Form	1	0.40	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Retu					
		U4U	U.S. Individual Income Tax Retu	rn				

2019

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

		<u> </u>			OND NO. 101		D0 1101 111				
Filing Status	×	Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)									
Check only		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									
one box.		child but not your dependent.									
Your first name	and m	iddle initial	Las	st name			Your soc	ial security number			
D'angel	о М		S	hakur			322-92-2262				
If joint return, spouse's first name and middle initial				st name			Spouse's social security number				
Home address	(numb	er and street). If you have a P.O. box, se	ee inst	ructions.		Apt. no.	Presiden	tial Election Campaign			
5304 Ove	erbr	ook Dr						Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.			
City, town or p	ost offi	ce, state, and ZIP code. If you have a fo	reign a	address, also complete	spaces below (see instru	ictions).		าจิง to go to triis iuna. Dox below will not change you			
Austin '	TX 7	8723-4616					tax or refund				
Foreign country	y name		Foreign provir		ate/county	Foreign postal code	If more than four dependents,				
						see instructions and ✓ here ►					
Standard	Som	eone can claim: You as a depend	dent	Your spouse as	a dependent						
Deduction		Spouse itemizes on a separate return o	r you v	were a dual-status alien							
Age/Blindness	You:	Mayo have before January 2, 106	- F	Are blind Spous		10 January 0, 1055	☐ Is blin	ما			
Dependents (, ,) 			re January 2, 1955					
(1) First name	300 111	Last name		(2) Social security number (3) Relationship to yo		Child tax cr	•	(see instructions): Credit for other dependents			
(i) ilistilanc		Last name				Office last of	J				
	1	Wages, salaries, tips, etc. Attach For	m(a) \A	1.0			. 1	3,967.			
	і 2а	Tax-exempt interest	2a	/-2 	b Tayabla interest	Attach Sch. B if requir		3,507.			
	3a	Qualified dividends	3a			. Attach Sch. B if requir					
Standard Deduction for—	4a	IRA distributions	4a		b Taxable amount	i. Attacii ocii. Dii requii	. 4b				
Single or Married	C	Pensions and annuities	4c		d Taxable amount		. 4d				
filing separately, \$12,200	5a	Social security benefits	5a		b Taxable amount		. 5b				
Married filing	6	Capital gain or (loss). Attach Schedul		required. If not required			6				
jointly or Qualifying widow(er),	7a	Other income from Schedule 1, line 9		roquirou. Il riot roquirou,	onconnoro		. 7a				
\$24,400	b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income						. 7a ▶ 7b	3,967.			
 Head of household, 	8a	Adjustments to income from Schedul	. 8a	3,201.							
\$18,350 If you checked	b	Adjustments to income from Schedule 1, line 22 Subtract line 8a from line 7b. This is your adjusted gross income						3,967.			
any box under	9	·				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3,201.			
Standard Deduction,	10		Standard deduction or itemized deductions (from Schedule A)								
see instructions.	11a	Add lines 9 and 10	. 11a	12,200.							
	b	Taxable income. Subtract line 11a fr	om lin	e 8h If zero or less ent			. 11b	0			

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

Form **1040** (2019)

Form 1040 (2019	9)										Page 2		
	12a	Tax (see inst.) Check if any from F	orm(s): 1 881	4 2 4972	з 🗌	12a	0.						
	b	Add Schedule 2, line 3, and line	12a and enter the	total			•	12b			0.		
	13a	Child tax credit or credit for other	er dependents .			13a							
	b	Add Schedule 3, line 7, and line	13a and enter the	total			•	13b					
	14	Subtract line 13b from line 12b.	If zero or less, ente	er -0				14			0.		
	15	Other taxes, including self-emple	oyment tax, from S	Schedule 2, line	10			15			0.		
	16	Add lines 14 and 15. This is you	total tax				•	16			0.		
	17	Federal income tax withheld from	n Forms W-2 and	1099				17			145.		
If you have a	18	Other payments and refundable	credits:										
qualifying child,	a	Earned income credit (EIC) .				18a							
attach Sch. EIC. • If you have	b	Additional child tax credit. Attac	h Schedule 8812			18b							
nontaxable	С	American opportunity credit from	n Form 8863, line	8		18c							
combat pay, see instructions.	d	Schedule 3, line 14				18d							
	е	Add lines 18a through 18d. Thes	se are your total o	ther payments	and refundable cred	lits	•	18e					
	19	Add lines 17 and 18e. These are	your total payme	ents			•	19			145.		
Refund	20	If line 19 is more than line 16, su	btract line 16 from	line 19. This is	the amount you over	paid		20			145.		
riciana	21a	Amount of line 20 you want refu	nded to you. If Fo	orm 8888 is attac	ched, check here .		. ▶ 🗌	21a			145.		
Direct deposit?	▶b	Routing number 3 2 5	0 8 1 4	0 3	▶ c Type: 🔀	Checking	Savings						
See instructions.	►d	Account number 3 6 0	6 1 8 9	9 4 7									
	22	Amount of line 20 you want applied to your 2020 estimated tax											
Amount	23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions ▶											
You Owe	24	Estimated tax penalty (see instru		•	24								
Third Party	Do	Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.									e below.		
Designee										X No			
(Other than paid preparer)	Designee's name ▶		Phone no. ▶				sonal identification nber (PIN)						
			·							-11-6 41			
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my k correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									allei, trie	y are true,		
Here	Your signature		Date Your occupation		If the I			nt you a	an Iden	tity			
	N Com Cognition C						Prote	ection P	IN, ente				
Joint return?					Student			inst.)	Ш	$\perp \perp$			
See instructions. Keep a copy for				Date	Spouse's occupation				nt your		an ter it here		
your records.							inst.)	CHOILE	IIV, EIII				
				Email address				-					
		eparer's name	Preparer's signal			Date	PTIN		Check	k if:			
Paid		•							□ 3 [,]	rd Partv	Designee		
Preparer	Fir	m's name ▶ Self-Pr	enared			Phone no.			4 =	elf-em	•		
Use Only								s EIN 🕽					
Go to want in a		n1040 for instructions and the late	st information			REV 04/02/20 Intuit.cq.cfp.		O LIIN I		10	40 (2019)		
GO TO WWW.IIS.90	JV/I UII	more for instructions and the late	or inionnation.		BAA	NEV 04/02/20 IIItuli.cg.Clp.	pγ		FC	4111 IO	(2019)		