1099-LTC	15	
16	Form 1099-OID	16	
17	Form 1099-PATR	17	
18	Form 1099-Q	18	
19	Form 1099-S	19	
20	Form W-2GU	20	
21	PA tax withheld from other gross compensation	21	0
22	Total	22	1,497

Instructions for Recipient

You are receiving this Form 1095-C because your employer is an Applicable Large Employer subject to the employer shared responsibility provisions in the Affordable Care Act. This Form 1095-C includes information about the health insurance coverage offered to you by your employer. Form 1095-C includes information about the coverage, if any, your employer offered to you and your spouse and dependent(s). If you purchased health insurance coverage through the Health Insurance Marketplace and wish to claim the premium tax credit, this information will assist you in determining whether you are eligible. For more information about the premium tax credit, see Pub. 974, Premium Tax Credit (PTC). You may receive multiple Forms 1095-C if you had multiple employers during the year that were Applicable Large Employers (for example, you left employment with one Applicable Large Employer and began a new position of employment with another Applicable Large Employer). In that situation, each Form 1095-C would have information only about the health insurance coverage offered to you by the employer identified on the form. If your employer is not an Applicable Large Employer, it is not required to furnish you a Form 1095-C providing information about the health coverage it offered.

In addition, if you, or any other individual who is offered health coverage because of their relationship to you (referred to here as family members), enrolled in your employer's health plan and that plan is a type of plan referred to as a "self-insured" plan, Form 1095-C, Part III, provides information about you and your family members who had certain health coverage (referred to as "minimum essential coverage") for some or all months during the year. If you or your family members are eligible for certain types of minimum essential coverage, you may not be eligible for the premium tax credit.

If your employer provided you or a family member health coverage through an insured health plan or in another manner, you may receive information about the coverage separately on Form 1095-B, Health Coverage. Similarly, if you or a family member obtained minimum essential coverage from another source, such as a government-sponsored program, an individual market plan, or miscellaneous coverage designated by the Department of Health and Human Services, you may receive information about that coverage on Form 1095-B. If you or a family member enrolled in a qualified health plan through a Health Insurance Marketplace, the Health Insurance Marketplace will report information about that coverage on Form 1095-A, Health Insurance Marketplace Statement.



Employers are required to furnish Form 1095-C only to the employee. As the recipient of this Form 1095-C, you should provide a copy to any family members covered under a self-insured employer-sponsored plan listed in Part III if they request it for their records.

Additional information. For additional information about the tax provisions of the Affordable Care Act (ACA), including the individual shared responsibility provisions, the premium tax credit, and the employer shared responsibility provisions, see www.irs.gov/aca or call the IRS Healthcare Hotline for ACA questions (800-919-0482).

Part I. Employee

Lines 1-6. Part I, lines 1-6, reports information about you, the employee.

Line 2. This is your social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, the employer is required to report your complete SSN to the IRS.

Part I. Applicable Large Employer Member (Employer)

Lines 7-13. Part I, lines 7-13, reports information about your employer.

Line 10. This line includes a telephone number for the person whom you may call if you have questions about the information reported on the form or to report errors in the information on the form and ask that they be corrected.

Part II. Employer Offer of Coverage, Lines 14-16

Line 14. The codes listed below for line 14 describe the coverage that your employer offered to you and your spouse and dependent(s), if any, (if you received an offer of coverage through a multiemployer plan due to your membership in a union, that offer may not be shown on line 14.) The information on line 14 relates to eligibility for coverage subsidized by the premium tax credit for you, your spouse, and dependent(s). For more information about the premium tax credit, see Pub. 974.

1A. Minimum essential coverage providing minimum value offered to you with an employee required contribution for self-only coverage equal to or less than 9.5% (as adjusted) of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. For information on the adjustment of the 9.5%, see IRS.gov.

1B. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s).

1C. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse.

1D. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s).

1E. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

1F. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s).

