**1040** 

Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** 

2020

OMB No. 1545-0074

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

| Filing Status   | i          | Single Married filing jointly  | Marrie              | ed filing s                      | eparate     | ely (MFS) | Head of              | hous  | sehold (HOH)     | Qua           | llifying wid                    | low(er) (QW)                      |  |
|---|------------|--|---------------------|----------------------------------|-------------|-----------|----------------------|---|------------------|---------------|---------------------------------|-----------------------------------|--|
| Check only one box.                                     |            | 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 n is a child but not your dependent ▶ |                     |                                  |             |           |                      |   |                  |               |                                 |                                   |  |
| Your first name   | and mi     | iddle initial  | Last na             | me                               |             |           |                      |   |                  | Your so       | cial securi                     | ty number                         |  |
| Hans M  |            |  |                     | Braden                           |             |           |                      |   |                  |               | 5 8 4                           | 5 7 2 9                           |  |
| If joint return, spouse's first name and middle initial |            |  |                     | Last name                        |             |           |                      |   |                  |               | Spouse's social security number |                                   |  |
| Home address  | •          | er and street). If you have a P.O. box, se<br>nt <b>Drive</b>  | e instructi         | ons.                             |             |           |                      |   | Apt. no.         | •             | ential Electi<br>here if you,   | i <b>on Campaign</b><br>, or your |  |
| City, town, or p  | complete s | paces belo   | ow.                 | Stat                             | e <b>TN</b> | ZIP       | code<br>274292       | spouse if filing jointly, want \$3<br>to go to this fund. Checking a<br>box below will not change |                  |               |                                 |                                   |  |
| Foreign country name                                    |            |  |                     | Foreign province/state/county    |             |           |                      |   | eign postal code | 1             | x or refund                     | •                                 |  |
| At any time du  |            | 020, did you receive, sell, send, ex   |                     |                                  |             |           |                      | est in  | n any virtual cu | irrency?      | Yes                             | ✓ No                              |  |
| Standard<br>Deduction                                   |            | neone can claim:   |                     |                                  |             |           |                      |   |                  |               |                                 |                                   |  |
| Age/Blindness   | You:       | Were born before January 2,  | 1956                | Are bli                          | nd          | Spouse    | : 🗌 Was boi          | rn be   | efore January :  | 2, 1956       | ☐ Is b                          | lind                              |  |
| Dependents  | •          | •  |                     | (2) Social security (3) Relation |             |           |                      | nip   | ' '              |               | alifies for (see instructions): |                                   |  |
| If more   | (1) F      | irst name Last name  |                     | number                           |             |           | to you               |   | Child tax credit |               | Credit for ot                   | ther dependents                   |  |
| than four<br>dependents,                                | _          |  |                     |                                  |             |           |                      |   |                  |               |                                 |                                   |  |
| see instructions  | 3 ——       |  |                     |                                  |             |           |                      |   |                  |               |                                 |                                   |  |
| and check   |            |  |                     |                                  |             |           |                      |   |                  |               |                                 | <u> </u>                          |  |
| here ►  | -          |  |                     |                                  |             |           |                      |   |                  |               |                                 |                                   |  |
| Attach  | 1          | Wages, salaries, tips, etc. Attach   |                     | W-2 .                            |             | ,<br>[    |                      | ٠   |                  | . 1           |                                 | 740                               |  |
| Sch. B if   | 2a         | Tax-exempt interest  | 2a                  |                                  |             |           | Taxable interest     |   |                  | . 2b          |                                 | 740                               |  |
| required.   | 3a         | Qualified dividends  | 3a                  |                                  |             |           | b Ordinary dividends |   |                  | . 3b          |                                 | 545                               |  |
|   | 4a         | IRA distributions  | 4a                  |                                  |             |           | axable amoun         |   |                  | . 4b          |                                 |                                   |  |
|   | 5a         | Pensions and annuities   |                     | 5a                               |             |           | axable amoun         | -   |                  | . 5b          |                                 |                                   |  |
| Standard<br>Deduction for—                              | 6a         | Social security benefits   | 6a b Taxable amount |                                  |             |           |                      |   | . 6b             | )             | 4445                            |                                   |  |
| Single or   | 7          | Capital gain or (loss). Attach Schedule D if required. If not required, check here   |                     |                                  |             |           |                      |   | _                |               |                                 |                                   |  |
| Married filing separately,                              | 8          | Other income from Schedule 1, line 9   |                     |                                  |             |           |                      |   |                  | . 8<br>• 9    |                                 |                                   |  |
| \$12,400<br>Married filing                              | 9          | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>  |                     |                                  |             |           |                      |   |                  | <b>–</b> 9    |                                 |                                   |  |
| jointly or  | 10         | Adjustments to income:   |                     |                                  |             |           |                      |   |                  |               |                                 |                                   |  |
| Qualifying widow(er),                                   | a<br>b     | From Schedule 1, line 22   |                     |                                  |             |           |                      |   |                  | 500           |                                 |                                   |  |
| \$24,800  |            | Charlance contributions if you take the standard deduction. God mandellons   |                     |                                  |             |           |                      |   |                  |               |                                 |                                   |  |
| Head of household,                                      | C          | · ·  |                     |                                  |             |           |                      |   |                  | ► 10·<br>► 11 |                                 | 74647                             |  |
| \$18,650 L  | 11         | Subtract line 10c from line 9. This is your <b>adjusted gross income</b>   |                     |                                  |             |           |                      |   |                  | . 12          |                                 |                                   |  |
| any box under<br>Standard<br>Deduction,                 | 13         | Qualified business income deduction. Attach Form 8995 or Form 8995-A   |                     |                                  |             |           |                      |   | . 13             |               |                                 |                                   |  |
|   | 14         | Add lines 12 and 13  |                     |                                  |             |           |                      |   | . 14             |               |                                 |                                   |  |
| see instructions.                                       | 15         | Taxable income. Subtract line 1  | <br>4 from lin      | <br>ie 11. lf ze                 | ero or le   | ess. ente | r <del>-</del> 0     |   |                  | . 15          |                                 | 245647                            |  |
|   |            |  |                     |                                  |             | ,         |                      |   |                  |               |                                 |                                   |  |

