

Form OR-40-V

Page 1 of 1, 150-101-172
(Rev. 07-17-19, ver. 01)

Oregon Department of Revenue

Oregon Individual Income Tax Payment Voucher and Instructions

Online payments:

You can make payments anytime at www.oregon.gov/dor. Don't use Form OR-40-V with online payments.

Payments with a return:

If you're mailing a payment with your tax return, send the payment and return in the same envelope and don't use Form OR-40-V. We accept checks, money orders, and cashier's checks. Don't mail cash. See the instructions for the return you are filing for the mailing address to send your return and payment.

Payments without a return:

If you're mailing a payment without a return, mail your check, money order, or cashier's check with Form OR-40-V to:

Oregon Department of Revenue
PO Box 14950
Salem OR 97309-0950

Write "2019 Form OR-40-V" and the last four digits of your SSN or ITIN on your check.

Form OR-40-V instructions

Tax year. Enter the month, day, and year for the beginning and end date of the tax year you are submitting the payment for. For most filers this will be January 1 through December 31 of the tax year. Example: For tax year 2019, enter:

Begins: 01/01/2019. Ends: 12/31/2019.

Payment type. Check the appropriate box for the type of payment being made.

Taxpayer information. Completely fill out the information on the form. If your address has changed since the last time you filed a return, complete a *Change of Address/Name* form and mail it to us. Your address will not be updated using information on Form OR-40-V.

Note: If you are viewing this form electronically and you see a solid box instead of letters or numbers, adjust the view size to 100 percent and press the tab key to move through the fields.

Cut on dashed line below to detach voucher. Visit www.oregon.gov/dor/forms to print more vouchers.

1555 00

REV 04/03/20 TTO

Form OR-40-V, Oregon Individual Income Tax Payment Voucher

● **Tax year:**

Begins: 01/01/2020
Ends: 12/31/2020

Office use only

● **Payment type (check only one):**

Original return

Amended return

Extension payment

Estimated payment



First name JUSTIN	Initial	Last name MOVICK	SSN 541-31-7332
Spouse's first name	Initial	Spouse's last name	SSN
Current mailing address 745 E GLADE AVE			
City MESA	State AZ	ZIP code 85204-5720	Contact phone (480) 432-4241

Enter payment amount

\$ **324.00**

150-101-172 (Rev. 07-17-19, ver. 01)

1003000000541317332MOV1000000000202012310201555011

Form OR-40-V

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Form OR-40-V, Oregon Individual Income Tax Payment Voucher

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Begins: 01/01/2020
Ends: 12/31/2020

Office use only

● **Payment type (check only one):**

Original return

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First name JUSTIN	Initial	Last name MOVICK	SSN 541-31-7332
Spouse's first name	Initial	Spouse's last name	SSN
Current mailing address 745 E GLADE AVE			
City MESA	State AZ	ZIP code 85204-5720	Contact phone (480) 432-4241

Enter payment amount

\$ **324.00**

150-101-172 (Rev. 07-17-19, ver. 01)

1003000000541317332MOV1000000000202012310201555011

2019 Form OR-40

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(Rev. 09-19-19 ver. 01)

Oregon Department of Revenue



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Office use only

Oregon Individual Income Tax Return for Full-year Residents

Submit original form – do not submit photocopy

Fiscal year ending: _____

Space for 2-D barcode – do not write in box below



- Amended return. If amending for an NOL,
tax year the NOL was generated:
- Calculated using "as if" federal return.
- Short-year tax election. Federal disaster relief.
- Extension filed. Federal Form 8886.
- Form OR-24.

First name JUSTIN	Initial	Last name MOVICK	<input type="checkbox"/> Deceased	Social Security no. (SSN) 541-31-7332	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Spouse's first name	Initial	Spouse's last name	<input type="checkbox"/> Deceased	Spouse's SSN	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Current mailing address 745 E GLADE AVE				Date of birth (mm/dd/yyyy) 09/02/1989	Spouse's date of birth	
City MESA	State AZ	ZIP code 85204-5720	Country USA	Phone (480) 432-4241		

Filing status (check only one box)

- Single.
- Married filing jointly.
- Married filing separately (enter spouse's information **above**).
- Head of household (with qualifying dependent).
- Qualifying widow(er) with dependent child.

Exemptions

6a. Credits for yourself: Regular Severely disabled 6a. Total 1

Check box if someone else can claim you as a dependent.

6b. Credits for spouse: Regular Severely disabled 6b.

Check box if someone else can claim your spouse as a dependent.

