

Electronic Filing Instructions for your 2019 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Philip Warton
13636 SW Packard Ln, Apt. B
Beaverton, OR 97008-6897

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$607.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 9337033444 Routing Transit Number: 321180379.		
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2020. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2019 Federal Tax Return Summary	Adjusted Gross Income	\$	9,177.00
	Taxable Income	\$	0.00
	Total Tax	\$	0.00
	Total Payments/Credits	\$	607.00
	Amount to be Refunded	\$	607.00
	Effective Tax Rate		0.00%



Hi Philip,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Federal Free Edition:

- Your filed return has 100% guaranteed accurate calculations*
- You received a printed copy of your return with supporting documents for your records

Many happy returns from TurboTax.

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 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 Philip		Last name Warton		Your social security number 543-57-4727	
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. 13636 SW Packard Ln				Apt. no. B	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Beaverton OR 97008-6897				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. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name		Foreign province/state/county		Foreign postal code	
				If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>	

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, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	9,177.
2a Tax-exempt interest	2a	2b Taxable interest. Attach Sch. B if required	2b
3a Qualified dividends	3a	b Ordinary dividends. Attach Sch. B if required	3b
4a IRA distributions	4a	b Taxable amount	4b
c Pensions and annuities	4c	d Taxable amount	4d
5a Social security benefits	5a	b Taxable amount	5b
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			6
7a Other income from Schedule 1, line 9			7a
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶			7b 9,177.
8a Adjustments to income from Schedule 1, line 22			8a
b Subtract line 8a from line 7b. This is your adjusted gross income ▶			8b 9,177.
9 Standard deduction or itemized deductions (from Schedule A)	9	9,527.	
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10		
11a Add lines 9 and 10			11a 9,527.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			11b 0.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	0 .
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	0 .
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	0 .
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0 .
16	Add lines 14 and 15. This is your total tax	16	0 .
17	Federal income tax withheld from Forms W-2 and 1099	17	607 .
18	Other payments and refundable credits:		
a	Earned income credit (EIC) No	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	
19	Add lines 17 and 18e. These are your total payments	19	607 .
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	607 .
	21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	607 .
	b Routing number 3 2 1 1 8 0 3 7 9 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 9 3 3 7 0 3 3 4 4 4		
	22 Amount of line 20 you want applied to your 2020 estimated tax	22	
Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	
	24 Estimated tax penalty (see instructions)	24	

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Third Party Designee

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶

Sign Here

Joint return?
See instructions.
Keep a copy for
your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Student	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶	Self-Prepared		Phone no.	
Firm's address ▶			Firm's EIN ▶	

Electronic Filing Instructions for your 2019 Oregon Tax Return

Important: Your taxes are not finished until all required steps are completed.



Philip Warton
13636 SW Packard Ln APT B
Beaverton, OR 97008-6897

Balance Due/Refund	Your Oregon state tax return (OR Form 40) shows a refund due to you in the amount of \$202.00. Your tax refund will be direct deposited into your account. The account information you entered - Account Number: 9337033444 Routing Transit Number: 321180379.		
Where's My Refund?	Before you call the Oregon Department of Revenue with questions about your refund, give them 21 days processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Oregon Department of Revenue directly at 1-800-356-4222. From outside of Oregon use 1-503-378-4988. You can also visit the Oregon Department of Revenue web site at https://revenueonline.dor.oregon.gov/tap/_/#4 .		
What You Need to Sign	Sign and date Form EF within 1 day of acceptance.		
Do Not Mail	Do not mail a paper copy of your tax return. Since you filed electronically, the Oregon Department of Revenue already has your return.		
What You Need to Keep	Your Electronic Filing Instructions (this form) - Form EF and attachment(s) Printed copy of your state and federal returns State copies of Forms W-2, W-2G, 1099-G, and any other 1099s Copy of another state's return and proof of tax payment, if applicable Proof of payment of a political contribution, if applicable		
2019 Oregon Tax Return Summary	Taxable Income	\$	6,907.00
	Total Tax	\$	416.00
	Total Payments/Credits	\$	618.00
	Amount to be Refunded	\$	202.00

Form OR-EFPage 1 of 2, 150-101-339
(Rev. 08-09-19, ver. 01)

Oregon Department of Revenue



01610001011555

Office use only

Oregon Individual Income Tax Declaration for Electronic Filing**Tax year****2019****Don't mail this form to the
Oregon Department of Revenue**

First name	Last name	Social Security number (SSN)
PHILIP	WARTON	543-57-4727
Spouse's first name	Spouse's last name	Spouse's SSN
Current mailing address		
13636 SW PACKARD LN APT B		
City	State	ZIP code
BEAVERTON	OR	97008-6897
		Phone
		(503) 412-9470

Part I—Tax return information (whole dollars only)

1. **Net refund** (Form OR-40, Form OR-40-N, or Form OR-40-P) 1. 202.00
2. **Amount you owe** (Form OR-40, Form OR-40-N, or Form OR-40-P) 2.