| Form 1040 (2020   | )                                    |  |                    |               |                   |                  |          |               |   |                                    | Page <b>2</b>          |  |
|---|--------------------------------------|--|--------------------|---------------|-------------------|------------------|----------|---------------|---|------------------------------------|------------------------|--|
|   | 16                                   | Tax (see instructions). Check  | if any from Form   | (s): <b>1</b> | 3814              | <b>2</b> 4972    | 3 🗌      |               |   | 16                                 |                        |  |
|   | 17                                   | Amount from Schedule 2, line 3   |                    |               |                   |                  |          |               | 17  |                                    |                        |  |
|   | 18                                   | Add lines 16 and 17  |                    |               |                   |                  |          |               | 18  |                                    |                        |  |
|   | 19                                   | Child tax credit or credit for other dependents  |                    |               |                   |                  |          |               | 19  |                                    |                        |  |
|   | 20                                   | Amount from Schedule 3, line 7   |                    |               |                   |                  |          |               | 20  |                                    |                        |  |
|   | 21 Add lines 19 and 20               |  |                    |               |                   |                  |          |               | 21  |                                    |                        |  |
|   |                                      |  |                    |               |                   |                  |          | 22            |   |                                    |                        |  |
|   |                                      |  |                    |               |                   |                  |          | 23            |   |                                    |                        |  |
|   | 24                                   | Add lines 22 and 23. This is your <b>total tax</b>   |                    |               |                   |                  |          |               | 24  |                                    |                        |  |
|   | 25 Federal income tax withheld from: |  |                    |               |                   |                  |          |               |   |                                    |                        |  |
|   | а                                    | Form(s) W-2  |                    |               |                   |                  | 25a      |               |   |                                    |                        |  |
|   | b                                    | Form(s) 1099   |                    |               |                   |                  | 25b      |               |   |                                    |                        |  |
|   | c                                    | Other forms (see instructions  |                    |               |                   |                  | 25c      |               |   |                                    |                        |  |
|   | d                                    | Add lines 25a through 25c .  | •                  |               |                   |                  |          |               |   | 25d                                |                        |  |
|   | 26                                   | •  |                    |               |                   |                  |          |               |   | 26                                 |                        |  |
| <ul> <li>If you have a L<br/>qualifying child,</li> </ul>               | 27                                   | 2020 estimated tax payments and amount applied from 2019 return  |                    |               |                   |                  |          |               | 20  |                                    |                        |  |
| attach Sch. EIC.  | 28                                   |  |                    |               |                   | 28               |          |               |   |                                    |                        |  |
| <ul> <li>If you have<br/>nontaxable</li> </ul>                          | 29                                   |  |                    |               |                   |                  |          |               |   |                                    |                        |  |
| combat pay,<br>see instructions.  | 30                                   | American opportunity credit from Form 8863, line 8   |                    |               |                   |                  |          |               |   |                                    |                        |  |
| see ilistructions.  | 31                                   | •  |                    |               |                   |                  | 31       |               |   |                                    |                        |  |
|   | 32                                   | Amount from Schedule 3, line 13  |                    |               |                   |                  |          |               |   | 32                                 |                        |  |
|   | 33                                   | Add lines 25d, 26, and 32. These are your <b>total payments</b>  |                    |               |                   |                  |          |               |   | 33                                 | 66                     |  |
|   | 34                                   |  |                    |               |                   |                  |          |               |   | 34                                 | 364746                 |  |
| Refund  |                                      | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>   |                    |               |                   |                  |          |               |   | 304740                             |                        |  |