Dependents. List your dependents in order from youngest to oldest. If more than four, check this box and include Schedule OR-ADD-DEP with your return.

First name	Last name	Code*	Dependent's SSN	Dependent's date of birth (mm/dd/yyyy)	Check if child with qualifying disability
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

*Dependent relationship code (see instructions).

6c. Total number of dependents..... 6c.
6d. Total number of dependent children with a qualifying disability (see instructions)..... 6d.
6e. Total exemptions. Add 6a through 6d..... **Total. 6e.** 1

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Oregon Department of Revenue



00461901021555

Name

JUSTIN MOVICK

SSN

541-31-7332

Note: Reprint page 1 if you make changes to this page.

Taxable income

7. Federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b; 1040-NR, line 35; 1040-NR-EZ, line 10; or 1040-X, line 1C (see instructions).....	7.	22,755.00
8. Total additions from Schedule OR-ASC, section 1.....	8.	8.
9. Income after additions. Add lines 7 and 8.....	9.	22,755.00

Subtractions

10. 2019 federal tax liability. See instructions for the correct amount: \$0-\$6,800.	10.	1,075.00
11. Social Security included on federal Form 1040 or 1040-SR, line 5b.	11.	11.
12. Oregon income tax refund included in federal income.	12.	12.
13. Total subtractions from Schedule OR-ASC, section 2.	13.	13.
14. Total subtractions. Add lines 10 through 13.	14.	1,075.00
15. Income after subtractions. Line 9 minus line 14.	15.	21,680.00

Deductions

16. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter -0-.....	16.	0.00
17. Standard deduction. Enter your standard deduction (see instructions).	17.	2,270.00

You were: 17a. 65 or older 17b. Blind Your spouse was: 17c. 65 or older 17d. Blind

18. Enter the larger of line 16 or 17.	18.	2,270.00
19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter -0-.	19.	19,410.00

Oregon tax

20. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions).....	20.	1,502.00
20a. <input type="checkbox"/> Schedule OR-FIA-40 20b. <input type="checkbox"/> Worksheet OR-FCG 20c. <input type="checkbox"/> Schedule OR-PTE-FY		
21. Interest on certain installment sales.....	21.	21.
22. Total tax before credits. Add lines 20 and 21.	22.	1,502.00

Standard and carryforward credits

23. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$206. Otherwise, see instructions.....	23.	206.00
24. Political contribution credit. See limits in instructions.	24.	24.
25. Total standard credits from Schedule OR-ASC, section 3.	25.	25.
26. Total standard credits. Add lines 23 through 25.	26.	206.00
27. Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter -0-....	27.	1,296.00
28. Total carryforward credits claimed this year from Schedule OR-ASC, section 4. Line 28 can't be more than line 27 (see Schedule OR-ASC instructions).....	28.	28.
29. Tax after standard and carryforward credits. Line 27 minus line 28.....	29.	1,296.00

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Oregon Department of Revenue



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Name JUSTIN MOVICK	SSN 541-31-7332
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Note: Reprint page 1 if you make changes to this page.

Payments and refundable credits

30. Oregon income tax withheld. Include a copy of your Forms W-2 and 1099.	30.	0 . 0 0
31. Amount applied from your prior year's tax refund.	31.	
32. Estimated tax payments for 2019. Include all payments you made prior to the filing date of this return. Do not include the amount you already reported on line 31.	32.	
33. Earned income credit (see instructions).	33.	
34. Kicker (Oregon surplus credit). Enter your kicker credit amount (see instructions). If you elect to donate your kicker to the State School Fund, enter -0- and see line 51.	34.	
35. Total refundable credits from Schedule OR-ASC, section 5.....	35.	
36. Total payments and refundable credits. Add lines 30 through 35.	36.	0 . 0 0

Tax to pay or refund

37. Overpayment of tax. If line 29 is less than line 36, you overpaid. Line 36 minus line 29.....	37.	
38. Net tax. If line 29 is more than line 36, you have tax to pay. Line 29 minus line 36.	38.	1 , 2 9 6 . 0 0
39. Penalty and interest for filing or paying late (see instructions).....	39.	
40. Interest on underpayment of estimated tax. Include Form OR-10.	40.	4 6 . 0 0

Exception number from Form OR-10, line 1: 40a.

Check box if you annualized: 40b.

