E1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Form **1040** (2020)

Cat. No. 11320B

| Check only one box.                          | If y   | ou checked the MFS box, enter the r<br>son is a child but not your dependen            | ame of            | your spo                      | ouse.  |                           |   | ☐ Head of ed the HOH o     |                                |              | the ch         | ild's   | name if th  | ne qualifying     |
|--|--------|--|-------------------|-------------------------------|--------|---------------------------|---|----------------------------|--------------------------------|--------------|----------------|---|-------------|-------------------|
|  |        |  |                   | Last name                     |        |                           |   |                            |                                |              |                | ur so   | cial securi | ty number 3 4 8 3 |
|  |        |  |                   | Johnson                       |        |                           |   |                            |                                |              |                |   | 1 1         |                   |
| ,      |        |  |                   | Last name<br>Williams         |        |                           |   |                            |                                |              | 1 '            | Spouse's social security number 8 7 6 4 2 2 3 4 3 |             |                   |
| Home address                                 |        |  |                   |                               |        |                           |   |                            | Presidential Election Campaign |              |                |   |             |                   |
| 6901 COMPT                                   | 6901   |  |                   |                               |        |                           |   | Check here if you, or your |                                |              |                |   |             |                   |
|  |        | plete spaces below. State  |                   |                               |        |                           | ZIP   |                            |                                |              | if filing join | ntly, want \$3                                    |             |                   |
| 516 N WESTMORELAND LOS ANGELES CA 90004-2230 |        |  |                   | · · ·                         |        |                           |   | LA                         | 51600                          | _            |                | Checking a  |             |                   |
| Foreign country name                         |        |  |                   | Foreign province/state/county |        |                           |   |                            | Foreign postal code            |              |                | box below will not change your tax or refund.     |             |                   |
| N/A  |        |  |                   | N/A                           |        |                           |   |                            |                                | N/A          | ✓ You Spouse   |   |             |                   |
| At any time du                               | ring 2 | 020, did you receive, sell, send, exc  | hange,            | or other                      | wise a | acquire a                 | any f   | inancial intere            | st in                          | any virtual  | curren         | су?   | Yes         | ✓ No              |
| Standard<br>Deduction                        |        | neone can claim:   | •                 |                               |        | •                         |   | a dependent                |                                |              |                |   |             |                   |
| Age/Blindness                                | You    | :  Were born before January 2, 1   | 956               | Are b                         | olind  | Spor                      | use:  | Was bor                    | n be                           | fore January | v 2, 19        | 56  | ☐ Is bl     | ind               |
| Dependents                                   |        |  |                   | (2)                           | Social | security                  |   | (3) Relationsh             |                                |              |                |   | (see instru | ections):         |
| If more                                      |        | First name Last name   |                   | number                        |        |                           | to you  |                            | Child tax credit               |              |                |   |             |                   |
| than four                                    | 5      | Sophia Watson  |                   | 987666                        |        | 9876666                   | 00  | friend                     |                                |              |                | <b>✓</b>  |             |                   |
| dependents,                                  |        |  |                   |                               |        |                           |   |                            |                                |              |                |   |             |                   |
| see instructions and check                   | 5      |  |                   |                               |        |                           |   |                            |                                |              |                |   |             |                   |
| here ▶ □                                     |        |  |                   |                               |        |                           |   |                            |                                |              |                |   |             |                   |
|  | 1      | Wages, salaries, tips, etc. Attach I   | orm(s)            | W-2 .                         |        |                           |   |                            |                                |              |                | 1   |             | 450               |
| Attach                                       | 2a     | Tax-exempt interest  | 2a                | 000                           |        |                           | <ul><li>Taxable interest</li><li>Ordinary dividends</li></ul> |                            | t                              |              |                | 2b  |             | 400               |
