

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

► Return completed Form 8879 to your ERO. (Don't send to the IRS.)  
 ► Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

**2018**

Submission Identification Number (SID) ►

Taxpayer's name

CHARLES E SCHUMER

Social security number

Spouse's name

IRIS SCHUMER

Spouse's social security number

**Part I Tax Return Information — Tax Year Ending December 31, 2018 (Whole dollars only)**

1	Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	561,037.
2	Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	142,434.
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	168,387.
4	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	25,953.
5	Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

**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, 2018, 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

ERO firm name

to enter or generate my PIN

as my signature on my tax year 2018 electronically filed income tax return.

Enter five digits, but  
don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2018 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

ERO firm name

to enter or generate my PIN

as my signature on my tax year 2018 electronically filed income tax return.

Enter five digits, but  
don't enter all zeros

☐ I will enter my PIN as my signature on my tax year 2018 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.

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 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 ►

Date ►

**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.

BAA

REV 12/22/18 PRO

Form **8879** (2018)

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

Your first name and initial: **CHARLES E** Last name: **SCHUMER** Your social security number: \_\_\_\_\_

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: **IRIS** Last name: **SCHUMER** Spouse's social security number: \_\_\_\_\_

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. 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. 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

Joint return? See instructions. Keep a copy for your records.

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: **U.S. SENATOR**

Spouse's signature. If a joint return, both must sign. Date: \_\_\_\_\_ Spouse's occupation: **ADMINISTRATOR**

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

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: \_\_\_\_\_

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

Form **1040** (2018)

Form 1040 (2018)

Page **2**

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	560,427.
2a	Tax-exempt interest	2a	610.
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	561,037.
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	561,037.
8	Standard deduction or itemized deductions (from Schedule A)	8	30,411.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	530,626.
11	a Tax (see inst.) 137,098. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> )	11	137,098.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	137,098.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	5,336.
15	Other taxes. Attach Schedule 4	15	142,434.
16	Total tax. Add lines 13 and 14	16	168,387.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	18	168,387.
19	Add any amount from Schedule 5	19	25,953.
20a	Add lines 16 and 17. These are your total payments	20a	25,953.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	
22	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	22	
23	a Routing number b Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	23	
24	c Account number	24	
25	Amount of line 19 you want applied to your 2019 estimated tax	25	
26	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	26	
27	Estimated tax penalty (see instructions)	27	

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

BAA

REV 01/17/19 PRO

Form **1040** (2018)

**SCHEDULE 4**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Other Taxes**

▶ 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. **04**

Name(s) shown on Form 1040

CHARLES E & IRIS SCHUMER

Your social security number

<b>Other Taxes</b>	<b>57</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>57</b>	
	<b>58</b>	Unreported social security and Medicare tax from: Form <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
	<b>59</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>59</b>	
	<b>60a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>60a</b>	2,020.
	<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>60b</b>	
	<b>61</b>	Health care: individual responsibility (see instructions) . . . . .	<b>61</b>	
	<b>62</b>	Taxes from: <b>a</b> <input checked="" type="checkbox"/> Form 8959 <b>b</b> <input checked="" type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____	<b>62</b>	3,316.
	<b>63</b>	Section 965 net tax liability installment from Form 965-A . . . . . <b>63</b>		
<b>64</b>	Add the amounts in the far right column. These are your <b>total other taxes</b> . Enter here and on Form 1040, line 14 . . . . .	<b>64</b>	5,336.	

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

REV 12/21/18 PRO

Schedule 4 (Form 1040) 2018

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Itemized Deductions**

► Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

► Attach to Form 1040.

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

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

CHARLES E & IRIS SCHUMER

Your social security number

**Medical  
and  
Dental  
Expenses**

**Caution:** Do not include expenses reimbursed or paid by others.

- 1** Medical and dental expenses (see instructions) . . . . . **1**
- 2** Enter amount from Form 1040, line 7 **2**
- 3** Multiply line 2 by 7.5% (0.075) . . . . . **3**
- 4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . . **4**

**Taxes You  
Paid**

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

**5a** 65,827.

**5b** 11,446.

**5c**

**5d** 77,273.

**5e** 10,000.

**6**

**7** 10,000.

**Interest You  
Paid**

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

- 8** Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box . . . . . ☐
- a Home mortgage interest and points reported to you on Form 1098 . . . . .
- b Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►
- c Points not reported to you on Form 1098. See instructions for special rules . . . . .
- d Reserved . . . . .
- e Add lines 8a through 8c . . . . .
- 9** Investment interest. Attach Form 4952 if required. See instructions . . . . .
- 10** Add lines 8e and 9 . . . . .

