

Amended U.S. Individual Income Tax Return

► Go to www.irs.gov/Form1040X for instructions and the latest information.This return is for calendar year 2019 2018 2017 2016

Other year. Enter one: calendar year 2020 or fiscal year (month and year ended):

Your first name and middle initial MAEVE	Last name MCMANAMON	Your social security number 6 1 3 3 5 4 0 2 5
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Current home address (number and street). If you have a P.O. box, see instructions. 4226 23RD ST	Apt. no.	Your phone number 4156565587

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

SAN FRANCISCO, CA 94114

Foreign country name	Foreign province/state/county	Foreign postal code
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Amended return filing status. You must check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.

Full-year health care coverage (or, for amended 2018 returns only, exempt). If amending a 2019 return, leave blank. See instructions.

Single Married filing jointly Married filing separately (MFS) Qualifying widow(er) (QW) Head of household (HOH)

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. ►

Use Part III on the back to explain any changes

A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
--------------------------------------------------------------------------	--------------------------------------------------------------------	-------------------

Income and Deductions

1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ► <input type="checkbox"/>	1	28567	-2382	26185
2 Itemized deductions or standard deduction	2	12400	0	12400
3 Subtract line 2 from line 1	3	16167	-2382	13785
4a Exemptions (amended 2017 or earlier returns only). If changing, complete Part I on page 2 and enter the amount from line 29	4a	0	0	0
b Qualified business income deduction (amended 2018 or later returns only)	4b	0	0	0
5 Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0-	5	16167	-2382	13785

Tax Liability

6 Tax. Enter method(s) used to figure tax (see instructions): TABLES	6	1744	-288	1456
7 Credits. If a general business credit carryback is included, check here ► <input type="checkbox"/>	7	0	0	0
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	1744	-288	1456
9 Health care: individual responsibility (amended 2018 or earlier returns only). See instructions	9	0	0	0
10 Other taxes	10	0	0	0
11 Total tax. Add lines 8, 9, and 10	11	1744	-288	1456

Payments

12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12	2209	57	2266
13 Estimated tax payments, including amount applied from prior year's return	13	0	0	0
14 Earned income credit (EIC)	14	0	0	0
15 Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input checked="" type="checkbox"/> other (specify): RRC	15	0	1800	1800
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16		0	0
17 Total payments. Add lines 12 through 15, column C, and line 16	17		4066	

Refund or Amount You Owe

18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18	2322
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19	1744
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference	20	0
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21	288
22 Amount of line 21 you want refunded to you	22	288
23 Amount of line 21 you want applied to your (enter year): 2021 estimated tax	23	0

Complete and sign this form on page 2.

Part I Exemptions and Dependents

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines.			A. Original number of exemptions or amount reported or as previously adjusted	B. Net change	C. Correct number or amount
24 Yourself and spouse. Caution: If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank	24				
25 Your dependent children who lived with you	25				
26 Your dependent children who didn't live with you due to divorce or separation	26				
27 Other dependents	27				
28 Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank	28				
29 Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank	29				

30 List **ALL** dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and ✓ here ►

Dependents (see instructions):		(b) Social security number	(c) Relationship to you	(d) ✓ if qualifies for (see instructions):	
(a) First name	Last name			Child tax credit	Credit for other dependents (amended 2018 or later returns only)
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Part II Presidential Election Campaign Fund

Checking below won't increase your tax or reduce your refund.

Check here if you didn't previously want \$3 to go to the fund, but now do.

Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

► Attach any supporting documents and new or changed forms and schedules.

I INCORRECTLY FILED AS AN INDEPENDENT, I WOULD LIKE AMEND MY TAX FORM FOR 2020 TO DEPENDENCY STATUS. I
WOULD LIKE TO BE CLAIMED BY MY MOTHER MARY MCMANAMON.

Remember to keep a copy of this form for your records.

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

Sign Here

► Your signature _____ Date _____ Your occupation _____

► Spouse's signature. If a joint return, **both** must sign. _____ Date _____ Spouse's occupation _____

Paid Preparer Use Only

► Preparer's signature _____ Date _____ Firm's name (or yours if self-employed) _____