| Sch. B if required.                          | 3a     | Qualified dividends  | 3a                |                               |        |                           |   |                            | nds                            |              |                | 3b  |             | 500               |
|  | 4a     | IRA distributions  | 4a                |                               |        |                           |   | axable amoun               |                                |              | 4b             |   | 100         |                   |
|  | 5a     | Pensions and annuities   | nuities <b>5a</b> |                               |        |                           |   |                            | <b>b</b> Taxable amount .      |              |                | 5b  |             | 400               |
| Standard<br>Deduction for—                   | 6a     | ,  | 6a                |                               |        | <b>b</b> Taxable amount . |   |                            |                                | ·            | 6b             |   | 450         |                   |
| Single or                                    | 7      | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □ |                   |                               |        |                           |   |                            |                                |              | 7              |   | 240         |                   |
| Married filing                               | 8      | Other income from Schedule 1, line 9   |                   |                               |        |                           |   |                            |                                |              | 8              |   | 100         |                   |
| separately,<br>\$12,400                      | 9      | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>            |                   |                               |        |                           |   |                            |                                |              | •              | 9   |             | 2850              |
| Married filing jointly or                    | 10     | Adjustments to income:   |                   |                               |        |                           |   |                            |                                |              |                |   |             |                   |
| Qualifying widow(er), \$24,800               | а      | 10.11 00.1100.110 1, 11.10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                           |                   |                               |        |                           |   |                            |                                | 100          |                |   |             |                   |
|  | b      | Charitable contributions if you take the standard deduction. See instructions 10b      |                   |                               |        |                           |   |                            |                                |              | 150            |   |             |                   |
| Head of household,                           | С      |  |                   |                               |        |                           |   |                            |                                | •            | 10c            | ;   | 250         |                   |
| \$18,650                                     | 11     | Subtract line 10c from line 9. This is your <b>adjusted gross income</b>               |                   |                               |        |                           |   |                            |                                |              |                | 11  |             | 650               |
| If you checked any box under                 | 12     | Standard deduction or itemized deductions (from Schedule A)                            |                   |                               |        |                           |   |                            |                                |              |                | 12  |             | 100               |
| Standard                                     | 13     | Qualified business income deduction. Attach Form 8995 or Form 8995-A                   |                   |                               |        |                           |   |                            |                                |              | 13             |   | 200         |                   |
| Deduction, see instructions.                 | 14     | Add lines 12 and 13  |                   |                               |        |                           |   |                            |                                |              | 14             |   | 300         |                   |
|  | 15     | Taxable income. Subtract line 14   | from lir          | ne 11. If                     | zero o | or less, e                | enter   | ´-0                        |                                |              |                | 15  |             | 350               |

| Form 1040 (2020   | ))    |  |                     |            |           |          |                         | Page <b>2</b>   |  |  |  |
|---|-------|--|---------------------|------------|-----------|----------|-------------------------|---|--|--|--|
|   | 16    | Tax (see instructions). Check if any from Form(s): 1 8814  | <b>2</b> ✓ 4972     | 3 🗌        |           |          | 16                      | 250   |  |  |  |
|   | 17    | Amount from Schedule 2, line 3   |                     |            |           |          | 17                      | 150   |  |  |  |
|   | 18    | Add lines 16 and 17  |                     |            |           |          | 18                      | 400   |  |  |  |
|   | 19    | Child tax credit or credit for other dependents  |                     |            |           |          | 19                      | 450   |  |  |  |
|   | 20    | Amount from Schedule 3, line 7   |                     |            |           |          | 20                      | 850   |  |  |  |
|   | 21    | Add lines 19 and 20  |                     |            |           |          | 21                      | 400   |  |  |  |
|   | 22    | Subtract line 21 from line 18. If zero or less, enter -0   |                     |            |           |          | 22                      | 340   |  |  |  |
|   | 23    | Other taxes, including self-employment tax, from Schedule  |                     |            |           |          | 23                      | 721   |  |  |  |
|   | 24    | Add lines 22 and 23. This is your <b>total tax</b>   |                     |            |           |          | 24                      | 1200  |  |  |  |
