E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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Form **1040** (2020)

Cat. No. 11320B

Filing Status	<b>5</b> 🗆 5	Single Married filing jointly	Ma	arried filing	sepa	rately (N	(IFS)	Hea	ad of ho	usehold (H	OH)	Qua	llifying	wido	w(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													
	•	son is a child but not your depende	ent												
Your first name	and m	iddle initial	Las	st name								Your s	ocial s	ecurit	y number
If in industrium		a fivet waves and widdle initial	Las	-4								Cmausa	<u> </u> != ===!:	<u> </u>	idu
if joint return, s	pouse	s first name and middle initial	Las	st name								Spouse	'S SOCIA	II SECL	urity number
Home address	(numbe	er and street). If you have a P.O. box, s	ee instr	ructions.						Apt. no		Preside	ntial F	lection	n Campaign
	`	, ,										Check I			
City, town, or p	ost offi	ce. If you have a foreign address, also	comple	ete spaces b	elow.		Stat	te	Z	IP code			_		ly, want \$3
										ŀ		to go to this fund. Checking a box below will not change			
Foreign country	name			Foreign	provin	nce/state	/cour	nty	F	oreign posta	l code	your ta	_		
													Y	ou ——	Spouse
At any time du	ring 20	020, did you receive, sell, send, ex	chang	ge, or other	rwise	acquire	any	financial	interes	t in any vir	tual c	urrency'	? <b>Y</b>	es	☐ No
Standard	Som	eone can claim:	depend	dent 🗌	You	r spous	e as	a depend	lent						
Deduction		Spouse itemizes on a separate ret	urn or	you were a	a dual	-status	alier	1							
Age/Blindness	You:	Were born before January 2,	1956	Are b	olind	Spc	use	: 🗌 Wa	s born	before Jar	uary 2	2, 1956		ls blin	ıd
Dependents	(see	instructions):		(2)	Social	security		(3) Relat	tionship						
If more	<b>(1)</b> F	irst name Last name		number			to you		Child tax cre		redit	Credit f	or other	er dependents	
than four dependents,	_										<u> </u>				]
see instructions	s ——				-						<u> </u>			<u>-</u> -	<u></u>
and check here	-				-						$\mathbb{H}$			<del>-</del> -	<u>J</u> 1
	1	Wages, salaries, tips, etc. Attacl	Form	n(s) W-2							Ш_		1		
Attach	2a	Tax-exempt interest	2a	1(3) 11-2		· i	 b Т	axable in	terest			. 2b			
Sch. B if	За	Qualified dividends	3a				<b>b</b> Ordinary divider			nds		. 3b			
required.	4a	IRA distributions	4a	4a			<b>b</b> Taxable amount					. 4	lb		
	5a	Pensions and annuities	5a				b T	axable ar	nount .			. 5	b		
Standard Deduction for—	6a	Social security benefits 6a b Taxable amount								. 6					
• Single or	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here									_	_			
Married filing separately,	8 9	Other income from Schedule 1, I										. 9	8		
\$12,400 • Married filing	10	Add lines 1, 2b, 3b, 4b, 5b, 6b, Adjustments to income:	r, and	o. IIIIs is	your <b>t</b>	otal inc	OHIE	<b>.</b> .				9			
jointly or Qualifying	а	From Schedule 1, line 22													
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b													
• Head of	С	Add lines 10a and 10b. These ar	e your	total adju	ıstme	ents to	inco	me .				10	С		
household, \$18,650	11	Subtract line 10c from line 9. This is your adjusted gross income								11					
<ul> <li>If you checked any box under</li> </ul>	12	Standard deduction or itemized deductions (from Schedule A)										12			
Standard Deduction,	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A									_	13			
see instructions.	14 15	Add lines 12 and 13 Taxable income. Subtract line 1	1 from				onto					15	14	—	
	10	i avanie ilicollie. Subtract lille l	+ 11011	i iiiie III. II	Ze10	or iess,	CHILE	JI -U				.   15	,		

Form 1040 (2020	0)								Page <b>2</b>
	16	Tax (see instructions). Che	eck if any from Form	n(s): <b>1</b> 881	4 <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 depender	nts				19	
	20	Amount from Schedule 3						20	
	21	Add lines 19 and 20 .						2	
	22	Subtract line 21 from line	18. If zero or less,	enter -0				22	
	23	Other taxes, including sel						23	
	24	Add lines 22 and 23. This						24	
	25	Federal income tax withh	eld from:						
	а	Form(s) W-2				25a			
	b	Form(s) 1099				25b			
	С	Other forms (see instructi				25c			
	d	Add lines 25a through 25	•					25	
	26	2020 estimated tax paym						26	
<ul> <li>If you have a qualifying child, attach Sch. EIC.</li> </ul>	27	Earned income credit (EIC		• •		27			
	28	Additional child tax credit	•			28		+	
If you have nontaxable	29	American opportunity cre				29		+	
combat pay, see instructions.	30	Recovery rebate credit. S				30		$\dashv$	
see instructions.	31	Amount from Schedule 3.				31		+	
		Add lines 27 through 31.	20						
	32 33	· · · · · · · · · · · · · · · · · · ·	32						
		Add lines 25d, 26, and 32	34						
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here							
Direct deposit?	35a	1 1	35a						
Direct deposit? See instructions.	b	Routing number C Type: Checking Savings							
	d	Account number		0001					
	36	Amount of line 34 you wa				36		07	
Amount You Owe	37	Subtract line 33 from line		-				37	
For details on		Note: Schedule H and S							
how to pay, see	00	2020. See Schedule 3, line 12e, and its instructions for details.  Estimated tax penalty (see instructions)							
instructions.	38	· · · · · · · · · · · · · · · · · · ·	•			38			
Third Party		you want to allow anoth	•				`omplete	aelow	□No
Designee		nstructions							_
	nar	•		no.			nber (PIN)	ilication	
Sign	Und	der penalties of perjury, I decla	re that I have examin	ed this return an	id accompanying sch	nedules and state	ments, and	to the b	est of my knowledge a
_		ief, they are true, correct, and o							
Here	You	ur signature	Date	Your occupation		If th	e IRS se	nt you an Identity	
									IN, enter it here
Joint return? See instructions. Keep a copy for your records.								inst.)	<u> </u>
	Spo	ouse's signature. If a joint retu	Date Spouse's occupation					nt your spouse an ection PIN, enter it her	
							inst.)	ection in, enter it her	
	———Pho	one no.		Email address					
		eparer's name	Preparer's signat	1	Date	PTIN		Check if:	
	-	•	1, 2 2 3,	Date					Self-employed
						1	1		
Paid Preparer	————	n'e name				•	Dha	20 20	•
		n's name n's address						ne no. 's EIN	