

## 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 your 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 ▶

|  |  |                               |       |                                 |          |
|--|--|-------------------------------|-------|---------------------------------|----------|
| Your first name and middle initial   |  | Last name                     |       | Your social security number     |          |
| If joint return, spouse's first name and middle initial  |  | Last name                     |       | Spouse's social security number |          |
| Home address (number and street). If you have a P.O. box, see instructions.  |  |                               |       | Apt. no.                        |          |
| City, town, or post office. If you have a foreign address, also complete spaces below.   |  |                               | State |                                 | ZIP code |
| Foreign country name   |  | Foreign province/state/county |       | Foreign postal code             |          |
| Presidential Election Campaign<br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |  |                               |       |                                 |          |

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☐ No

## 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, 1956 ☐ Are blind Spouse: ☐ Was born before January 2, 1956 ☐ Is blind

## Dependents

(see instructions):

If more than four dependents, see instructions and check here ▶ ☐

| (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions):<br>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"/>    |

Attach Sch. B if required.

|   |     |                                |    |
|---|-----|--------------------------------|----|
| 1 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  |     | 1                              |    |
| 2a Tax-exempt interest . . . . .  | 2a  | b Taxable interest . . . . .   | 2b |
| 3a Qualified dividends . . . . .  | 3a  | b Ordinary dividends . . . . . | 3b |
| 4a IRA distributions . . . . .  | 4a  | b Taxable amount . . . . .     | 4b |
| 5a Pensions and annuities . . . . .   | 5a  | b Taxable amount . . . . .     | 5b |
| 6a Social security benefits . . . . .   | 6a  | b Taxable amount . . . . .     | 6b |
| 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/> |     | 7                              |    |
| 8 Other income from Schedule 1, line 9 . . . . .  |     | 8                              |    |
| 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶                                 |     | 9                              |    |
| 10 Adjustments to income:   |     |                                |    |
| a From Schedule 1, line 22 . . . . .  | 10a |                                |    |
| b Charitable contributions if you take the standard deduction. See instructions . . . . .                                 | 10b |                                |    |
| c Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶                                    | 10c |                                |    |
| 11 Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶                                   |     | 11                             |    |
| 12 <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .   |     | 12                             |    |
| 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .   |     | 13                             |    |
| 14 Add lines 12 and 13 . . . . .  |     | 14                             |    |
| 15 <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .                             |     | 15                             |    |

## Standard Deduction for—

- Single or Married filing separately, \$12,400
- Married filing jointly or Qualifying widow(er), \$24,800
- Head of household, \$18,650
- If you checked any box under **Standard Deduction**, see instructions.

|           |  |            |  |
|-----------|--|------------|--|
| <b>16</b> | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> . . . | <b>16</b>  |  |
| <b>17</b> | Amount from Schedule 2, line 3 . . . . .   | <b>17</b>  |  |
| <b>18</b> | Add lines 16 and 17 . . . . .  | <b>18</b>  |  |
| <b>19</b> | Child tax credit or credit for other dependents . . . . .  | <b>19</b>  |  |
| <b>20</b> | Amount from Schedule 3, line 7 . . . . .   | <b>20</b>  |  |
| <b>21</b> | Add lines 19 and 20 . . . . .  | <b>21</b>  |  |
| <b>22</b> | Subtract line 21 from line 18. If zero or less, enter -0- . . . . .  | <b>22</b>  |  |
| <b>23</b> | Other taxes, including self-employment tax, from Schedule 2, line 10 . . . . .   | <b>23</b>  |  |
| <b>24</b> | Add lines 22 and 23. This is your <b>total tax</b> . . . . . <b>▶</b>  | <b>24</b>  |  |
| <b>25</b> | Federal income tax withheld from:  |            |  |
| <b>a</b>  | Form(s) W-2 . . . . .  | <b>25a</b> |  |
| <b>b</b>  | Form(s) 1099 . . . . .   | <b>25b</b> |  |
| <b>c</b>  | Other forms (see instructions) . . . . .   | <b>25c</b> |  |
| <b>d</b>  | Add lines 25a through 25c . . . . .  | <b>25d</b> |  |
| <b>26</b> | 2020 estimated tax payments and amount applied from 2019 return . . . . .  | <b>26</b>  |  |
| <b>27</b> | Earned income credit (EIC) . . . . .   | <b>27</b>  |  |
| <b>28</b> | Additional child tax credit. Attach Schedule 8812 . . . . .  | <b>28</b>  |  |
| <b>29</b> | American opportunity credit from Form 8863, line 8 . . . . .   | <b>29</b>  |  |
| <b>30</b> | Recovery rebate credit. See instructions . . . . .   | <b>30</b>  |  |
| <b>31</b> | Amount from Schedule 3, line 13 . . . . .  | <b>31</b>  |  |
| <b>32</b> | Add lines 27 through 31. These are your <b>total other payments and refundable credits</b> . . . . . <b>▶</b>  | <b>32</b>  |  |
| <b>33</b> | Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . . <b>▶</b>   | <b>33</b>  |  |

**Refund**Direct deposit?  
See instructions.

|            |   |            |  |
|------------|---|------------|--|
| <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .            | <b>34</b>  |  |
| <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/> | <b>35a</b> |  |
| <b>▶ b</b> | Routing number: . . . . . <b>▶ c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings               |            |  |
| <b>▶ d</b> | Account number: . . . . .   |            |  |
| <b>36</b>  | Amount of line 34 you want <b>applied to your 2021 estimated tax</b> . . . . . <b>▶</b>                                     | <b>36</b>  |  |

**Amount You Owe**For details on  
how to pay, see  
instructions.

|  |   |           |  |
|--|---|-----------|--|
| <b>37</b>  | Subtract line 33 from line 24. This is the <b>amount you owe now</b> . . . . . <b>▶</b> | <b>37</b> |  |
| <b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details. |   |           |  |
| <b>38</b>  | Estimated tax penalty (see instructions) . . . . . <b>▶</b>                             | <b>38</b> |  |

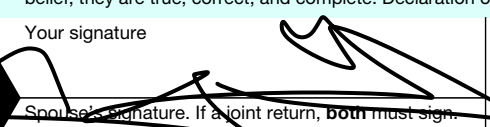
**Third Party Designee**Do you want to allow another person to discuss this return with the IRS? See instructions . . . . . ☐ **Yes**. Complete below. ☐ **No**

|                          |                    |   |
|--------------------------|--------------------|---|
| Designee's name <b>▶</b> | Phone no. <b>▶</b> | Personal identification number (PIN) <b>▶</b> |
|--------------------------|--------------------|---|

**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 inst.) <b>▶</b>         |
| Spouse's signature. If a joint return, <b>both</b> must sign.                                      | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <b>▶</b> |

|           |               |
|-----------|---------------|
| Phone no. | Email address |
|-----------|---------------|

**Paid Preparer Use Only**

|                      |                         |      |      |   |
|----------------------|-------------------------|------|------|---|
| Preparer's name      | Preparer's signature    | Date | PTIN | Check if:<br><input type="checkbox"/> Self-employed |
| Firm's name <b>▶</b> | Firm's address <b>▶</b> |      |      | Phone no.   |
|                      |                         |      |      | Firm's EIN <b>▶</b>                                 |