**8a** 10,068.

**8b**

**8c**

**8d**

**8e** 10,068.

**9**

**10** 10,068.

**Gifts to  
Charity**

If you made a gift and got a benefit for it, see instructions.

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

**11** 10,343.

**12**

**13**

**14** 10,343.

**Casualty and  
Theft Losses**

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

**15**

**Other  
Itemized  
Deductions**

- 16** Other—from list in instructions. List type and amount ►

**16**

**Total**

**Itemized**

**Deductions**

- 17** Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8 . . . . .
- 18** If you elect to itemize deductions even though they are less than your standard deduction, check here . . . . . ☐

**17** 30,411.

**SCHEDULE H  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Household Employment Taxes**

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

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

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

OMB No. 1545-1971

**2018**Attachment  
Sequence No. **44**

Name of employer

CHARLES E SCHUMER

Social security number

Employer identification number

Calendar year taxpayers having no household employees in 2018 don't have to complete this form for 2018.

**A** Did you pay **any one** household employee cash wages of \$2,100 or more in 2018? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

☒ **Yes.** Skip lines B and C and go to line 1.☐ **No.** Go to line B.

**B** Did you withhold federal income tax during 2018 for any household employee?

☐ **Yes.** Skip line C and go to line 7.☐ **No.** Go to line C.

**C** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2017 or 2018 to **all** household employees? (Don't count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.)

☐ **No. Stop.** Don't file this schedule.☐ **Yes.** Skip lines 1-9 and go to line 10.**Part I Social Security, Medicare, and Federal Income Taxes**

<b>1</b> Total cash wages subject to social security tax . . . . .	<b>1</b>	7,800.	
<b>2</b> Social security tax. Multiply line 1 by 12.4% (0.124). . . . .			<b>2</b> 967.
<b>3</b> Total cash wages subject to Medicare tax . . . . .	<b>3</b>	7,800.	
<b>4</b> Medicare tax. Multiply line 3 by 2.9% (0.029) . . . . .			<b>4</b> 226.
<b>5</b> Total cash wages subject to Additional Medicare Tax withholding . . . . .	<b>5</b>		
<b>6</b> Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009) . . . . .			<b>6</b>
<b>7</b> Federal income tax withheld, if any . . . . .			<b>7</b> 780.
<b>8 Total social security, Medicare, and federal income taxes.</b> Add lines 2, 4, 6, and 7 . . . . .	<b>8</b>		1,973.

**9** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2017 or 2018 to **all** household employees? (Don't count cash wages paid in 2017 or 2018 to your spouse, your child under age 21, or your parent.)

☐ **No. Stop.** Include the amount from line 8 above on Schedule 4 (Form 1040), line 60a. If you're not required to file Form 1040, see the line 9 instructions.

☒ **Yes.** Go to line 10.

**Part II Federal Unemployment (FUTA) Tax**

	Yes	No
<b>10</b> Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No."	<b>10</b> X	
<b>11</b> Did you pay all state unemployment contributions for 2018 by April 15, 2019? Fiscal year filers, see instructions	<b>11</b> X	
<b>12</b> Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	<b>12</b> X	

**Next:** If you checked the "Yes" box on **all** the lines above, complete Section A.

If you checked the "No" box on **any** of the lines above, skip Section A and complete Section B.

**Section A**

<b>13</b> Name of the state where you paid unemployment contributions	NY	
<b>14</b> Contributions paid to your state unemployment fund	14	118.
<b>15</b> Total cash wages subject to FUTA tax	15	7,800.
<b>16</b> FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25	16	47.