Print/type preparer's name _____ Firm's address and ZIP code _____

Check if self-employed

PTIN _____ Phone number _____ EIN _____

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 MAEVE	Last name MCMANAMON	Your social security number 6 1 3 3 5 4 0 2 5	
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. 4226 23RD ST		Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. SAN FRANCISCO		State CA	ZIP code 94114
Foreign country name	Foreign province/state/county	Foreign postal code	
<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): If more than four dependents, see instructions and check here ► <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
					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"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1 26187	
	2a Tax-exempt interest	2a <input type="checkbox"/>	2b
	3a Qualified dividends	3a <input type="checkbox"/>	3b
	4a IRA distributions	4a <input type="checkbox"/>	4b
	5a Pensions and annuities	5a <input type="checkbox"/>	5b
	6a Social security benefits	6a <input type="checkbox"/>	6b
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/>	7 -2	
	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 26185	
	10 Adjustments to income: a From Schedule 1, line 22 b Charitable contributions if you take the standard deduction. See instructions c Add lines 10a and 10b. These are your total adjustments to income	10a <input type="checkbox"/> 10b <input type="checkbox"/> 10c <input type="checkbox"/>	
	11 Subtract line 10c from line 9. This is your adjusted gross income	11 26185	
	12 Standard deduction or itemized deductions (from Schedule A)	12 12400	
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
	14 Add lines 12 and 13	14 12400	
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15 13785	

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 type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	1456
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	1456
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	1456
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your total tax	24	1456
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	2209
b	Form(s) 1099	25b	57
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	2266
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1800
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1800
33	Add lines 25d, 26, and 32. These are your total payments	33	4066

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

RefundDirect deposit?
See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ► <input type="checkbox"/>	35a	2610
► b	Routing number 1 2 1 0 0 0 3 5 8 ► c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	34	2610
► d	Account number 3 2 5 1 0 4 1 1 5 8 6 4	35a	2610
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
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**Sign Here**

Your signature	Date	Your occupation ANALYST	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ► <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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.) ► <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Phone no.			Email address
Preparer's name	Preparer's signature		
Firm's name ►			Phone no.
Firm's address ►			Firm's EIN ►

SCHEDULE 1
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Income and Adjustments to Income**

► Attach to Form 1040, 1040-SR, or 1040-NR.
 ► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020Attachment
Sequence No. 01Name(s) shown on Form 1040, 1040-SR, or 1040-NR
MAEVE MCMANAMONYour social security number
613354025**Part I Additional Income**

1	1
2a	
b	Date of original divorce or separation agreement (see instructions) ►
3	
4	
5	
6	
7	
8	UCE (2382)
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8
9	2382
8	-2382
9	

Part II Adjustments to Income

10	10
11	
12	
13	
14	
15	
16	
17	
18a	18a
b	Recipient's SSN
c	Date of original divorce or separation agreement (see instructions) ►
19	19
20	20
21	21
22	22

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Name(s) shown on return

MAEVE MC MANAMON

Your social security number
613 35 4025

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .	24.00	26.00		(2)
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . .				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 (2)

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked.				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	(2)
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ►	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ►	19	
20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input checked="" type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <ul style="list-style-type: none"> • The loss on line 16; o • (\$3,000), or if married filing separately, (\$1,500) }	21	((2))
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Recovery Rebate Credit Worksheet—Line 30