| Direct deposit?   | 35a                                  |  |                    |               |                   |                  |          |               |   |                                    |                        |  |
| See instructions.   | ►b                                   |  |                    |               |                   |                  |          |               |   |                                    |                        |  |
|   | ► d                                  | Account number   | mulical to very    | 0001 aatim    |                   | J                | 00       |               |   |                                    |                        |  |
| A   | 36                                   | Amount of line 34 you want a   |                    |               |                   |                  | -        |               |   | 07                                 | 0                      |  |
| Amount<br>You Owe   | 37                                   | Subtract line 33 from line 24. This is the <b>amount you owe now</b>   |                    |               |                   |                  |          |               |   | 0                                  |                        |  |
| For details on  |                                      | <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. |                    |               |                   |                  |          |               |   | •                                  |                        |  |
| how to pay, see   | 00                                   |  |                    |               |                   |                  | 00       | I             |   |                                    |                        |  |
| instructions.   | 38                                   | Estimated tax penalty (see in  |                    |               |                   |                  | 38       |               |   |                                    |                        |  |
| Third Party<br>Designee   |                                      | Do you want to allow another person to discuss this return with the IRS? See nstructions   |                    |               |                   |                  |          |               |   | bolow                              | □No                    |  |
| Designee  |                                      | signee's   | Phone              |               |                   |                  |          | Personal ider |   |                                    | _                      |  |
|   |                                      | me ►   |                    | no.           |                   |                  |          |               | er (PIN)                                  |                                    |                        |  |
| Sign  | Un                                   | der penalties of perjury, I declare th   | nat I have examine | d this return | and               | accompanying sch | edules a | and statemer  | its, and t                                | to the bes                         | st of my knowledge and |  |
| Here  | bel                                  | pelief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which p                                       |                    |               |                   |                  |          |               |   | ch prepar                          | er has any knowledge.  |  |
| пете  | Yo                                   | ur signature   |                    | Date          |                   | Your occupation  |          |               |   |                                    | nt you an Identity     |  |
|   | <b>\</b>                             |  |                    | Danahan       |                   |                  |          |               | otection PIN, enter it here<br>e inst.) ▶ |                                    |                        |  |
| Joint return?<br>See instructions.                                      | <u> </u>                             | and a signature of a saint return. In  | ath mount sing     | Rancher       |                   |                  |          |               | `   | If the IRS sent your spouse an     |                        |  |
| Keep a copy for   | Sp                                   | ouse's signature. If a joint return, <b>b</b>  | Date               |               | Spouse's occupati | on               |          |               |   | tity Protection PIN, enter it here |                        |  |
| your records.   |                                      |  |                    |               |                   |                  |          | (see inst.) ▶ |   |                                    |                        |  |
|   | Ph                                   | one no.  |                    | Email addre   | ess               |                  |          |               | -   |                                    |                        |  |
| Paid<br>Preparer  | Pre                                  | eparer's name  | Preparer's signat  | ure           |                   |                  | Date     |               | PTIN                                      |                                    | Check if:              |  |
|   | Johr                                 | n Doe  |                    |               |                   |                  |          |               | 67  | 56                                 | ✓ Self-employed        |  |
|   | Fire                                 | Firm's name ▶  |                    |               |                   |                  |          |               |   | Phone no.                          |                        |  |
| Use Only  | Fire                                 | m's address ▶  |                    |               |                   |                  |          |               |   | n's EIN ▶                          |                        |  |
| Go to www.irs.gov/Form1040 for instructions and the latest information. |                                      |  |                    |               |                   |                  |          |               |   |                                    |                        |  |