Part II—Direct deposit of refund or direct debit (see instructions)

3. Routing number 321180379
4. Account number 9337033444
5. Type of account ☒ Checking **or** ☐ Savings

Caution:

Oregon is unable to change account information. Verify that your banking information is correct. Entering incorrect information will cause a delay in your refund or rejection of your payment.

Part III—Declaration of taxpayer(s)

- 6a. ☒ I consent that my refund be directly deposited as designated in the electronic portion of my Oregon income tax return (Form OR-40, Form OR-40-N, or Form OR-40-P). If I have filed a joint return, this is an irrevocable appointment of my spouse as an agent to receive the refund.
- 6b. ☐ I am receiving a refund but I don't want to receive it by direct deposit.
- 6c. ☐ I consent that the return payment is made by direct debit using the account designated above. If I have filed a joint return, I am authorizing this payment on behalf of my spouse and myself.
- 6d. ☐ I am not receiving a refund or making an electronic payment.

Under penalties for false swearing, I declare that I have compared the information contained on my return with the information I have provided to my electronic return originator (ERO) or online service provider (OLSP) and that the amounts described in Part I above agree with the amounts shown on the corresponding lines of my Oregon income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be forwarded upon request to the Oregon Department of Revenue (DOR) by my ERO or OLSP. If the processing of my return, payment, or refund is delayed, I authorize the department to disclose to my preparer the reason(s) for the delay and the date the payment was posted to my account or the refund was sent.

Sign here ➔	Your signature	Date
	X	
	Spouse's signature (if filing jointly, both must sign)	Date
	X	

Form OR-EF

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Oregon Department of Revenue



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Part IV—Declaration of electronic return originator (ERO) or paid preparer

I declare that I have reviewed the above taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with Oregon, and have followed all other requirements described in the *Modernized Electronic Filing Handbook for Software Developers and Tax Preparers*. If I am also the paid preparer, under penalty of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Electronic return originator's use only

ERO's signature X	Date	<input type="checkbox"/> Check if paid preparer	<input type="checkbox"/> Check if self-employed
Firm's name (or your name, if self-employed)	Phone	ERO's license number	
ERO's address	City	State	ZIP code

Under penalty of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid preparer's use only

Preparer's signature XSELF-PREPARED	Date	<input type="checkbox"/> Check if self-employed	
Firm's name (or yours if self-employed)	Phone	Certificate/license number	
Preparer's address	City	State	ZIP code

Don't mail this form or your paper return to the Oregon Department of Revenue

2019 Form OR-40

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(Rev. 09-19-19 ver. 01)

Oregon Department of Revenue



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Office use only

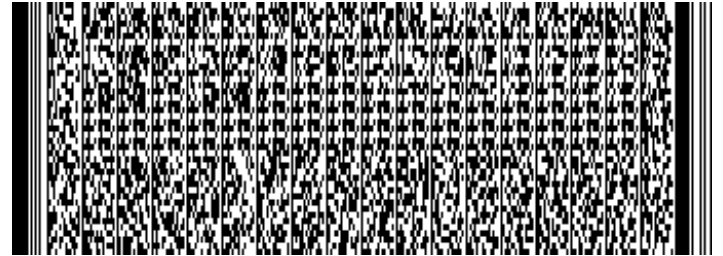
Oregon Individual Income Tax Return for Full-year Residents

Submit original form—do not submit photocopy

Fiscal year ending:

Space for 2-D barcode—do not write in box below

- ☐ Amended return. If amending for an NOL,
tax year the NOL was generated:
- ☐ Calculated using "as if" federal return.
- ☐ Short-year tax election. ☐ Federal disaster relief.
- ☐ Extension filed. ☐ Federal Form 8886.
- ☐ Form OR-24.



First name PHILIP	Initial	Last name WARTON	<input type="checkbox"/> Deceased	Social Security no. (SSN) 543-57-4727	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Spouse's first name	Initial	Spouse's last name	<input type="checkbox"/> Deceased	Spouse's SSN	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Current mailing address 13636 SW PACKARD LN APT B City BEAVERTON				Date of birth (mm/dd/yyyy) 05/08/2000	Spouse's date of birth	
State OR		ZIP code 97008-6897	Country USA	Phone (503) 412-9470		

Filing status (check only one box)

- ☒ Single.
- ☐ Married filing jointly.
- ☐ Married filing separately (enter spouse's information **above**).
- ☐ Head of household (with qualifying dependent).
- ☐ Qualifying widow(er) with dependent child.