**Section B**

**17** Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-	(h) Contributions paid to state unemployment fund
		From	To					
<b>18</b> Totals						18		
<b>19</b> Add columns (g) and (h) of line 18						19		
<b>20</b> Total cash wages subject to FUTA tax (see the line 15 instructions)						20		
<b>21</b> Multiply line 20 by 6.0% (0.060)						21		
<b>22</b> Multiply line 20 by 5.4% (0.054)					22			
<b>23</b> Enter the <b>smaller</b> of line 19 or line 22 (If you paid state unemployment contributions late or you're in a credit reduction state, see instructions and check here) <input type="checkbox"/>						23		
<b>24</b> FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25						24		

**Part III Total Household Employment Taxes**

<b>25</b> Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	25	1,973.
<b>26</b> Add line 16 (or line 24) and line 25	26	2,020.
<b>27</b> Are you required to file Form 1040? <input checked="" type="checkbox"/> <b>Yes. Stop.</b> Include the amount from line 26 above on Schedule 4 (Form 1040), line 60a. <b>Don't</b> complete Part IV below. <input type="checkbox"/> <b>No.</b> You may have to complete Part IV. See instructions for details.		

**Part IV Address and Signature — Complete this part only if required. See the line 27 instructions.**

Address (number and street) or P.O. box if mail isn't delivered to street address	Apt., room, or suite no.
City, town or post office, state, and ZIP code	

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature	Date
Print/Type preparer's name	Preparer's signature
Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
Firm's name	Firm's EIN
Firm's address	Phone no.

**Paid Preparer Use Only**

REV 12/22/18 PRO



**Additional Medicare Tax**

▶ If any line does not apply to you, leave it blank. See separate instructions.

▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

▶ Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

Name(s) shown on return

CHARLES E &amp; IRIS SCHUMER

Your social security number

**Part I Additional Medicare Tax on Medicare Wages**

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	1	616,179.	
2	Unreported tips from Form 4137, line 6 . . . . .	2		
3	Wages from Form 8919, line 6 . . . . .	3		
4	Add lines 1 through 3 . . . . .	4	616,179.	
5	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0- . . . . .	6		366,179.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II . . . . .	7		3,296.

**Part II Additional Medicare Tax on Self-Employment Income**

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9		
10	Enter the amount from line 4 . . . . .	10		
11	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	11		
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III . . . . .	13		

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RTTA) Compensation**

14	Railroad retirement (RTTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	14		
15	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	16		
17	Additional Medicare Tax on railroad retirement (RTTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV . . . . .	17		

**Part IV Total Additional Medicare Tax**

18	Add lines 7, 13, and 17. Also include this amount on Schedule 4 (Form 1040), line 62 (check box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions), and go to Part V . . . . .	18		3,296.
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**Part V Withholding Reconciliation**

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	19	10,999.	
20	Enter the amount from line 1 . . . . .	20	616,179.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	21	8,935.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	22		2,064.
23	Additional Medicare Tax withholding on railroad retirement (RTTA) compensation from Form W-2, box 14 (see instructions) . . . . .	23		
24	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 16 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) . . . . .	24		2,064.

# Net Investment Income Tax— Individuals, Estates, and Trusts

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

OMB No. 1545-2227

**2018**

Attachment  
Sequence No. **72**

Name(s) shown on your tax return

CHARLES E & IRIS SCHUMER

Your social security number or EIN

**Part I Investment Income**

☐ Section 6013(g) election (see instructions)  
☐ Section 6013(h) election (see instructions)  
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)	1	610.
2	Ordinary dividends (see instructions)	2	
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	
c	Combine lines 4a and 4b	4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	610.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

9a	Investment interest expenses (see instructions)	9a	
b	State, local, and foreign income tax (see instructions)	9b	72.
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	72.
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	72.

**Part III Tax Computation**

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-	12	538.
<b>Individuals:</b>			
13	Modified adjusted gross income (see instructions)	13	561,037.
14	Threshold based on filing status (see instructions)	14	250,000.
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	311,037.
16	Enter the smaller of line 12 or line 15	16	538.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	20.
<b>Estates and Trusts:</b>			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	