1040	Department of the Treasury—Internal Revenue Services. Individual Income Tax	ice x Re	(99) eturn	20'	19 OMB No. 1545	5-0074 IRS Use Only	—Do not w	rrite or staple in this space.		
Filing Status Check only one box.	Single Married filing jointly If you checked the MFS box, enter the name a child but not your dependent. ▶			parately (MFS) u checked th		, ,	, 0	low(er) (QW) ying person is		
Your first name	and middle initial	Last	name				Your so	cial security number		
lf joint return, รุเ	pouse'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. Apt. no.					Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.				
City, town or po	ost office, state, and ZIP code. If you have a fore	eign ad	ldress, als	o complete s	paces below (see instru	ctions).		box below will not change your		
Foreign country name			Foreign	province/sta	te/county	Foreign postal code	de If more than four dependents, see instructions and ✓ here ►			
Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction 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	e January 2, 1955	ls bli	nd		
Dependents (s (1) First name	see instructions): Last name	(2	2) Social se	curity number	(3) Relationship to you	J (4) ✓ if Child tax cre	•	r (see instructions): Credit for other dependents		
	1 Wages, salaries, tips, etc. Attach Form	`.'	2	<u>.</u>			. 1			
	2a Tax-exempt interest	2a				Attach Sch. B if require				
	3a Qualified dividends	3a			D Ordinary dividends.	Attach Sch. B if require	ed 3b			

Standard Deduction for—

 Single or Married filing separately, \$12,200 4a

С

6

7a

b

8a

b

9

IRA distributions . .

Pensions and annuities . . .

Social security benefits . . .

- Married filing jointly or Qualifying widow(er), \$24,400
- \$24,400Head of household, \$18,350
- If you checked any box under Standard Deduction, see instructions.

	10	Qualified business income dec	luction.	Attach	Form	8995	or F	orm	8995	i-A
J	11a	Add lines 9 and 10								

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

4c

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

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

5a

Adjustments to income from Schedule 1, line 22

Standard deduction or itemized deductions (from Schedule A) . .

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

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

Cat. No. 11320B

9

10

b Taxable amount

d Taxable amount

b Taxable amount .

Form **1040** (2019)

4b

4d

5b

6

7a

7b

8a

8b

11a

11b

Form 1040 (2019	9)								Page 2		
	12a	Tax (see inst.) Check if any from F	orm(s): 1 8814	4 2 4972	з 🗌	12a					
	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			•	13b			
	14	Subtract line 13b from line 12b.	If zero or less, ente	er -0				14			
	15	Other taxes, including self-empl	Other taxes, including self-employment tax, from Schedule 2, line 10								
	16	Add lines 14 and 15. This is you	16								
	17	Federal income tax withheld from	17								
If you have a	18	Other payments and refundable	credits:								
qualifying child,	а	Earned income credit (EIC) .				18a					
attach Sch. EIC. If you have	b	Additional child tax credit. Attac	h Schedule 8812			18b					
nontaxable combat pay, see	С	American opportunity credit from	n Form 8863, line 8	3		18c					
instructions.	d	Schedule 3, line 14				18d					
	е	Add lines 18a through 18d. Thes	se are your total o t	ther payments a	and refundable cred	its	🕨	18e			
	19	Add lines 17 and 18e. These are	your total payme	nts			🕨	19			
Refund	20	If line 19 is more than line 16, su	20								
Horana	21a	Amount of line 20 you want refu	nded to you. If Fo	rm 8888 is attac	hed, check here .		. ▶ 🗆	21a			
Direct deposit? See instructions.	►b	Routing number			▶ c Type:	Checking	Savings				
See instructions.	►d	Account number									
	22	Amount of line 20 you want app	lied to your 2020	estimated tax	🕨	22					
Amount	23	Amount you owe. Subtract line	19 from line 16. Fo	or details on how	to pay, see instructi	ons	🕨	23			
You Owe	24	Estimated tax penalty (see instru	ıctions)		🕨	24					
Third Party Designee	Do	o you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No									
(Other than paid preparer)		signee's		Phone							
		me ►		no. ►				<u> </u>			
Sign		der penalties of perjury, I declare that I rect, and complete. Declaration of prep						y knowledo	ge and belief, they are true,		
Here	Yo	ur signature	Date Your occupation If the			he IRS se	e IRS sent you an Identity				
		g	2020-04-19	Pr			tection PIN, enter it here				
Joint return?	L			2020-01-19			(se	ee inst.)			
See instructions. Keep a copy for	Spouse's signature. If a joint return, both must sign.			Date					ne IRS sent your spouse an native Protection PIN, enter it here		
your records.				2020 04 10				e inst.)			
	Ph	Phone no.			Email address						
D	Pre	eparer's name	ture		Date PTIN			Check if:			
Paid	cpai					2020-04-19			3rd Party Designee		
Preparer	Fir	m's name ▶			Phone no.			Self-employed			
Use Only	Fire	Firm's address ► Firm's						m's EIN I	's EIN ▶		
Go to www.irs.go	ov/Forn	n1040 for instructions and the late	st information.						Form 1040 (2019)		