<b>1040</b>	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			name			Your social 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 Deduction	Someone can claim: You as a depended Spouse itemizes on a separate return or		_	r spouse as a status alien	dependent					
Age/Blindness	You: Were born before January 2, 1955		Are blind	Spouse	: Was born before	e January 2, 1955	ls bli	nd		
Dependents (see instructions): (1) First name Last name			(2) Social security number (3) Relationship to			J (4) ✓ if Child tax cre	if qualifies for (see instructions): credit 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   <b>3b</b>			

## 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 <b>2</b>		
	12a	Tax (see inst.) Check if any from F	orm(s): <b>1</b> 8814	4 <b>2</b> 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			▶ 13b					
	14	Subtract line 13b from line 12b.	If zero or less, ente	er -0				. 14			
	15	Other taxes, including self-empl	. 15								
	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 <b>total o</b> t	ther payments a	and refundable cred	its		▶ 18e			
	19	Add lines 17 and 18e. These are	your <b>total payme</b>	nts				▶ 19			
Refund	20	If line 19 is more than line 16, su	btract line 16 from	line 19. This is t	he amount you <b>over</b>	paid		. 20			
Horana	21a	Amount of line 20 you want refu	<b>nded to you.</b> If Fo	rm 8888 is attached, check here							
Direct deposit? See instructions.	►b	Routing number			<b>▶ c</b> Type:	Checking	Saving	gs			
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	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	Estimated tax penalty (see instructions)								
Third Party Designee	Do	Oo 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)	Designee's			Phone							
<del></del>	Title of the second of the sec										
Sign		der penalties of perjury, I declare that I rect, and complete. Declaration of prep						my knowledo	e and belief, they are true,		
Here	Your signature			Date Your occupation If the			f the IRS se	e IRS sent you an Identity			
	, -		2020-04-21	Pro			Protection P	tection PIN, enter it here			
Joint return?	for				+			(see inst.)	,		
See instructions. Keep a copy for				Date					e IRS sent your spouse an tity Protection PIN, enter it here		
your records.				1 2020 04 21				(see inst.)			
	Phone no.			Email address							
D - ! -!	Pre	eparer's name	Preparer's signat	ure		Date PTIN		1	Check if:		
Paid	cpai					2020-04-21			3rd Party Designee		
Preparer	Fir	m's name ▶	•			Phone no.			Self-employed		
Use Only	Fire	Firm's address ▶ Firm'						Firm's EIN ▶	n's EIN ▶		
Go to www.irs.go	ov/Forn	11040 for instructions and the late	st information.						Form <b>1040</b> (2019)		