

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. 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 KRYSTAL		Last name GONZALEZ	Your social security number 131-78-4398
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. 111 E WASHINGTON ST			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 type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). ORLANDO FL 32801			
Foreign country name		Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>			

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):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions)	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<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	1 19,504
2a Tax-exempt interest 2a	2b
3a Qualified dividends 3a	3b
4a IRA distributions 4a	4b
c Pensions and annuities 4c	4d
5a Social security benefits 5a	5b
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	6
7a Other income from Schedule 1, line 9 7a	7a
b Add lines 1, 2b, 3b, 4b, 5b, 6, and 7a. This is your total income ▶	7b 19,504
8a Adjustments to income from Schedule 1, line 22 8a	8a
b Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b 19,504
9 Standard deduction or itemized deductions (from Schedule A) 9 12,200	9 12,200
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A 10	10
11a Add lines 9 and 10 11a 12,200	11a 12,200
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b 7,304

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	12a	733
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	733
13a	Child tax credit or credit for other 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, enter -0-	14	733
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	
16	Add lines 14 and 15. This is your total tax	16	733
17	Federal income tax withheld from Forms W-2 and 1099	17	2,826
18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	
19	Add lines 17 and 18e. These are your total payments	19	2,826
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	2,093
	21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	2,093
Direct deposit? See instructions.	b Routing number <u>XXXXXXXXXX</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number <u>XXXXXXXXXXXXXXXXXXXX398</u>		
	22 Amount of line 20 you want applied to your 2020 estimated tax	22	
Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	
	24 Estimated tax penalty (see instructions)	24	
Third Party Designee	Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
(Other than paid preparer)	Designee's name	Phone no.	Personal identification number (PIN)
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	Your occupation BARTENDER
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
	Phone no.	Email address	
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date
	Firm's name ADVANCED TAX EXPERTS	PTIN P02229557	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
	Firm's address 4107 SOUTH ORANGE BLOSSOM TRAIL ORLANDO FL 32839	Phone no. 407-704-5454	