

**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 Anthony	Last name Kelly	Your social security number 9 8 0 9 7 0 2 0 0
If joint return, spouse's first name and middle initial Lauren	Last name Watson	Spouse's social security number 0 5 6 0 4 1 0 8 5
Home address (number and street). If you have a P.O. box, see instructions. 10221 COMPTON LOS ANGELES CA 90002-2805 USA		Apt. no. 10221
City, town, or post office. If you have a foreign address, also complete spaces below. 615 E 80TH LOS ANGELES CA 90001-3255 USA		State LA
Foreign country name N/A	Foreign province/state/county N/A	ZIP code 61500
		Foreign postal code N/A
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		

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

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
Evelyn Collins		005 78 5758	friend	<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.	1 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	1 2501	
	2a Tax-exempt interest . . . . .	2a 2010	2b 5202
	3a Qualified dividends . . . . .	3a 1007	3b 3405
	4a IRA distributions . . . . .	4a 3524	4b 4508
	5a Pensions and annuities . . . . .	5a 2535	5b 1008
	6a Social security benefits . . . . .	6a 5328	6b 2004
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>		7 3006
	8 Other income from Schedule 1, line 9 . . . . .		8 4006
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .		9 46708
	10 Adjustments to income:		
	a From Schedule 1, line 22 . . . . .	10a 6538	
	b Charitable contributions if you take the standard deduction. See instructions	10b 6536	
	c Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . .		10c 6455
	11 Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . .		11 7658
	12 Standard deduction or itemized deductions (from Schedule A) . . . . .		12 3427
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .		13 8009
	14 Add lines 12 and 13 . . . . .		14 6008
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		15 1055

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form 1040 (2020)

16	Tax (see instructions). Check if any from Form(s): 1 <input checked="" type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	2350
17	Amount from Schedule 2, line 3	17	5437
18	Add lines 16 and 17	18	1000
19	Child tax credit or credit for other dependents	19	753
20	Amount from Schedule 3, line 7	20	5430
21	Add lines 19 and 20	21	15790
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5436
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	7650
24	Add lines 22 and 23. This is your <b>total tax</b>	24	12780
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	4220
b	Form(s) 1099	25b	1000
c	Other forms (see instructions)	25c	2000
d	Add lines 25a through 25c	25d	6220
26	2020 estimated tax payments and amount applied from 2019 return	26	5438
27	Earned income credit (EIC)	27	4359
28	Additional child tax credit. Attach Schedule 8812	28	5326
29	American opportunity credit from Form 8863, line 8	29	6743
30	Recovery rebate credit. See instructions	30	4562
31	Amount from Schedule 3, line 13	31	2428
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	6534
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	3657
<b>Refund</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	6338
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here ► <input type="checkbox"/>	35a	6335
► b	Routing number 0 5 2 0 8 8 8 6 3 ► c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
► d	Account number 5 2 0 6 3 4 0 0 4 4 4 0 1 0 0 4		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	45830
<b>Amount You Owe</b>	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	6430
For details on how to pay, see instructions.	<b>Note:</b> 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.		
	38 Estimated tax penalty (see instructions)	38	1250

<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions	► <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No
	Designee's name ►	Phone no. ► Personal identification number (PIN) ►

<b>Sign Here</b>	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.			
Joint return? See instructions. Keep a copy for your records.	Your signature <i>anthony kelly</i>	Date 12/10/1986	Your occupation Judge	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ► 6 5 4 3 4 4
	Spouse's signature. If a joint return, <b>both</b> must sign. <i>laren waston</i>	Date 02/19/1978	Spouse's occupation nurse	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ► 5 7 4 8 9 0
Paid Preparer Use Only	Phone no. 00141386308	Email address mirachael123@gmail.com.us		

Preparer's name Mark Collins	Preparer's signature <i>mark collins</i>	Date 10/20/1990	PTIN 09870	Check if: <input type="checkbox"/> Self-employed
Firm's name ► STATE company			Phone no.	8760765000876
Firm's address ► 2025 E 76TH LOS ANGELES CA 90001-2712 USA			Firm's EIN ►	080686