41. Total penalty and interest due. Add lines 39 and 40.....	41.	4 6 . 0 0
42. Net tax including penalty and interest. Line 38 plus line 41..... This is the amount you owe. 42.	42.	1 , 3 4 2 . 0 0
43. Overpayment less penalty and interest. Line 37 minus line 41..... This is your refund. 43.	43.	
44. Estimated tax. Fill in the portion of line 43 you want applied to your open estimated tax account.....	44.	
45. Charitable checkoff donations from Schedule OR-DONATE, line 30.....	45.	
46. Political party \$3 checkoff. Party code: 46a. You. 46b. Spouse.....	46.	
47. Oregon 529 college savings plan deposits from Schedule OR-529 (see instructions).....	47.	
48. Total. Add lines 44 through 47. Total can't be more than your refund on line 43.....	48.	
49. Net refund. Line 43 minus line 48..... This is your net refund. 49.	49.	

Direct deposit

50. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States:

Type of account: Checking or Savings

Routing number:

Account number:

Kicker donation

51. Kicker donation. If you elect to donate your kicker to the State School Fund, check this box: 51a.
Complete the kicker worksheet, located in the instructions, and enter the amount here.
This election is irrevocable..... 51b.

2019 Form OR-40

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Oregon Department of Revenue



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Name JUSTIN MOVICK	SSN 541-31-7332
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Note: Reprint page 1 if you make changes to this page.

Sign here. Under penalty of false swearing, I declare that the information in this return is true, correct, and complete.

Your signature X	Date		
Spouse's signature (if filing jointly, both must sign) X	Date		
Signature of preparer other than taxpayer XSELF PREPARED	Preparer phone	Preparer license number, if professionally prepared	
Preparer address	City	State	ZIP code

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the *Tax Information Authorization and Power of Attorney for Representation* form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, 1040-NR, or 1040-NR-EZ. **Without this information, we may adjust your return.**

Make your payment (if you have an amount due on line 42)

- **Online payments:** Visit our website at www.oregon.gov/dor.
- **Mailing your payment:** Make your check or money order payable to the **Oregon Department of Revenue**. Write "2019 Oregon Form OR-40" and the last four digits of your SSN or ITIN on your check or money order. Include your payment with this return. **Don't** use the Form OR-40-V payment voucher unless you're sending us a separate payment.

Send in your return

- **Non-2-D barcode.** If the 2-D barcode area on the front of this return is blank:
 - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
 - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- **2-D barcode.** If the 2-D barcode area on the front of this return is filled in:
 - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
 - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.

Amended statement. Complete this section only if you're amending your 2019 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.

2019 Form OR-10

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(Rev. 08-23-19, ver. 01)

Oregon Department of Revenue



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Office use only

Underpayment of Oregon Estimated Tax

Submit original form—do not submit photocopy.

First name JUSTIN	Initial 	Last name MOVICK	Social Security number (SSN) 541-31-7332
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Exception to paying underpayment interest

1. If you qualify for an exception to the imposition of underpayment interest (see instructions), enter the exception number here and on Form OR-40, box 40a; Form OR-40-N, box 66a; or Form OR-40-P, box 65a • 1. **Exception no.**

Part A—Figure your required annual payment

2. **2019** tax from Form OR-40, line 29; Form OR-40-N, line 54; or Form OR-40-P, line 53 • 2. **1,296.00**
3. **2019** refundable tax credit amounts you claimed on Form OR-40, lines 33, 34, and 35; Form OR-40-N, lines 59, 60, and 61; or Form OR-40-P, lines 58, 59, and 60 • 3. **0.00**
4. Line 2 minus line 3 • 4. **1,296.00**
5. Multiply line 4 by 90% (0.90) • 5. **1,166.00**
6. **2019** Oregon income tax withheld from income • 6. **0.00**
7. Line 4 minus line 6. **If less than \$1,000, stop here!** You don't owe underpayment interest • 7. **1,296.00**
8. Enter your 2018 Oregon tax after all credits (include refundable). You must have filed an Oregon return..... • 8. **1,296.00**
9. **Required annual payment.** Enter the smaller of line 5 or line 8 • 9. **1,166.00**

Note: If line 6 is equal to or more than line 9, **stop here!** You don't owe underpayment interest. Attach this form to your return.

Part B—Figure your required installment payments

10. Payment period
due date 10.

A	B	C	D
April 15, 2019	June 17, 2019	Sept. 16, 2019	Jan. 15, 2020

11. Divide the amount on line 9 by four and enter the amount in each column, or if you use Worksheet OR-10-AI, enter the amounts from line 31 of the worksheet here and be sure to check the annualization box on your return (see instructions).....

