

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

Your first name and initial: **ALAN R.** Last name: **HALL** Your social security number: [REDACTED]

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: **CYNTHIA B.** Last name: **HALL** Spouse's social security number: [REDACTED]

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

Home address (number and street). If you have a P.O. box, see instructions. **511 SOLAR ROAD NW** 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. **ALBUQUERQUE, NM 87107** If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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.  **Alan Hall** Your signature Date: **3-24-19** Your occupation: **LAWYER** If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [ ] [ ] [ ] [ ] [ ] [ ]

**Cynthia B. Hall** Spouse's signature. If a joint return, both must sign. Date: **3-24-19** Spouse's occupation: **MEMBER, NM PUBLIC REG'N COMM'N** If the IRS sent you an Identity Protection PIN, enter it here (see inst.): [ ] [ ] [ ] [ ] [ ] [ ]

**Paid Preparer Use Only**

Preparer's name: [ ] Preparer's signature: [ ] PTIN: [ ] Firm's EIN: [ ] Check if:  3rd Party Designee  Self-employed

Firm's name ▶ Phone no. [ ]

Firm's address ▶

	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .			<b>1</b>	183,024	98
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>		<b>2b</b>	5	39
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	250	<b>3b</b>	250	00
	<b>4a</b>	IRAs, pensions, and annuities . . . . .	<b>4a</b>	3,959	<b>4b</b>	659	78
	<b>5a</b>	Social security benefits . . . . .	<b>5a</b>		<b>5b</b>		
	<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 . . . . .		1,755.70	<b>6</b>	185,695	85
	<b>7</b>	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 . . . . .			<b>7</b>	185,695	85
	<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .			<b>8</b>	26,600	00
	<b>9</b>	Qualified business income deduction (see instructions) . . . . .			<b>9</b>		
	<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- . . . . .			<b>10</b>	159,095	85
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.	<b>11</b>	a Tax (see inst.) _____ (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> _____ ) b Add any amount from Schedule 2 and check here _____ ▶ <input type="checkbox"/>			<b>11</b>	26,880	09
	<b>12</b>	a Child tax credit/credit for other dependents _____ b Add any amount from Schedule 3 and check here ▶ <input type="checkbox"/>			<b>12</b>		
	<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .			<b>13</b>	26,880	09
	<b>14</b>	Other taxes. Attach Schedule 4 . . . . .			<b>14</b>		
	<b>15</b>	Total tax. Add lines 13 and 14 . . . . .			<b>15</b>	26,880	09
	<b>16</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .			<b>16</b>	48,606	74
	<b>17</b>	Refundable credits: a EIC (see inst.) _____ b Sch. 8812 _____ c Form 8863 _____ Add any amount from Schedule 5 _____ . . . . .			<b>17</b>		
	<b>18</b>	Add lines 16 and 17. These are your total payments . . . . .			<b>18</b>	48,606	74
<b>Refund</b>	<b>19</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b> . . . . .			<b>19</b>	21,726	65
	<b>20a</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . ▶ <input type="checkbox"/>			<b>20a</b>	21,726	65
Direct deposit? See instructions.	▶ <b>b</b>	Routing number _____ ▶ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings					
	▶ <b>d</b>	Account number _____					
	<b>21</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b> . . . . . ▶ <b>21</b>					
<b>Amount You Owe</b>	<b>22</b>	<b>Amount you owe.</b> Subtract line 18 from line 15. For details on how to pay, see instructions . . . . . ▶			<b>22</b>		
	<b>23</b>	Estimated tax penalty (see instructions) . . . . . ▶ <b>23</b>					

**SCHEDULE 1**  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2018**  
Attachment  
Sequence No. 01

Name(s) shown on Form 1040

ALAN R. & CYNTHIA B. HALL

Your social security number

[REDACTED]

<b>Additional Income</b>	<b>1-9b</b>	Reserved . . . . .	<b>1-9b</b>			
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>10</b>			
	<b>11</b>	Alimony received . . . . .	<b>11</b>			
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .	<b>12</b>			
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	<b>13</b>			
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>14</b>			
	<b>15a</b>	Reserved . . . . .	<b>15b</b>			
	<b>16a</b>	Reserved . . . . .	<b>16b</b>			
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>17</b>	1,755	70	
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>18</b>			
	<b>19</b>	Unemployment compensation . . . . .	<b>19</b>			
	<b>20a</b>	Reserved . . . . .	<b>20b</b>			
	<b>21</b>	Other income. List type and amount ▶	<b>21</b>			
	<b>22</b>	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 . . . . .	<b>22</b>	1,755	70	
	<b>Adjustments to Income</b>	<b>23</b>	Educator expenses . . . . .	<b>23</b>		
		<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>24</b>		
		<b>25</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>25</b>		
		<b>26</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>26</b>		
		<b>27</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>27</b>		
		<b>28</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>28</b>		
		<b>29</b>	Self-employed health insurance deduction . . . . .	<b>29</b>		
		<b>30</b>	Penalty on early withdrawal of savings . . . . .	<b>30</b>		
<b>31a</b>		Alimony paid <b>b</b> Recipient's SSN ▶	<b>31a</b>			
<b>32</b>		IRA deduction . . . . .	<b>32</b>			
<b>33</b>	Student loan interest deduction . . . . .	<b>33</b>				
<b>34</b>	Reserved . . . . .	<b>34</b>				
<b>35</b>	Reserved . . . . .	<b>35</b>				
<b>36</b>	Add lines 23 through 35 . . . . .	<b>36</b>				

