

## 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 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 Florence C	Last name Brownell	Your social security number 4 7 3 0 4 3 4 5 7
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. 7 East Medieval Dr.		Apt. no. 630
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Henrico VA 23228		Foreign postal code
Foreign country name		Foreign province/state/county

**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):

(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
Juan	Brownell	4 6 5 0 6 8 3 3	Father	<input type="checkbox"/>	<input checked="" 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

2a	Tax-exempt interest	2a
3a	Qualified dividends	3a
4a	IRA distributions	4a
c	Pensions and annuities	4c
5a	Social security benefits	5a

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

7a Other income from Schedule 1, line 9

b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income**

8a Adjustments to income from Schedule 1, line 22

b Subtract line 8a from line 7b. This is your **adjusted gross income**

9 **Standard deduction or itemized deductions** (from Schedule A)

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

11a Add lines 9 and 10

b **Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0-

1	155,170.00
2b	2,355.00
3b	2,036.00
4b	
4d	
5b	20,172.10
6	
7a	
7b	179,733.10
8a	
8b	179,733.10
11a	12,200.00
11b	167,533.10

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

Cat. No. 11320B

Form 1040 (2019)



**12a Tax** (see inst.) Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4872 **3** ☐

**b** Add Schedule 2, line 3, and line 12a and enter the total

**13a** Child tax credit or credit for other dependents

**b** Add Schedule 3, line 7, and line 13a and enter the total

**14** Subtract line 13b from line 12b. If zero or less, enter -0-

**15** Other taxes, including self-employment tax, from Schedule 2, line 10

**16** Add lines 14 and 15. This is your **total tax**

**17** Federal income tax withheld from Forms W-2 and 1099

**18** Other payments and refundable credits:

• If you have a qualifying child, attach Sch. EIC.

• If you have nonrefundable credits, see instructions.

**a** Earned income credit (EIC)

**b** Additional child tax credit. Attach Schedule 8812

**c** American opportunity credit from Form 8863, line 8

**d** Schedule 3, line 14

**e** Add lines 18a through 18d. These are your **total other payments and refundable credits**

**19** Add lines 17 and 18e. These are your **total payments**

**20** If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid**

**21a** Amount of line 20 you want **refunded** to you. If Form 8888 is attached, check here

**b** Routing number **c Type:** ☐ Checking ☐ Savings

**d** Account number

**22** Amount of line 20 you want **applied to your 2020 estimated tax**

**23** Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions

**Amount You Owe** **24** Estimated tax penalty (see instructions)

☐ Yes. Complete below.  
☒ No

**Third Party Designee**

(Other than paid preparer)

Designee's name

Phone no.

Personal identification number (PIN)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.

**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

05/20/20

Your occupation

Captain

Joint return? See instructions. Keep a copy for your records.

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no.

919-884-9745

Preparer's name

Preparer's signature

Email address

FlorenceCBrownell999@gmail.com

PTIN

Date

**Paid Preparer Use Only**

Firm's name

Firm's address

Phone no.

Firm's EIN

Check if:

☐ 3rd Party Designee  
☐ Self-employed

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Form **1040** (2019)