• 11. **291.00** **291.00** **292.00** **292.00**

Part C—Figure your underpayment interest

Date	Event	Amount	Running balance	No. of days	Daily rate	Interest due
12. 04/15/19	Required installment	291.00	291.00			
13. 04/15/19	Withholding	0.00	291.00	63	0.000164	3.01
14.	Payment				0.000164	
15.	Payment				0.000164	
16.	Payment				0.000164	
17. 06/17/19	Required installment	291.00	582.00			
18. 06/17/19	Withholding	0.00	582.00	91	0.000164	8.69
19.	Payment				0.000164	
20.	Payment				0.000164	
21.	Payment				0.000164	
22. 09/16/19	Required installment	292.00	874.00			
23. 09/16/19	Withholding	0.00	874.00	121	0.000164	17.34
24.	Payment				0.000164	
25.	Payment				0.000164	
01/01/20	Rate change, if any					
26.	Payment				0.000164	
27. 01/15/20	Required installment	292.00	1,166.00			
28. 01/15/20	Withholding	0.00	1,166.00	91	0.000164	17.40
29.	Payment				0.000164	
30.	Payment				0.000164	
31.	Payment				0.000164	
32. 04/15/20						

—Don't calculate underpayment interest after April 15, 2020—

33. **Total underpayment interest due.** Add the amounts in the **Interest due** column.

Enter here and on Form OR-40, line 40; Form OR-40-N, line 66; or Form OR-40-P, line 65 33.

46.00

If you didn't stop at line 7, file this form with your 2019 Oregon return.

2019 Worksheet OR-10-AI

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Oregon Department of Revenue



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Office use only

Annualized income worksheet

Read the instructions for annualizing your income in Publication OR-10 **before** completing this worksheet. **Note:** Start with column A. Work down the column, and complete lines 1 through 31 before going on to columns B, C, and D.

A 01/01/19 to 03/31/19	B 01/01/19 to 05/31/19	C 01/01/19 to 08/31/19	D 01/01/19 to 12/31/19
1. Federal adjusted gross income for each period (see instructions). 1a. <input type="text"/> .00 1b. <input type="text"/> .00 1c. <input type="text"/> .00 1d. <input type="text"/> .00			
2. Oregon additions for each period (see instructions). 2a. <input type="text"/> .00 2b. <input type="text"/> .00 2c. <input type="text"/> .00 2d. <input type="text"/> .00			
3. Add lines 1 and 2. 3a. <input type="text"/> .00 3b. <input type="text"/> .00 3c. <input type="text"/> .00 3d. <input type="text"/> .00			
4. Annualization multiplier. 4a. <input type="text"/> 4 4b. <input type="text"/> 2.4 4c. <input type="text"/> 1.5 4d. <input type="text"/> 1			
5. Annualized Oregon income. Multiply line 3 by line 4. 5a. <input type="text"/> .00 5b. <input type="text"/> .00 5c. <input type="text"/> .00 5d. <input type="text"/> .00			
6. Oregon subtractions for each period (except federal tax liability). 6a. <input type="text"/> .00 6b. <input type="text"/> .00 6c. <input type="text"/> .00 6d. <input type="text"/> .00			
7. Annualization multiplier. 7a. <input type="text"/> 4 7b. <input type="text"/> 2.4 7c. <input type="text"/> 1.5 7d. <input type="text"/> 1			
8 Annualized Oregon subtractions. Multiply line 6 by line 7. 8a. <input type="text"/> .00 8b. <input type="text"/> .00 8c. <input type="text"/> .00 8d. <input type="text"/> .00			
9. Federal tax subtraction from the worksheet in the instructions. 9a. <input type="text"/> .00 9b. <input type="text"/> .00 9c. <input type="text"/> .00 9d. <input type="text"/> .00			
10. Total subtractions. Add lines 8 and 9. 10a. <input type="text"/> .00 10b. <input type="text"/> .00 10c. <input type="text"/> .00 10d. <input type="text"/> .00			
11. Oregon itemized deductions for each period. If you don't itemize, enter -0- and skip to line 14 (see instructions). 11a. <input type="text"/> .00 11b. <input type="text"/> .00 11c. <input type="text"/> .00 11d. <input type="text"/> .00			
12. Annualization multiplier. 12a. <input type="text"/> 4 12b. <input type="text"/> 2.4 12c. <input type="text"/> 1.5 12d. <input type="text"/> 1			
13. Annualized Oregon itemized deductions. Multiply line 11 by line 12. 13a. <input type="text"/> .00 13b. <input type="text"/> .00 13c. <input type="text"/> .00 13d. <input type="text"/> .00			
14. In each column, enter the full amount of your Oregon standard deduction (see instructions). 14a. <input type="text"/> .00 14b. <input type="text"/> .00 14c. <input type="text"/> .00 14d. <input type="text"/> .00			
15. Enter the amount from line 13 or 14, whichever is larger. 15a. <input type="text"/> .00 15b. <input type="text"/> .00 15c. <input type="text"/> .00 15d. <input type="text"/> .00			

Questions? See Publication OR-10 for contact information. Don't submit this form. Keep it with your records.