Exemptions

- 6a. Credits for yourself: ☐ Regular ☐ Severely disabled 6a. **Total 0**
- ☒ Check box if someone else can claim you as a dependent.
- 6b. Credits for spouse: ☐ Regular ☐ Severely disabled 6b.
- ☐ Check box if someone else can claim your spouse as a dependent.

Dependents. List your dependents in order from youngest to oldest. If more than four, check this box ☐ and include Schedule OR-ADD-DEP with your return.

First name	Last name	Code*	Dependent's SSN	Dependent's date of birth (mm/dd/yyyy)	Check if child with qualifying disability
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

*Dependent relationship code (see instructions).

- 6c. Total number of dependents. 6c.
- 6d. Total number of dependent children with a qualifying disability (see instructions). 6d.
- 6e. Total exemptions. Add 6a through 6d. **Total. 6e.**

2019 Form OR-40

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Oregon Department of Revenue



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Name	SSN
PHILIP WARTON	543-57-4727

Note: Reprint page 1 if you make changes to this page.

Taxable income

7. Federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b; 1040-NR, line 35; 1040-NR-EZ, line 10; or 1040-X, line 1C (see instructions).....	7.	9,177.00
8. Total additions from Schedule OR-ASC, section 1.....	8.	
9. Income after additions. Add lines 7 and 8.....	9.	9,177.00

Subtractions

10. 2019 federal tax liability. See instructions for the correct amount: \$0-\$6,800.	10.	0.00
11. Social Security included on federal Form 1040 or 1040-SR, line 5b..	11.	
12. Oregon income tax refund included in federal income.	12.	
13. Total subtractions from Schedule OR-ASC, section 2.....	13.	
14. Total subtractions. Add lines 10 through 13.	14.	0.00
15. Income after subtractions. Line 9 minus line 14.....	15.	9,177.00

Deductions

16. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter -0-.....	16.	0.00
17. Standard deduction. Enter your standard deduction (see instructions).....	17.	2,270.00

You were: 17a. ☐ 65 or older 17b. ☐ Blind **Your spouse was:** 17c. ☐ 65 or older 17d. ☐ Blind

18. Enter the larger of line 16 or 17.	18.	2,270.00
19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter -0-.....	19.	6,907.00

Oregon tax

20. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions).....	20.	416.00
20a. <input type="checkbox"/> Schedule OR-FIA-40 20b. <input type="checkbox"/> Worksheet OR-FCG 20c. <input type="checkbox"/> Schedule OR-PTE-FY		
21. Interest on certain installment sales.....	21.	
22. Total tax before credits. Add lines 20 and 21.	22.	416.00

Standard and carryforward credits

23. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$206. Otherwise, see instructions.....	23.	0.00
24. Political contribution credit. See limits in instructions.	24.	
25. Total standard credits from Schedule OR-ASC, section 3.....	25.	
26. Total standard credits. Add lines 23 through 25.....	26.	0.00
27. Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter -0-.....	27.	416.00
28. Total carryforward credits claimed this year from Schedule OR-ASC, section 4. Line 28 can't be more than line 27 (see Schedule OR-ASC instructions).....	28.	
29. Tax after standard and carryforward credits. Line 27 minus line 28.....	29.	416.00

2019 Form OR-40

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Oregon Department of Revenue



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Name	SSN
PHILIP WARTON	543-57-4727

Note: Reprint page 1 if you make changes to this page.

Payments and refundable credits

30. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099.	30.	618.00
31. Amount applied from your prior year's tax refund.	31.	
32. Estimated tax payments for 2019. Include all payments you made prior to the filing date of this return. Do not include the amount you already reported on line 31.	32.	
33. Earned income credit (see instructions).	33.	
34. Kicker (Oregon surplus credit). Enter your kicker credit amount (see instructions). If you elect to donate your kicker to the State School Fund, enter -0- and see line 51.	34.	0.00
35. Total refundable credits from Schedule OR-ASC, section 5.	35.	
36. Total payments and refundable credits. Add lines 30 through 35.	36.	618.00

