2018

62125

Form **1040** Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return **2018** OMB No. 1545-0074 IRS Use Only–Do not write or staple in this space.

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

Your first name and initial	Last name	Your social security number
LEO S.	ZACKY	[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	Last name	Spouse's social security number

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 a dual-status alien

[X] Full-year health care coverage or exempt (see instr.)

Home address (number and street). If you have a P.O. box, see instructions. [redacted] Apt. no.

Presidential Election Campaign (see instr.) [ ] You [ ] Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. [redacted]

If more than four dependents, see instr. and ✓ here ▶ [ ]

Dependents (see instructions): (1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instr.) Child tax credit	Credit for other dependents
			[ ]	[ ]
			[ ]	[ ]
			[ ]	[ ]
			[ ]	[ ]

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
		BUSINESS	
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 instr.)

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Check if:
ROBERT J. MCCARTY, CPA	ROBERT J. MCCARTY, CPA	P00057806	[X] 3rd Party Designee
Firm's name ▶ LANDAU SWARTZ & MCCARTY LLP		Firm's EIN 95-4576465	[ ] Self-employed
Firm's address ▶ 21300 VICTORY BLVD # 420 WOODLAND HILLS CA 91367-2532		Phone no. 818-705-4300	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

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Form 1040 (2018) LEO S. ZACKY [redacted] Page 2

	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	104,495
	2a	Tax-exempt interest 2a	b Taxable interest	2b	
	3a	Qualified dividends 3a	b Ordinary dividends	3b	
	4a	IRAs, pensions, and annuities 4a	b Taxable amount	4b	
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	5a	Social security benefits 5a	b Taxable amount	5b	
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 8,170		6	112,665
	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	112,665
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.	8	**Standard deduction or itemized deductions** (from Schedule A)		8	12,000
	9	Qualified business income deduction (see instructions)		9	1,463
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	99,202
	11	a Tax (see instr.) 18,104 (check if any from: 1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐)			
		b **Add** any amount from Schedule 2 and check here ▶ ☐		11	18,104
	12	a Child tax credit/credit for other dependents b **Add** any amount from Schedule 3 and check here ▶ ☐		12	
	13	Subtract line 12 from line 11. If zero or less, enter -0-		13	18,104
	14	Other taxes. Attach Schedule 4		14	
	15	Total tax. Add lines 13 and 14		15	18,104
	16	Federal income tax withheld from Forms W-2 and 1099		16	18,283
	17	Refundable credits: a EIC (see instr.) b Sch 8812 c Form 8863			
		Add any amount from Schedule 5		17	
	18	Add lines 16 and 17. These are your total payments		18	18,283
	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you **overpaid**		19	179
Refund	20a	Amount of line 19 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐		20a	179
Direct deposit? See instructions.	▶ b	Routing number XXXXXXXXX ▶ c Type: ☐ Checking ☐ Savings			
	▶ d	Account number XXXXXXXXXXXXXXXXXX			
	21	Amount of line 19 you want **applied to your 2019 estimated tax** ▶ 21			
Amount You Owe	22	**Amount you owe.** Subtract line 18 from line 15. For details on how to pay, see instructions ▶		22	
	23	Estimated tax penalty (see instructions) ▶ 23			

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

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SCHEDULE 1 (Form 1040)
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040.
▶ Go to *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: LEO S. ZACKY

Your social security number: [redacted]

Additional Income	1-9b	Reserved	1-9b	
	10	Taxable refunds, credits, or offsets of state and local income taxes	10	855
	11	Alimony received	11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐	13	
	14	Other gains or (losses). Attach Form 4797	14	
	15a	Reserved	15b	
	16a	Reserved	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	7,315
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Reserved	20b	
	21	Other income. List type and amount ▶	21	
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	8,170
Adjustments to Income	23	Educator expenses	23	
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24	
	25	Health savings account deduction. Attach Form 8889	25	
	26	Moving expenses for members of the Armed Forces. Attach Form 3903	26	
	27	Deductible part of self-employment tax. Attach Schedule SE	27	
	28	Self-employed SEP, SIMPLE, and qualified plans	28	
	29	Self-employed health insurance deduction	29	
	30	Penalty on early withdrawal of savings	30	
	31a	Alimony paid b Recipient's SSN ▶	31a	
	32	IRA deduction	32	
	33	Student loan interest deduction	33	
	34	Tuition and fees. Attach Form 8917	34	
	35	Reserved	35	
	36	Add lines 23 through 35	36	