|   | 25    | Federal income tax withheld from:  |                     |            |           |          |                         |   |  |  |  |
|   | а     | Form(s) W-2  |                     | 25a        |           | 532      |                         |   |  |  |  |
|   | b     | Form(s) 1099   |                     | 25b        |           | 400      |                         |   |  |  |  |
|   | С     | Other forms (see instructions)   |                     | 25c        |           | 932      |                         |   |  |  |  |
|   | d     | Add lines 25a through 25c  |                     |            |           |          | 25d                     | 1864  |  |  |  |
|   | 26    | 2020 estimated tax payments and amount applied from 20   |                     |            |           |          | 26                      | 330   |  |  |  |
| <ul> <li>If you have a L<br/>qualifying child,</li> </ul> | 27    | Earned income credit (EIC)   |                     | 27         |           | 260      |                         |   |  |  |  |
| attach Sch. EIC.  | 28    | Additional child tax credit. Attach Schedule 8812  |                     | 28         |           | 550      |                         |   |  |  |  |
| nontaxable  | 29    | American opportunity credit from Form 8863, line 8   |                     | 29         |           | 200      |                         |   |  |  |  |
| combat pay, see instructions.                             | 30    | Recovery rebate credit. See instructions   |                     | 30         |           | 300      |                         |   |  |  |  |
|   | 31    | Amount from Schedule 3, line 13  |                     | 31         |           | 1000     |                         |   |  |  |  |
|   | 32    | Add lines 27 through 31. These are your <b>total other payme</b>   |                     |            | ts        | <b>•</b> | 32                      | 2910  |  |  |  |
|   | 33    | Add lines 25d, 26, and 32. These are your <b>total payments</b>  |                     |            |           |          | 33                      | 3596  |  |  |  |
| Defend  | 34    | If line 33 is more than line 24, subtract line 24 from line 33.  |                     |            |           |          | 34                      | 4221  |  |  |  |
| Refund  | 35a   | Amount of line 34 you want refunded to you. If Form 8888   | · 🖂 🕺               | 35a        | 563       |          |                         |   |  |  |  |
| Direct deposit?   | ▶b    | Routing number 5 4 3 2 2 3 4 5 6   | rings               |            |           |          |                         |   |  |  |  |
| See instructions.   | ►d    | Account number 7 6 7 7 6 7 6 4 3 3 3   |                     |            |           |          |                         |   |  |  |  |
|   | 36    | Amount of line 34 you want applied to your 2021 estimate   |                     | 36         |           | 434      |                         |   |  |  |  |
| Amount  | 37    | Subtract line 33 from line 24. This is the amount you owe i  | 10W                 |            |           | <b>•</b> | 37                      | 654   |  |  |  |
| You Owe   |       | Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for  |                     |            |           |          |                         |   |  |  |  |
| For details on  |       | 2020. See Schedule 3, line 12e, and its instructions for deta  |                     |            |           |          |                         |   |  |  |  |
| how to pay, see instructions.                             | 38    | Estimated tax penalty (see instructions)   | •                   | 38         |           | 280      |                         |   |  |  |  |
| Third Party   | Do    | you want to allow another person to discuss this return  | n with the IRS?     | See        |           |          |                         |   |  |  |  |
| Designee  | ins   | tructions  |                     | <b>▶</b> □ | Yes. Comp | olete b  | elow.                   | ☑ No  |  |  |  |
|   |       | signee's Phone   |                     |            |           |          |                         | ersonal identification                                |  |  |  |
|   |       | no. ▶  |                     |            | number (  |          |                         |   |  |  |  |
| Sign  |       | der penalties of perjury, I declare that I have examined this return and ief, they are true, correct, and complete. Declaration of preparer (other |                     |            |           |          |                         |   |  |  |  |
| Here  |       | ur signature Date  | Your occupation     |            |           |          |                         | nt you an Identity                                    |  |  |  |
|   |       |  | •                   |            |           |          |                         | IN, enter it here                                     |  |  |  |
| Joint return?   |       | ,  | 11/11/1089 engineer |            |           | (see ir  | ee inst.) • 9 8 7 6 4 3 |   |  |  |  |
| See instructions.<br>Keep a copy for                      | Sp    | ouse's signature. If a joint return, <b>both</b> must sign. Date   | Spouse's occupation |            |           |          |                         | the IRS sent your spouse an                           |  |  |  |
| your records.   | ,     | fred wiliams   12/05/1089  | 12/05/1089 teacher  |            |           |          |                         | y Protection PIN, enter it here<br>st.) ▶ 0 0 7 6 5 5 |  |  |  |
|   | ———Ph | one no. 0012754685 Email address   | johnsonnn@gm        | ail com u  | <u> </u>  | ,        | , .                     | 0 0 7 0 0 0 0   |  |  |  |
|   |       | parer's name Preparer's signature  | , <u> </u>          | Date       |           | ΓIN      |                         | Check if:   |  |  |  |
| Paid  |       | Jackson mark j   | ackson              | 11/23/1    |           | 87654    | 15                      | Self-employed   |  |  |  |
| Preparer  |       | n's name ► EGN Company   | 11/25/1000          |            |           |          | e no.                   | 76543456  |  |  |  |
| Use Only  |       | n's address ► 9230 S FIGUEROA LOS ANGELES CA 9000  | 3-3942 USA          |            |           |          | EIN •                   |   |  |  |  |
| Go to www ire a   |       | n1040 for instructions and the latest information.   |                     |            |           |          |                         | Form <b>1040</b> (2020)                               |  |  |  |
|   | 0.11  |  |                     |            |           |          |                         | (2020)  |  |  |  |