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

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

Filing Status Check only one box.	If y	Single Married filing jointly cou checked the MFS box, enter the round is a child but not your dependent	name of y	_	•	• •		_		, ,	_		, , ,	
Your first name		· · ·		Last name								Your social security number		
If joint return, spouse's first name and middle initial				Last name							Spouse's social security number			mber
Home address	instructions. Apt							Apt. no.	Presidential Election Campaig Check here if you, or your					
City, town, or post office. If you have a foreign address, also co				omplete spaces below. State					ZIP	code	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state/county Foreign postal co						eign postal code	your tax or refund. You Spouse			ouse
At any time du	ring	2020, did you receive, sell, send, exc	hange, o	r othen	wise a	cquire a	any f	inancial in	terest in	any virtual c	urrency	? Ye	es 🗌 No	5
Standard Deduction	So	meone can claim: You as a de Spouse itemizes on a separate retur	•			•		a depende	nt					
Age/Blindness	Yo	u: Uwere born before January 2, 1	956	Are b	lind	Spo	use:	☐ Was	born be	efore January	2, 1956		s blind	
Dependents								•	1 '	structions):				
If more	(1)	First name Last name	number			ber		to you		Child tax credit		Credit fo	or other deper	ndents
than four dependents,	_												<u> </u>	
see instructions	; <u> </u>													
and check here ▶	_													
		Managara and a standard of the	Γ (a) M	V 0										
Attach	1	Wages, salaries, tips, etc. Attach I	_ '							2				
Sch. B if		' -		2a			b Taxable interest							
required.	48	-	4a 5a				b Ordinary dividendsb Taxable amount .b Taxable amount .				. 4			
	5a										-	b		
Standard	68		6a b Taxable amount .						. 6			_		
Deduction for—	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								_ —	7			
Single or Married filing	8	Other income from Schedule 1, line 9										3		
separately,	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,										9		
\$12,400 • Married filing	10	Adjustments to income:		,	Ju. 10									
jointly or Qualifying a From Schedule 1, line 22							1	10a						
widow(er),	k	*					10b							
\$24,800 • Head of	c							_			▶ 10	Oc		
household,	11	Subtract line 10c from line 9. This is your adjusted gross income									▶ 1	1		
\$18,650										2				
any box under Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A							. 1	3				
Deduction, see instructions.	14	Add lines 12 and 13								. 1	4			
SGE ITISH UCHOUS.	15	Taxable income. Subtract line 14	from line	11. If	zero c	or less, e	enter	-0			. 1	5		

Form 1040 (2020)								Page 2	
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		. 16		
	17	Amount from Schedule 2, lir	ne 3				 .	. 17		
	18	Add lines 16 and 17						. 18		
	19	Child tax credit or credit for	other dependent	s				. 19		
	20	Amount from Schedule 3, lir	ne 7					. 20		
	21	Add lines 19 and 20						. 21		
	22	Subtract line 21 from line 18	B. If zero or less, e	enter -0				. 22		
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10			. 23		
	24	Add lines 22 and 23. This is	your total tax					▶ 24		
	25	Federal income tax withheld	I from:							
	а	Form(s) W-2				25a				
	b	Form(s) 1099				25b				
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c						. 250	t	
If you have a	26	2020 estimated tax paymen	ts and amount a	oplied from 20	19 return			. 26		
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC. If you have	28	Additional child tax credit. A	ttach Schedule 8	3812		28				
nontaxable combat pay,	29	American opportunity credit	from Form 8863	, line 8		29				
see instructions.	30	Recovery rebate credit. See	instructions .			30				
	31	Amount from Schedule 3, lir	ne 13			31				
	32	Add lines 27 through 31. The	ese are your tota	l other paym	ents and refunda	ble credits		▶ 32		
	33	Add lines 25d, 26, and 32. These are your total payments								
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid								
neiuliu	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here \Delta 35a								
Direct deposit?	►b									
See instructions.	►d	Account number								
	36	Amount of line 34 you want	applied to your	2021 estimate	dtax ►	36				
Amount	37	Subtract line 33 from line 24	. This is the amo	unt you owe	now			▶ 37		
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for								
For details on how to pay, see		2020. See Schedule 3, line	•	•	•		,	- 131		
instructions.	38	Estimated tax penalty (see in	nstructions) .		🕨	38				
Third Party	Do	you want to allow another	person to disc	uss this retur	n with the IRS?	See				
Designee	ins	tructions				► Y	es. Comp	olete below	/. 🔲 No	
		signee's		Phone				identificatio	n	
		me ▶		no. ►			number (· /		
Sign		der penalties of perjury, I declare tief, they are true, correct, and com								
Here		signature		Date	Your occupation				sent you an Identity	
		ar digitataro		Buio	rodioodpation				PIN, enter it here	
Joint return?		<u> </u>						(see inst.) I	>	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	th must sign. Date Spouse's occupation					f the IRS sent your spouse an dentity Protection PIN, enter it here see inst.) ▶	
your records.	,									
•				Email address				(000 11101.)		
-		one no.	Preparer's signet	Email address reparer's signature				ΓIN	Check if:	
Paid	FIE	paror s name	i reparer s signar	uı C		Date	[]	1 11 V	Self-employed	
Preparer								Disease	Self-employed	
Use Only								Phone no.		
		n's address ►	Firm's EIN							
Go to www.irs.go	v/Forn	n1040 for instructions and the late	est information.						Form 1040 (2020)	