

**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**  
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.  
☐ You ☐ 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

| (see instructions): |           | (2) Social security number |  | (3) Relationship to you | Child tax credit         | Credit for other dependents |
|---------------------|-----------|----------------------------|--|-------------------------|--------------------------|-----------------------------|
| (1) First name      | Last name |                            |  |                         |                          |                             |
|                     |           |                            |  |                         | <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.  | <b>1</b>   | Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  |           | <b>1</b> |           |                              |           |           |  |
|   | <b>2a</b>  | Tax-exempt interest . . . . .   | <b>2a</b> |          | <b>2b</b> | Taxable interest . . . . .   | <b>2b</b> |           |  |
|   | <b>3a</b>  | Qualified dividends . . . . .   | <b>3a</b> |          | <b>3b</b> | Ordinary dividends . . . . . | <b>3b</b> |           |  |
|   | <b>4a</b>  | IRA distributions . . . . .   | <b>4a</b> |          | <b>4b</b> | Taxable amount . . . . .     | <b>4b</b> |           |  |
| <b>Standard Deduction for—</b> <ul style="list-style-type: none"><li>• Single or Married filing separately, \$12,400</li><li>• Married filing jointly or Qualifying widow(er), \$24,800</li><li>• Head of household, \$18,650</li><li>• If you checked any box under <i>Standard Deduction</i>, see instructions.</li></ul> | <b>5a</b>  | Pensions and annuities . . . . .  | <b>5a</b> |          | <b>5b</b> | Taxable amount . . . . .     | <b>5b</b> |           |  |
|   | <b>6a</b>  | Social security benefits . . . . .  | <b>6a</b> |          | <b>6b</b> | Taxable amount . . . . .     | <b>6b</b> |           |  |
|   | <b>7</b>   | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> |           |          |           |                              |           | <b>7</b>  |  |
|   | <b>8</b>   | Other income from Schedule 1, line 9 . . . . .  |           |          |           |                              |           | <b>8</b>  |  |
|   | <b>9</b>   | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .                       |           |          |           |                              |           | <b>9</b>  |  |
|   | <b>10</b>  | Adjustments to income:  |           |          |           |                              |           |           |  |
|   | <b>a</b>   | From Schedule 1, line 22 . . . . .  |           |          |           | <b>10a</b>                   |           |           |  |
|   | <b>b</b>   | Charitable contributions if you take the standard deduction. See instructions                               |           |          |           | <b>10b</b>                   |           |           |  |
|   | <b>c</b>   | Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . .                          |           |          |           | <b>10c</b>                   |           |           |  |
|   | <b>11</b>  | Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . .                          |           |          |           |                              |           | <b>11</b> |  |
| <b>12</b>   | <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .               |   |           |          |           |                              | <b>12</b> |           |  |
| <b>13</b>   | Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .             |   |           |          |           |                              | <b>13</b> |           |  |
| <b>14</b>   | Add lines 12 and 13 . . . . .  |   |           |          |           |                              | <b>14</b> |           |  |
| <b>15</b>   | <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . . |   |           |          |           |                              | <b>15</b> |           |  |

Form **1040** (2020)