Before you begin:	
<p><input checked="" type="checkbox"/> See the instructions for line 30 to find out if you can take this credit and for definitions and other information needed to fill out this worksheet.</p> <p><input checked="" type="checkbox"/> If you received Notice 1444 and Notice 1444-B, have them available.</p>	
Don't include on line 16 or 19 any amount you received but later returned to the IRS.	
<p>1. Can you be claimed as a dependent on another person's 2020 return? If filing a joint return, go to line 2.</p> <p><input checked="" type="checkbox"/> No. Go to line 2.</p> <p><input type="checkbox"/> Yes. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p>	
<p>2. Does your 2020 return include a valid social security number (defined under <i>Valid social security number</i>, earlier) for you and, if filing a joint return, your spouse?</p> <p><input checked="" type="checkbox"/> Yes. Skip lines 3 and 4, and go to line 5.</p> <p><input type="checkbox"/> No. If you are filing a joint return, go to line 3. If you aren't filing a joint return, you can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p>	
<p>3. Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a valid social security number (defined under <i>Valid social security number</i>, earlier)?</p> <p><input type="checkbox"/> Yes. Your credit is not limited. Go to line 5.</p> <p><input type="checkbox"/> No. Go to line 4.</p>	
<p>4. Does one of you have a valid social security number (defined under <i>Valid social security number</i>, earlier)?</p> <p><input type="checkbox"/> Yes. Your credit is limited. Go to line 5.</p> <p><input type="checkbox"/> No. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on line 30.</p>	
<p>5. If your EIP 1 was \$1,200 (\$2,400 if married filing jointly) plus \$500 for each qualifying child you had in 2020, skip lines 5 and 6, enter zero on lines 7 and 16, and go to line 8. Otherwise, enter:</p> <ul style="list-style-type: none"> • \$1,200 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or • \$2,400 if married filing jointly and you answered "Yes" to question 2 or 3. 	
5. <u>1200</u>	
<p>6. Multiply \$500 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number</p>	
6. <u> </u>	
<p>7. Add lines 5 and 6</p>	
7. <u>1200</u>	
<p>8. If your EIP 2 was \$600 (\$1,200 if married filing jointly) plus \$600 for each qualifying child you had in 2020, skip lines 8 and 9, enter zero on lines 10 and 19, and go to line 11. Otherwise, enter:</p> <ul style="list-style-type: none"> • \$600 if single, head of household, married filing separately, qualifying widow(er), or if married filing jointly and you answered "Yes" to question 4, or • \$1,200 if married filing jointly and you answered "Yes" to question 2 or 3. 	
8. <u>600</u>	
<p>9. Multiply \$600 by the number of qualifying children under age 17 at the end of 2020 listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you either checked the "Child tax credit" box or entered an adoption taxpayer identification number</p>	
9. <u> </u>	
<p>10. Add lines 8 and 9</p>	
10. <u>600</u>	
<p>11. Enter the amount from line 11 of Form 1040 or 1040-SR</p>	
11. <u>26185</u>	
<p>12. Enter the amount shown below for your filing status:</p> <ul style="list-style-type: none"> • \$150,000 if married filing jointly or qualifying widow(er) • \$112,500 if head of household • \$75,000 if single or married filing separately 	
12. <u>75000</u>	
<p>13. Is the amount on line 11 more than the amount on line 12?</p>	
<p><input checked="" type="checkbox"/> No. Skip line 14. Enter the amount from line 7 on line 15 and the amount from line 10 on line 18.</p>	
<p><input type="checkbox"/> Yes. Subtract line 12 from line 11.</p>	
13. <u> </u>	
<p>14. Multiply line 13 by 5% (0.05)</p>	
14. <u> </u>	
<p>15. Subtract line 14 from line 7. If zero or less, enter -0-</p>	
15. <u>1200</u>	
<p>16. Enter the amount, if any, of EIP 1 that was issued to you (before offset for any past-due child support payment). You may refer to Notice 1444 or your tax account information at IRS.gov/Account for the amount to enter here</p>	
16. <u> </u>	
<p>17. Subtract line 16 from line 15. If zero or less, enter -0-. If line 16 is more than line 15, you don't have to pay back the difference</p>	
17. <u>1200</u>	
<p>18. Subtract line 14 from line 10. If zero or less, enter -0-</p>	
18. <u>600</u>	
<p>19. Enter the amount, if any, of EIP 2 that was issued to you. You may refer to Notice 1444-B or your tax account information at IRS.gov/Account for the amount to enter here</p>	
19. <u> </u>	
<p>20. Subtract line 19 from line 18. If zero or less, enter -0-. If line 19 is more than line 18, you don't have to pay back the difference</p>	
20. <u>600</u>	
<p>21. Recovery rebate credit. Add lines 17 and 20. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR</p>	
21. <u>1800</u>	

Unemployment Compensation Exclusion Worksheet

Keep for Your Records



1. Enter the total of lines 1 through 7 of Form 1040 and Schedule 1, lines 1 through 7. Include the full amount of unemployment compensation you received in 2020 on Schedule 1, line 7..... 1. 26185
2. Use the line 8 instructions to determine the amount to include on Schedule 1, line 8 and enter here. Do not reduce this amount by the amount of unemployment compensation you may be able to exclude..... 2. _____
3. Add lines 1 and 2 3. 26185
4. Enter the total of line 10b of Form 1040 and Schedule 1, lines 10 through 21..... 4. _____
5. Subtract line 4 from line 3. This is your modified adjusted gross income..... 5. 26185
6. Is the amount on line 5 \$150,000 or more?
 Yes. Stop You can't exclude any of your employment compensation
 No. Go to line 7
7. Enter the amount of unemployment compensation paid to you in 2020. Don't enter more than \$10,200..... 7. 2382
8. If married filing jointly, enter the amount of unemployment compensation paid to your spouse in 2020. Don't enter more than \$10,200..... 8. _____
9. Add lines 7 and 8 and enter the amount here. This is the amount of unemployment compensation excluded from your income..... 9. 2382
10. Subtract line 9 from line 2 and enter the amount on Schedule 1, line 8. If the result is less than zero, enter it in parentheses. On the dotted line next to Schedule 1, line 8, enter "UCE" and show the amount of unemployment compensation exclusion in parentheses on the dotted line. Complete the rest of Schedule 1 and Form 1040, 1040-SR, or 1040-NR..... 10. -2382

NOTE: If you originally filed without the Unemployment Compensation Exclusion (UCE) on Schedule 1, Line 8 of your return, but now qualify, the IRS will recalculate and adjust your return for you so you don't have to amend your return. They will send you any amount you are due directly, if you qualify.