2019 Worksheet OR-10-AI

Page 2 of 2, 150-101-030
(Rev. 09-16-19, ver. 01)

Oregon Department of Revenue



18581901021555

A

01/01/19 to 03/31/19

B

01/01/19 to 05/31/19

C

01/01/19 to 08/31/19

D

01/01/19 to 12/31/19

16. Total subtractions and deductions. Add lines 10 and 15.

16a.- .00 16b.- .00 16c.- .00 16d.- .00

17. Annualized Oregon taxable income. Line 5 minus line 16.

17a. .00 17b. .00 17c. .00 17d. .00

18. Oregon tax for the amount on line 17 (see tax tables or tax rate chart in the 2019 Publication OR-40-FY).

18a. .00 18b. .00 18c. .00 18d. .00

19. Exemption credit (not annualized) from Form OR-40, line 23; Form OR-40-N, line 49; or Form OR-40-P, line 48.

19a. .00 19b. .00 19c. .00 19d. .00

20. Enter your credits for each period (see instructions). Don't include exemption credits.

20a. .00 20b. .00 20c. .00 20d. .00

21. Total credits. Add lines 19 and 20.

21a.- .00 21b.- .00 21c.- .00 21d.- .00

22. Net annualized income tax. Line 18 minus line 21.

22a. .00 22b. .00 22c. .00 22d. .00

23. Percentage that applies for each period.

23a. 22.5% 23b. 45% 23c. 67.5% 23d. 90%

24. Multiply line 22 by line 23.

24a. .00 24b. .00 24c. .00 24d. .00

25. Enter the amount from box 31a in box 25b, box 31a plus box 31b in box 25c, and box 31a plus box 31b plus box 31c in box 25d.

25b.- .00 25c.- .00 25d.- .00

26. Line 24 minus line 25. If less than zero, enter -0-.

26a. .00 26b. .00 26c. .00 26d. .00

27. *Divide the amount from Form OR-10, line 9, Part A, by four and enter results in each column.

27a. .00 27b. .00 27c. .00 27d. .00

28. Enter the amount from box 30a in box 28b, from box 30b in box 28c, and from box 30c in box 28d.

28b. .00 28c. .00 28d. .00

29. Add lines 27 and 28.

29a. .00 29b. .00 29c. .00 29d. .00

30. If line 29 is **more** than line 26, line 29 minus line 26; otherwise, enter -0-.

30a. .00 30b. .00 30c. .00

31. Enter the smaller of line 26 or line 29 here and on Part B, line 11 of Form OR-10.

31a. .00 31b. .00 31c. .00 31d. .00

* If you are filing a part-year return, divide this amount by the number of periods you were an Oregon resident or had income from a trade or business in Oregon, if fewer than 4.

Form **1040** Department of the Treasury—Internal Revenue Service (99) | **2019** | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

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 Justin	Last name Movick	Your social security number 541-31-7332
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. 745 E Glade Ave		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Mesa AZ 85204-5720		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
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	22 , 755 .
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
c	Pensions and annuities	4c	
5a	Social security benefits	5a	
b	Taxable interest. Attach Sch. B if required	b	
b	Ordinary dividends. Attach Sch. B if required	b	
b	Taxable amount	b	
d	Taxable amount	d	
b	Taxable amount	b	
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	
b	Add lines 1, 2b, 3b, 4b, 5b, 6, and 7a. This is your total income	b	
8a	Adjustments to income from Schedule 1, line 22	8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income	b	
9	Standard deduction or itemized deductions (from Schedule A)	9	12 , 200 .
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a	Add lines 9 and 10	11a	12 , 200 .
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	10 , 555 .

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

Form **1040** (2019)

Standard Deduction for—

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under *Standard Deduction*, see instructions.

Go to www.irs.gov/Form1040 for instructions and the latest information.

BAA

REV 04/19/20 TTO

Form 1040 (2019)