1040

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

2020

OMB No. 1545-007

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

Filing Status	i	single Married filing jointly	Marrie	d filii	ng se	parat	tely (MFS	S) Head of	hous	sehold (HOH)	Qu	ıalifyir	ıg wido	w(er) (QW)
Check only one box.		u checked the MFS box, enter the n on is a child but not your dependent		our	spous	se. If	you che	cked the HOH o	r QV	V box, enter th	e child	's nan	ne if the	e qualifying
Your first name	first name and middle initial L				Last name							social	security	number
Steve				Pollak							1 2	5 3	7 1	1 1 1
If joint return, spouse's first name and middle initial				Last name							Spouse's social security number			
Home address ((numbe	r and street). If you have a P.O. box, see	instructio	ns.						Apt. no.				n Campaign
13 Canary La										if you, c				
City, town, or post office. If you have a foreign address, also com Buffalo				nplete spaces below.				ate NY	ZIP	code 61193	to go	pouse if filing jointly, want \$3 o go to this fund. Checking a ox below will not change		
Foreign country name				Foreign province/state/county					For	reign postal code your tax or refund.			Spouse	
At any time dui	ring 20	20, did you receive, sell, send, exch	nange, o	r oth	erwis	e ac	quire any	financial intere	L est in	n any virtual cu	rrency		Yes	✓ No
Standard	Som	eone can claim: You as a de	pendent		Y	our s	pouse a	s a dependent		<u> </u>				
Deduction		pouse itemizes on a separate retur	n or you	were	e a dı	ual-st	atus alie	n						
Age/Blindness	You:	Were born before January 2, 1	956	Are	e blin	d	Spous	e: Was bo	rn be	efore January 2	2, 1956	_] Is blir	nd
Dependents	(see i	nstructions):		(ecurity	(3) Relationsh	nip	(4) 🗸 if q		1 `		•
If more							to you		Child tax c	redit	Credit for other dependents			
than four dependents,		Rebbecca Pollak				2 4 4 6 6 5 4 7 7 Daughter				7				
see instructions	3 ——	George Pollak				5 5 6 7 8 9 9 9 3 Son				V				
and check	Edw	Edward Poolak			4 7 4 7 9 8 3 5 3 SON					V				
here ►												1		
Attach	1_	Wages, salaries, tips, etc. Attach F	Form(s) V	V - 2			7 .					1		
Attach Sch. B if	2a	' <u>-</u>	2a				b	b Taxable interestb Ordinary dividends			. –	2b		57000
required.	3a		3a									Bb		
	4a					Taxable amoun		· —	lb					
	5a	Pensions and annuities	5a				b	Taxable amoun	t.		. 5	ib		
Standard	6a	Social security benefits	6a	b Taxable amour			t.			b				
Deduction for— Single or	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							▶ [╛┟	7			
Married filing	8	Other income from Schedule 1, lin	e9								· L	8		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. TI	nis is	your	tota	l incom	e			▶ _	9		
Married filing jointly or	10	Adjustments to income:												
Qualifying	а	From Schedule 1, line 22						10	а		_			
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b									500			
Head of	С	Add lines 10a and 10b. These are your total adjustments to income								▶ <u>1</u>	0с			
household, \$18,650	11	Subtract line 10c from line 9. This is your adjusted gross income								▶	1		100000	
If you checked	12	Standard deduction or itemized deductions (from Schedule A)								. 1	12			
any box under Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A							1	13				
Deduction, see instructions.	14	Add lines 12 and 13								. [1	14			
220	15	Taxable income. Subtract line 14	from line	e 11.	If ze	ro or	less, ent	er -0			. 1	15		75000

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	16	Tax (see instructions). Check	if any from Form	(s): 1 88	14 2 🗌 4972	3 🗌		. 16			
	17	Amount from Schedule 2, lin	e3					. 17			
	18	Add lines 16 and 17	. 18								
	19	Child tax credit or credit for other dependents									
	20	Amount from Schedule 3, lin	e7					. 20			
	21	Add lines 19 and 20									
	22	Subtract line 21 from line 18									
	23	Other taxes, including self-e									
	24	Add lines 22 and 23. This is	vour total tax					▶ 24			
	25	Federal income tax withheld									
	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	2020 estimated tax payment									
 If you have a L qualifying child, 	27	Earned income credit (EIC)		•		27		. 20			
attach Sch. EIC.	28	Additional child tax credit. A				28					
 If you have nontaxable 	29	American opportunity credit				29					
combat pay, see instructions.	30	Recovery rebate credit. See		•		30					
see mandenoria.	31	Amount from Schedule 3, lin				31					
	32	Add lines 27 through 31. The	▶ 32								
	33	•									
	34	Add lines 25d, 26, and 32. These are your total payments									
Refund											
Direct deposit?	35a ▶ b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here \rightarrow 35a									
See instructions.	►d	Routing number									
	36	Account number Amount of line 34 you want	applied to your	2021 actima	tod tov	36					
A								37			
Amount You Owe	37	Subtract line 33 from line 24									
For details on		Note: 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					
instructions.	38	Estimated tax penalty (see in				38					
Third Party		o you want to allow another person to discuss this return with the IRS? See nstructions									
Designee		signee's		Phon		•					
		me		no.		Personal identification number (PIN) ▶					
Sign	Un	der penalties of perjury, I declare t	hat I have examine	d this return ar	nd accompanying sch	edules and stater	nents, an	d to the bes	st of my knowledge and		
_		lief, they are true, correct, and com									
Here	Yo	ur signature		Date	Your occupation				nt you an Identity		
Joint return? See instructions.	k.			Bonkor			rotection PIN, enter it here				
	Cm	avanda aismastuma. If a inimt matuuma li	ath mount airm	Data	Banker Spanso's accuration			If the IRS sent your spouse an			
Keep a copy for	Sp	ouse's signature. If a joint return, t	oth must sign.	Date	Spouse's occupati	on		dentity Protection PIN, enter it here			
your records.								see inst.) ►			
	Ph	one no.		Email address	;						
Paid		eparer's name	Preparer's signat	Date PT			Check if:				
	Jane	Smith					34	47533	✓ Self-employed		
Preparer		m's name ▶					Phone no.				
Use Only		m's address ▶						irm's EIN			
Go to www ire as		n1040 for instructions and the late	st information					5	Form 1040 (2020)		
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