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

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SCHEDULE A (Form 1040)
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

▶ Go to *www.irs.gov/ScheduleA* for instructions and the latest information.
▶ Attach to Form 1040.
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: LEO S. ZACKY

Your social security number: [redacted]

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: 112,665				
	3 Multiply line 2 by 7.5% (0.075)	3	8,450		
	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 ▶ [X]	5a	1,010		
	b State and local real estate taxes (see instructions)	5b			
	c State and local personal property taxes	5c			
	d Add lines 5a through 5c	5d	1,010		
	e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	1,010		
	6 Other taxes. List type and amount ▶	6			
	7 Add lines 5e and 6			7	1,010
Interest You Paid	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 ▶ [ ]				
Caution: Your mortgage interest deduction may be limited (see instructions).	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a			
	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 ▶	8b			
	c Points not reported to you on Form 1098. See instructions for special rules	8c			
	d Mortgage insurance premiums (see instructions)	8d			
	e Add lines 8a through 8d	8e			
	9 Investment interest. Attach Form 4952 if required. See instructions	9			
	10 Add lines 8e and 9			10	
Gifts to Charity	11 Gifts by cash or check. If you made any gift of $250 or more, see instructions	11			
If you made a gift and got a benefit for it, 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	12			
	13 Carryover from prior year	13			
	14 Add lines 11 through 13			14	
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			17	1,010
	18 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ [ ]				

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

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

LEO S. ZACKY | [redacted]

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

28	(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
A	AMERICAN HUNTSMAN, LLC	P		20-8613907		
B	RENTAL REAL ESTATE	P		20-8613907		
C						
D						

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(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
A	0				
B	0	7,315			
C					
D					
29a Totals		7,315			
b Totals					

30	Add columns (h) and (k) of line 29a	30	7,315
31	Add columns (g), (i), and (j) of line 29b	31	(0)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	32	7,315

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	37	

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18 ▶	41	7,315
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

62125 Zacky, Leo S.
[redacted]

Federal Statements

Schedule A, Line 5a - State and Local Taxes

Description	Amount
STATE DISABILITY FUND W/H	$ 998
TOTAL INCOME TAXES	998
GENERAL SALES TAX	1,010
TOTAL SALES TAXES*	1,010

*SALES TAXES ARE BEING DEDUCTED

62125 Zacky, Leo S.
[redacted]

Federal Statements

Amount Allocated to Tax Paid in the Following Year

	Description	Amount
CA		
1.	2017 PAYMENT PAID IN 2018	$ 0
2.	2017 EXTENSION PAID IN 2018	0
3.	2017 ADDITIONAL PAYMENT PAID IN 2018	0
4.	TOTAL 2017 PAYMENTS PAID IN 2018(SUM OF LINES 1 THROUGH 3)	0
5.	TOTAL PAYMENTS ON THE 2017 RETURN	8,529
6.	TOTAL 2017 OVERPAYMENT/REFUND	855
7.	2017 REFUND ATTRIBUTABLE TO TAX PAID IN 2018 (LINE 4 DIVIDED BY LINE 5 MULTIPLIED BY LINE 6)	$ 0
8.	STATE/LOCAL TAX REFUND (LINE 6 MINUS LINE 7)	$ 855

62125 Zacky, Leo S.
[redacted]

Federal Statements

ZACKY & SONS POULTRY LLC

Form W-2, Box 12

Description	Amount
SECTION 401(K) CONTRIBUTIONS	$ 3,231
COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	4,590
TOTAL	$ 7,821

ZACKY & SONS POULTRY LLC

Form W-2, Box 14 - Other

Description	Amount
STATE DISABILITY INSURANCE WITHHOLDING (SDI)	$ 998
TOTAL	$ 998