

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 Aubrey W | | Last name Love, II | | Your social security number 630-16-6942 | |
| If joint return, spouse's first name and middle initial Khristane R | | Last name Love | | Spouse's social security number 633-14-3789 | |
| Home address (number and street). If you have a P.O. box, see instructions. 1617 Pelican Dr N | | | | Apt. no. | |
| City, town, or post office. If you have a foreign address, also complete spaces below. Azle | | | State TX | ZIP code 760205310 | |
| 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. <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) <input checked="" type="checkbox"/> if qualifies for (see instructions): | |
|--|--------------------|----------------------------|-------------------------|--|-----------------------------|
| (1) First name Last name | | | | Child tax credit | Credit for other dependents |
| If more than four dependents, see instructions and check here <input type="checkbox"/> | Aubrey W Love, III | 644-21-2562 | Son | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Shawna L Love | 641-27-2279 | Daughter | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Emma D Love | 831-06-3980 | Daughter | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Charlotte L Love | 745-61-6679 | Daughter | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|---|-----------|---|------------|---------|
| Attach Sch. B if required. | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 9,121. |
| | 2a | Tax-exempt interest | 2b | |
| | 3a | Qualified dividends | 3b | |
| Standard Deduction for— <ul style="list-style-type: none">• Single or Married filing separately, \$12,400• Married filing jointly or Qualifying widow(er), \$24,800• Head of household, \$18,650• If you checked any box under Standard Deduction, see instructions. | 4a | IRA distributions | 4b | |
| | 5a | Pensions and annuities | 5b | |
| | 6a | Social security benefits | 6b | |
| | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | 7 | |
| | 8 | Other income from Schedule 1, line 9 | 8 | |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | 9 | 9,121. |
| | 10 | Adjustments to income: | | |
| | a | From Schedule 1, line 22 | 10a | |
| | b | Charitable contributions if you take the standard deduction. See instructions | 10b | |
| | c | Add lines 10a and 10b. These are your total adjustments to income ▶ | 10c | |
| | 11 | Subtract line 10c from line 9. This is your adjusted gross income ▶ | 11 | 9,121. |
| | 12 | Standard deduction or itemized deductions (from Schedule A) | 12 | 24,800. |
| | 13 | Qualified business income deduction. Attach Form 8995 or Form 8995-A | 13 | |
| | 14 | Add lines 12 and 13 | 14 | 24,800. |
| | 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 | 0. |

| | | | |
|--|--|------------|--------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 0. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 0. |
| 19 | Child tax credit or credit for other dependents | 19 | 0. |
| 20 | Amount from Schedule 3, line 7 | 20 | |
| 21 | Add lines 19 and 20 | 21 | 0. |
| 22 | Subtract line 21 from line 18. If zero or less, enter -0- | 22 | 0. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 0. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 247. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 247. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) PYEI 24,722. | 27 | 6,660. |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | 993. |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | 7,653. |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 7,900. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 7,900. |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 7,900. |
| Direct deposit? See instructions. | b Routing number 1 1 1 9 0 0 7 8 5 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 0 3 0 0 6 1 4 8 6 6 | | |
| | 36 Amount of line 34 you want applied to your 2021 estimated tax | 36 | |
| Amount You Owe | 37 Subtract line 33 from line 24. This is the amount you owe now | 37 | |
| For details on how to pay, see instructions. | 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. | | |
| | 38 Estimated tax penalty (see instructions) | 38 | |

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☒ **No**

Designee's
name ▶

Phone
no. ▶

Personal identification
number (PIN) ▶

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Sign Here

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.) ▶

Information Technology

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.) ▶

Stay home

Phone no.

Email address

Paid Preparer Use Only

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Firm's name ▶ Self-Prepared

Phone no.

Firm's address ▶

Firm's EIN ▶

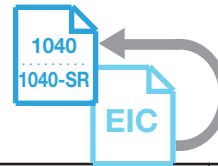
SCHEDULE EIC
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Earned Income Credit

Qualifying Child Information

- ▶ **Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**
▶ **Go to www.irs.gov/ScheduleEIC for the latest information.**



OMB No. 1545-0074

2020

Attachment
Sequence No. **43**

Name(s) shown on return

Aubrey W Love, II & Khristane R Love

Your social security number

630-16-6942

Before you begin:

- See the instructions for Form 1040 or 1040-SR, line 27, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