1G. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the *All 12 Months* box or in the separate monthly boxes for all 12 calendar months on line 14.

1H. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

1I. Reserved.

1J. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage NOT offered to your dependent(s).

1K. Minimum essential coverage providing minimum value offered to you; minimum essential coverage conditionally offered to your spouse; and minimum essential coverage offered to your dependent(s).

Line 15. This line reports the employee required contribution, which is the monthly cost to you for the lowest-cost self-only minimum essential coverage providing minimum value that your employer offered you. The amount reported on line 15 may not be the amount you paid for coverage. For example, you choose to enroll in more expensive coverage such as family coverage. Line 15 will show an amount only if code 1B, 1C, 1D, 1E, 1J, or 1K is entered on line 14. If you were offered coverage but there is no cost to you for the coverage, this line will report a "0.00" for the amount. For more information, including on how your eligibility for other healthcare arrangements might affect the amount reported on line 15, see IRS.gov.

Line 16. This code provides the IRS information to administer the employer shared responsibility provisions. Other than a code 2C which reflects your enrollment in your employer's coverage, none of this information affects your eligibility for the premium tax credit. For more information about the employer shared responsibility provisions, see IRS.gov.

Part III. Covered Individuals, Lines 17-22

Part III reports the name, SSN (or TIN for covered individuals other than the employee listed in Part I), and coverage information about each individual (including any full-time employee and non-full-time employee, and any employee's family members) covered under the employer's health plan, if the plan is "self-insured." A date of birth will be entered in column (c) only if an SSN (or TIN for covered individuals other than the employee listed in Part I) is not entered in column (b). Column (c) will be checked if the individual was covered for at least one day in every month of the year. For individuals who were covered for some but not all months, information will be entered in column (e) indicating the months for which these individuals were covered. If there are more than 6 covered individuals, see the additional covered individuals on Part III, Continuation Sheet(s).

S-CORPORATION PROFIT/LOSS REPORT

To avoid future correspondence, please report any S Corporation Pass-Through profits (losses) that were reported on your PA 40 Return.

LOCAL WORKSHEET (Moved During the Year)

PART YEAR RESIDENT

Residence #1 _____ Dates _____ to _____ Length of Time _____ 0
 Residence #2 _____ Dates _____ to _____ Length of Time _____ 0

TAXPAYER A: _____ 0.00
 TAXPAYER B: _____ 0.00

INCOME PRORATION (_____)

Residence # 1 COMPLETE ADDRESS

Employer # 1 _____

Local Income \$ _____ / _____ 12 X _____ 0 = _____ 0
of months at this residence

Withholding \$ _____ / _____ 12 X _____ 0 = _____ 0
of months at this residence

Employer # 2 _____

Local Income \$ _____ / _____ 12 X _____ 0 = _____ 0
of months at this residence

Withholding \$ _____ / _____ 12 X _____ 0 = _____ 0
of months at this residence

Residence #1 Total Income _____ 0 Total Withholding _____ 0

INCOME PRORATION (_____)

Residence # 2 COMPLETE ADDRESS

Employer # 1 _____

Local Income \$ _____ / _____ 12 X _____ 0 = _____ 0
of months at this residence

Withholding \$ _____ / _____ 12 X _____ 0 = _____ 0
of months at this residence

Employer # 2 _____

Local Income \$ _____ / _____ 12 X _____ 0 = _____ 0
of months at this residence

Withholding \$ _____ / _____ 12 X _____ 0 = _____ 0
of months at this residence

Residence #2 Total Income _____ 0 Total Withholding _____ 0

LINE 10: LOCAL EARNED INCOME TAX WITHHELD WORKSHEET

(Complete worksheet if you work in an area where the non-resident tax rate exceeds your home resident rate)