Tax to pay or refund

37. Overpayment of tax. If line 29 is less than line 36, you overpaid. Line 36 minus line 29.	37.	202.00
38. Net tax. If line 29 is more than line 36, you have tax to pay. Line 29 minus line 36.	38.	
39. Penalty and interest for filing or paying late (see instructions).	39.	
40. Interest on underpayment of estimated tax. Include Form OR-10.	40.	
Exception number from Form OR-10, line 1: 40a. Check box if you annualized: 40b. <input type="checkbox"/>		
41. Total penalty and interest due. Add lines 39 and 40.	41.	
42. Net tax including penalty and interest. Line 38 plus line 41. This is the amount you owe.	42.	
43. Overpayment less penalty and interest. Line 37 minus line 41. This is your refund.	43.	202.00
44. Estimated tax. Fill in the portion of line 43 you want applied to your open estimated tax account.	44.	
45. Charitable checkoff donations from Schedule OR-DONATE, line 30.	45.	
46. Political party \$3 checkoff. Party code: 46a. You. 46b. Spouse.	46.	
47. Oregon 529 college savings plan deposits from Schedule OR-529 (see instructions).	47.	
48. Total. Add lines 44 through 47. Total can't be more than your refund on line 43.	48.	
49. Net refund. Line 43 minus line 48. This is your net refund.	49.	202.00

Direct deposit

50. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States: <input type="checkbox"/>	
Type of account: <input checked="" type="checkbox"/> Checking or <input type="checkbox"/> Savings	
Routing number: 321180379	
Account number: 9337033444	

Kicker donation

51. Kicker donation. If you elect to donate your kicker to the State School Fund, check this box: 51a. <input type="checkbox"/>	
Complete the kicker worksheet, located in the instructions, and enter the amount here.	
This election is irrevocable.	51b.

2019 Form OR-40

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Oregon Department of Revenue



00461901041555

Name	SSN
PHILIP WARTON	543-57-4727

Note: Reprint page 1 if you make changes to this page.

Sign here. Under penalty of false swearing, I declare that the information in this return is true, correct, and complete.

Your signature	Date		
X			
Spouse's signature (if filing jointly, both must sign)	Date		
X			
Signature of preparer other than taxpayer	Preparer phone	Preparer license number, if professionally prepared	
XSELF PREPARED			
Preparer address	City	State	ZIP code

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the *Tax Information Authorization and Power of Attorney for Representation* form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, 1040-NR, or 1040-NR-EZ. **Without this information, we may adjust your return.**

Make your payment (if you have an amount due on line 42)

- **Online payments:** Visit our website at www.oregon.gov/dor.
- **Mailing your payment:** Make your check or money order payable to the **Oregon Department of Revenue**. Write **"2019 Oregon Form OR-40"** and the last four digits of your SSN or ITIN on your check or money order. Include your payment with this return. **Don't** use the Form OR-40-V payment voucher unless you're sending us a separate payment.

Send in your return

- **Non-2-D barcode.** If the 2-D barcode area on the front of this return is blank:
 - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
 - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- **2-D barcode.** If the 2-D barcode area on the front of this return is filled in:
 - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
 - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.

Amended statement. Complete this section only if you're amending your 2019 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.

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 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 Philip		Last name Warton		Your social security number 543-57-4727	
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. 13636 SW Packard Ln				Apt. no. B	
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Beaverton OR 97008-6897				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. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Foreign country name		Foreign province/state/county		Foreign postal code	
				If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>	

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, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under **Standard Deduction**, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	9,177.
2a Tax-exempt interest	2a	2b Taxable interest. Attach Sch. B if required	2b
3a Qualified dividends	3a	b Ordinary dividends. Attach Sch. B if required	3b
4a IRA distributions	4a	b Taxable amount	4b
c Pensions and annuities	4c	d Taxable amount	4d
5a Social security benefits	5a	b Taxable amount	5b
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			6
7a Other income from Schedule 1, line 9			7a
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶			7b 9,177.
8a Adjustments to income from Schedule 1, line 22			8a
b Subtract line 8a from line 7b. This is your adjusted gross income ▶			8b 9,177.
9 Standard deduction or itemized deductions (from Schedule A)	9	9,527.	
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10		
11a Add lines 9 and 10			11a 9,527.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			11b 0.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	0 .
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	0 .
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	0 .
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0 .
16	Add lines 14 and 15. This is your total tax	16	0 .
17	Federal income tax withheld from Forms W-2 and 1099	17	607 .

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

18	Other payments and refundable credits:	
a	Earned income credit (EIC)	18a
b	Additional child tax credit. Attach Schedule 8812	18b
c	American opportunity credit from Form 8863, line 8	18c
d	Schedule 3, line 14	18d
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e
19	Add lines 17 and 18e. These are your total payments	19

Refund

Direct deposit?
See instructions.

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	607 .
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	607 .
b	Routing number 3 2 1 1 8 0 3 7 9 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 9 3 3 7 0 3 3 4 4 4 ▶		
22	Amount of line 20 you want applied to your 2020 estimated tax	22	

Amount You Owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	
24	Estimated tax penalty (see instructions)	24	

Third Party Designee

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes**. Complete below. ☒ **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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Sign Here

Joint return?
See instructions.
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶	Self-Prepared		Phone no.	
Firm's address ▶			Firm's EIN ▶	