

## Filing Status

Check only one box.

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

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 <u>Jim I</u>	Last name <u>Beam</u>	Your social security number <u>822 122 1222</u>
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. <u>123 Second St</u>		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. <u>Trenton</u>		State <u>IL</u>
Foreign country name		ZIP code <u>62293</u>
Foreign province/state/country		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 checked="" 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):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> If qualifies for (see instructions): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here <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"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2

Attach Sch. B if required.

2a Tax-exempt interest

2a 150.00

b Taxable interest

1 42,500

3a Qualified dividends

3a

b Ordinary dividends

2b

4a IRA distributions

4a

b Taxable amount

3b

5a Pensions and annuities

5a

b Taxable amount

4b

6a Social security benefits

6a

b Taxable amount

5b

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

6b

8 Other income from Schedule 1, line 9

7

9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income

8

10 Adjustments to income:

9

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

12 Standard deduction or itemized deductions (from Schedule A)

12

13 Qualified business income deduction. Attach Form 8995 or Form 8995-A

13

14 Add lines 12 and 13

14

15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

15