	(1)	(2)	(3) Home Location	(4) Work Location	(5)	(6) Disallowed	(7) Credit Allowed
	Local Wages	Tax Withheld	Resident Rate	Non-Resident Rate	Col 4 minus Col 3	Withholding Credit	For Tax Withheld
	(W2 box 16 or 18)	(W2 box 19)	(See page 1, line 9)	(See instructions)	(If less than 0 enter 0)	(Col 1 x Col 5)	(Col 2 - Col 6)
Example:	10,000	130	1.25%	1.30%	0.05%	5.00	125.00
1.							
2.							
3.							
TOTAL - Enter this amount on Line 10							0.00

NON-RECIPROCAL STATE WORKSHEET

(See instructions line 12)

EARNED INCOME: Taxed in other state as shown on the state tax return.

Enclose a copy of state return or credit will be disallowed (1) _____ 0
 Local tax 1% or as specified on the front of this form X _____ 1.00%
 (2) _____ 0

Tax Liability Paid to other state(s) (3) _____ 0
 PA Income Tax (line 1 x PA Income Tax rate for year being reported) (4) _____ 0

CREDIT to be used against Local Tax
 (Line 3 minus line 4) On line 12 enter this amount
 or the amount on line 2 of worksheet, whichever is less. (If less than zero, enter zero) (5) _____ 0

****Additional Addresses:**

DATES LIVING AT EACH ADDRESS	ADDRESS	TWP OR BORO	COUNTY
TO			
TO			
TO			

A NOTE FOR RETIRED AND/OR SENIOR CITIZENS

IF YOU ARE RETIRED AND ARE NO LONGER RECEIVING A SALARY, WAGES OR INCOME FROM A BUSINESS, YOU MAY NOT OWE AN EARNED INCOME TAX. SOCIAL SECURITY PAYMENTS, PAYMENTS FROM A QUALIFIED PENSION PLAN AND INTEREST AND/OR DIVIDENDS ACCRUED FROM BANK ACCOUNTS AND/OR INVESTMENTS ARE NOT SUBJECT TO THE LOCAL EARNED INCOME TAX.

IF YOU RECEIVED A LOCAL EARNED INCOME TAX FORM AND ARE RETIRED WITH NO EARNED INCOME, PLEASE CHECK THE APPROPRIATE BOX ON THE FORM AND RETURN.

VOID CORRECTED

OMB No. 1545-2251

2019

Form 1095-C

Employer Provided Health Insurance Offer and Coverage

APPLICABLE LARGE EMPLOYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.
DUBOIS AREA SCHOOL DISTRICT
 500 LIBERTY BLVD
 DUBOIS PA 15801
 814-371-2700 1103

Plan Start M.O. (Enter 2-digit no.)	14 Offer of Coverage (enter required code)	15 Employee Required Contribution (see instructions)	16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)									
				All 12 Months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
	1A	\$										
Jan		\$										
Feb		\$										
Mar		\$										
Apr		\$										
May		\$										
Jun		\$										
Jul		\$										
Aug		\$										
Sep		\$										
Oct		\$										
Nov		\$										
Dec		\$										

Do not attach to your tax return. Keep for your records. Go to www.irs.gov/Form1095C for instructions and the latest information.

EMPLOYEE'S name, address, ZIP/postal code & country
CHECCHIO, ERIKA L
 15 BLUE JAY DRIVE
 DU BOIS PA 15801

APPLICABLE LARGE EMPLOYER'S identification number (EIN)
 25-6001145

EMPLOYEE'S social security number (SSN)
 171-66-1957

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

Department of the Treasury - IRS

Covered Individuals If Employer provided self-insured coverage, check the box and enter information for each individual enrolled in coverage, including the employee. X

(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (if SSN or other TIN is not available)	(d) Covered all 12 mos.	(e) Months of coverage															
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec				
17 CHECCHIO, ERIKA L	171-66-1957		X																
18 CHECCHIO, MADDOX	364-69-6855		X																
19 CHECCHIO, CARSON M	363-91-1776		X																
20																			

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