

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: **Robert** Last name: **Carrol** Your social security number: **558-11-4766**
 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. **11334 Polk Street** Apt. no.:
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Sandusky, OH 22229**
 Foreign country name: Foreign province/state/county: Foreign postal code: If more than four dependents, see inst. and ✓ here ► ☐

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 inst.):	
(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"/>

Attach Schedule B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	52387
	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRA distributions	4a	
	c Pensions and annuities	4c	85249
	5a Social security benefits	5a	20750
	6 Capital gain or (loss). Attach Schedule D if required. If not required, check here	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	154994
	8a Adjustments to income from Schedule 1, line 22	8a	
	b Subtract line 8a from line 7b. This is your adjusted gross income	8b	154994
	9 Standard deduction or itemized deductions (from Schedule A)	9	23383
	10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
	11a Add lines 9 and 10	11a	23383
	b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	131611

Standard Deduction Chart* Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* **1**

IF your filing status is . . .	AND the number of boxes checked is . . .	THEN your standard deduction is . . .	IF your filing status is . . .	AND the number of boxes checked is . . .	THEN your standard deduction is . . .
Single	1	13,850	Head of household	1	20,000
	2	15,500		2	21,650
Married filing jointly	1	25,700	Married filing separately	1	13,500
or	2	27,000		2	14,800
Qualifying widow(er)	3	28,300		3	16,100
	4	29,600		4	17,400

*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

12a Tax (see instructions). Check if any from:1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐ _____ **12a** 25761**b** Add Schedule 2, line 3, and line 12a and enter the total **12b** 25761**13a** Child tax credit or credit for other dependents **13a****b** Add Schedule 3, line 7, and line 13a and enter the total **13b** 200**14** Subtract line 13b from line 12b. If zero or less, enter -0- **14** 25561**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** 25561**17** Federal income tax withheld from Forms W-2 and 1099 **FORM 1099** **17** 23747**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** 23747**Refund 20** If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid** **20****21a** Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here ☐ **21a**Direct deposit? ☒ **b** Routing number X X X X X X X X X X **c** Type: ☐ Checking ☐ Savings
See instructions. **d** Account number X X X X X X X X X X X X X X X X X X**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** 1814**24** Estimated tax penalty (see instructions) **24****Third Party Designee** Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes**. Complete below.
(Other than paid preparer) Designee's name Phone no. Personal identification number (PIN) ☒ **No****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.)

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:

04/12/21

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☐ 3rd Party Designee
☐ Self-employed

Firm's name

Phone no.

Firm's address

Firm's EIN

Go to www.irs.gov/Form1040SR for instructions and the latest information.Form **1040-SR** (2019)

QNA