Qualifying Child Information

Child 1

Child 2

Child 3

| 1 Child's name | First name | Last name | First name | Last name | First name | Last name |
|--|--|-----------|--|-----------|--|-----------|
| If you have more than three qualifying children, you have to list only three to get the maximum credit. | Aubrey W Love | III | Shawna L Love | | Emma D Love | |
| 2 Child's SSN | | | | | | |
| The child must have an SSN as defined in the instructions for Form 1040 or 1040-SR, line 27, unless the child was born and died in 2020. If your child was born and died in 2020 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth. | 644-21-2562 | | 641-27-2279 | | 831-06-3980 | |
| 3 Child's year of birth | Year <u>2</u> <u>0</u> <u>0</u> <u>9</u> | | Year <u>2</u> <u>0</u> <u>1</u> <u>0</u> | | Year <u>2</u> <u>0</u> <u>1</u> <u>5</u> | |
| | <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i> | | <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i> | | <i>If born after 2001 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.</i> | |
| 4 a | Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)? | | Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)? | | Was the child under age 24 at the end of 2020, a student, and younger than you (or your spouse, if filing jointly)? | |
| | <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> <i>Go to line 4b.</i> | | <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> <i>Go to line 4b.</i> | | <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> <i>Go to line 4b.</i> | |
| b | Was the child permanently and totally disabled during any part of 2020? | | Was the child permanently and totally disabled during any part of 2020? | | Was the child permanently and totally disabled during any part of 2020? | |
| | <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child. | | <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child. | | <input type="checkbox"/> Yes. <input type="checkbox"/> No. <i>Go to line 5.</i> The child is not a qualifying child. | |
| 5 Child's relationship to you | (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.) | | (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.) | | (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.) | |
| | Son | | Daughter | | Daughter | |
| 6 Number of months child lived with you in the United States during 2020 | | | | | | |
| • If the child lived with you for more than half of 2020 but less than 7 months, enter "7." • If the child was born or died in 2020 and your home was the child's home for more than half the time he or she was alive during 2020, enter "12." | <u>12</u> months <i>Do not enter more than 12 months.</i> | | <u>12</u> months <i>Do not enter more than 12 months.</i> | | <u>12</u> months <i>Do not enter more than 12 months.</i> | |

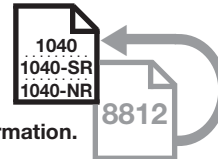
SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Additional Child Tax Credit

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Schedule8812 for instructions and the latest information.



OMB No. 1545-0074

2020

Attachment
Sequence No. **47**

Name(s) shown on return

Aubrey W Love, II & Khristane R Love

Your social security number

630-16-6942

Part I All Filers

Caution: If you file Form 2555, **stop here;** you cannot claim the additional child tax credit.

| | | | |
|-----------|--|-----------|--------|
| 1 | If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise, enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet. (See the instructions for Forms 1040 and 1040-SR, line 19, or the instructions for Form 1040-NR, line 19.) | 1 | 8,000. |
| 2 | Enter the amount from line 19 of your Form 1040, Form 1040-SR, or Form 1040-NR | 2 | 0. |
| 3 | Subtract line 2 from line 1. If zero, stop here; you cannot claim this credit | 3 | 8,000. |
| 4 | Number of qualifying children under 17 with the required social security number: <u>4</u> x \$1,400. Enter the result. If zero, stop here; you cannot claim this credit | 4 | 5,600. |
| 5 | Enter the smaller of line 3 or line 4 | 5 | 5,600. |
| 6a | Earned income (see instructions) | 6a | 9,121. |
| b | Nontaxable combat pay (see instructions) | 6b | |
| 7 | Is the amount on line 6a more than \$2,500? <input type="checkbox"/> No. Leave line 7 blank and enter -0- on line 8. <input checked="" type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 6a. Enter the result | 7 | 6,621. |
| 8 | Multiply the amount on line 7 by 15% (0.15) and enter the result Next. On line 4, is the amount \$4,200 or more? <input type="checkbox"/> No. If line 8 is zero, stop here; you cannot claim this credit. Otherwise, skip Part II and enter the smaller of line 5 or line 8 on line 15. <input checked="" type="checkbox"/> Yes. If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9. | 8 | 993. |

Part II Certain Filers Who Have Three or More Qualifying Children

| | | | |
|-----------|---|-----------|--------|
| 9 | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions. | 9 | 468. |
| 10 | Enter the total of the amounts from Schedule 1 (Form 1040), line 14, and Schedule 2 (Form 1040), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040), line 8 | 10 | 0. |
| 11 | Add lines 9 and 10 | 11 | 468. |
| 12 | 1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 10. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 10. | 12 | 6,660. |
| 13 | Subtract line 12 from line 11. If zero or less, enter -0- | 13 | 0. |
| 14 | Enter the larger of line 8 or line 13 Next, enter the smaller of line 5 or line 14 on line 15. | 14 | 993. |

Part III Additional Child Tax Credit

| | | | |
|-----------|--|-----------|------|
| 15 | This is your additional child tax credit | 15 | 993. |
|-----------|--|-----------|------|



Enter this amount on
Form 1040, line 28;
Form 1040-SR, line 28; or
Form 1040-NR, line 28.