**SCHEDULE E  
(Form 1040)**

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.  
▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

ALAN R. & CYNTHIA B. HALL

[REDACTED]

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

**A** Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions) . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Forms 1099? . . . . .  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)  
**A** SPRINGHILL TOWNSHIP, GREENE COUNTY, PA 15352  
**B**  
**C**

1b	Type of Property (from list below)	2	Fair Rental Days		Personal Use Days		QJV
			A	B	A	B	
A	8	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.					<input type="checkbox"/>
B							<input type="checkbox"/>
C							

Type of Property: → MINERAL INTEREST

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

Income:	Properties:	A	B	C
<b>3</b> Rents received . . . . .	<b>3</b>	1,755	70	
<b>4</b> Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>			
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>			
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>			
<b>8</b> Commissions. . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>			
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest. . . . .	<b>13</b>			
<b>14</b> Repairs. . . . .	<b>14</b>			
<b>15</b> Supplies . . . . .	<b>15</b>			
<b>16</b> Taxes . . . . .	<b>16</b>			
<b>17</b> Utilities. . . . .	<b>17</b>			
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b> Other (list) ▶ . . . . .	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>			
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 . . . . .	<b>21</b>	1,755	70	
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) . . . . .	<b>22</b>	( )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>	1,755	70	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>			
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses . . . . .	<b>24</b>			1,755 70
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( )	( )	( )
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2. . . . .	<b>26</b>	1,755	70	

Name(s) shown on return. Do not enter name and social security number if shown on other side. Your social security number

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 A, B, C, D.

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. Rows A, B, C, D, 29a Totals, b Totals, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A, 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. Rows A, B, 34a Totals, b Totals, 35, 36, 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. Row 38, 39.

Part V Summary

Table with 2 columns: Description, Amount. Rows 40, 41, 42, 43.

2018 Form 1040  
Alan & Cynthia Hall



Schedule E Addendum

Line 1(b)(A) (“Type of Property”): Mineral interest in parcel located in Springhill Township, Greene County, Pennsylvania. There is no street or mailing address associated with the parcel.

Form **W-2 Wage and Tax Statement** 2018

**c** Employer's name, address, and ZIP code  
 STATE OF NEW MEXICO  
 DEPARTMENT OF FINANCE AND ADMINISTRAT  
 407 GALISTEO STREET  
 SANTA FE NM 87501

**e** Employee's name, address, and ZIP code  
 CYNTHIA B HALL  
 511 SOLAR ROAD NW  
 ALBUQUERQUE NM 87107

<b>15</b> State NM	Employer's state ID number 01-505826-003	<b>16</b> State wages, tips, etc. 74498.56	<b>17</b> State income tax 2625.68	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name
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Copy B-To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

<b>d</b> Control number 50	<b>1</b> Wages, tips, other compensation 108526.42	<b>2</b> Federal income tax withheld 41732.21
OMB No. 1545-0048 This information is being furnished to the Internal Revenue Service.	<b>3</b> Social security wages 124376.38	<b>4</b> Social security tax withheld 7711.37
<b>c</b> Employer's name, address, and ZIP code Rodey Dickason Sloan Akin & Robb PA P.O. Box 1888 Albuquerque, NM 87103	<b>5</b> Medicare wages and tips 124376.38	<b>6</b> Medicare tax withheld 1803.46
<b>7</b> Social security tips 0.00	<b>8</b> Allocated tips 0.00	<b>9</b> Verification code
<b>10</b> Dependent care benefits c12b 12DD 18534.00 c12c 12D 15849.96	<b>11</b> Nonqualified plans	c12a See inst. for box 12 c12d 12D 15849.96
<b>b</b> Employer identification number (EIN) 850216511	<b>a</b> Employee's social security number	
<b>13</b> Statutory employee Retirement plan Third-party sick pay X	<b>14</b> Other	
<b>e</b> Employee's name, address, and ZIP code Alan R Hall 511 Solar Rd NW Albuquerque, NM 87107	<b>15</b> State NM	Employer's state ID number 0172278000
<b>2018</b>	<b>16</b> State wages, tips, etc. 74498.56	<b>17</b> State income tax 2625.68
<b>Form W-2 Statement</b>	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax
<b>Copy B-To Be Filed With Employee's FEDERAL Tax Return.</b>	<b>20</b> Locality name	

Department of the Treasury - Internal Revenue Service