1040	-5	R Department of the U.S. Tax	Treasury—Internal Reverse Return for S	enue Sen enio	vice (99)	201	9	OMB No. 154	45-0074	IRS Use On	ly—Do no	ot writ	e or staple in t	this space.	
Filing		Single			Marrie					Married filing separately (MFS)					
Status	☐ 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 name of spouse.														
Check only one box.									нон о	r QW box,	, enter	the	child's		
Your first nan			qualifying person is a child but not your dependent. ▶ initial Last name							You	Your social security number				
Enter you	r first	name mid				Enter your last name							000-00-0000		
If joint return, spouse fil	st na	Last name spouse last name						Spouse's social security number							
		ber and street). If		see instructions.					Apt. no.			al Election (
Enter Street and Apartment Number City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instruc									etructione)	jointly,	want S	3 to go to this	s fund.		
		nd Apartment N		liolog	iii addi co	3, 8130 0011	ipiete	apacea belov	v (300 III	su delions).	tax or r		ox below will no		
Foreign coun							postal code	e If mo	ore th	an four dep	endents,				
Enter your Country Name										ign Code see inst. and ✓ here ▶ □					
Standard Deduction		n <mark>eone can clai</mark> Spouse itemize						pouse as al-status a		endent					
Age/Blindness		ı: 🗆 Were boı				□ A									
		ouse: Was b		$\overline{}$					*						
(1) First name	TS (Se	ee instructions) Last name	:	(2) Social secui		rity number	(3) Relationship to		you	(4) Child tax			for (see inst. edit for other		
(1)											**************************************				
				\vdash								_			
					<u> </u>					Ш	$\overline{}$				
	1	1 Wages, salaries, tips, etc		tach	Form(s) W-2					·	1			
Attach Schedule B if required.	2a	2a Tax-exempt interest		2a			b Taxable in		e inter	est	. [2b			
	3a	a Qualified dividends		3a				b Ordinary div		idends 3		3b			
	4a	IRA distributio	ons	4a				b Taxable amo		ount 4		4b			
	С	Pensions and	annuities .	4c				d Taxable	e amo	unt	. [4d			
	5a	Social security	benefits	5a			7	b Taxable am		ount		5b			
	6	Capital gain or	(loss). Attach So	oss). Attach Schedule D if re			equired. If not required, check h			re . >		6			
M (1/D	7a	a Other income from Schedule			1, line 9						_ [7a			
Month/Da	ıy/ Y ea b	// year b Add lines 1, 2b, 3b, 4b, 4d, 5			5b, 6, and 7a. This is your total income							7b			
	8a		to income from Schedule 1, line				2								
0, 1, 1	b	•			o. This is your adjusted gross income							8b			
Standard Deduction See Standard Deduction Chart below.	9	Standard ded	uction or itemiz	zed de	eductio	ns (from	Sche	dule A)	9						
	10	Qualified busines	ss income deducti	ion. Attach Form 8995 or Form 8995-A					10						
	11a	la Add lines 9 and 10									. [11a			
	b			act line 11a from line 8b. If zero or less, en				enter	-0	. 1	11b				
Standard	Ac	dd the number					\neg	s" section	of Sta	ndard De	ducti	on	<u>)</u>	<u> </u>	
Deduction Chart*	IF your filing status is		AND the number of boxes checked is					IF your filing status is		AND the numbe		r of THEN your standard			
	Single		1		13	3,850	-	Head of household		1 2			20,00	00	
			2		15	5,500							21,6	50	
	Married filing jointly		1			,700				1			13,50		
	or		2			7,000		Married filing separately		2 3			14,80		
		alifying dow(er)	3 4			3,300 3,600		Joparatory		4			16,100 17,400		
	_	on't use this c	hart if someon	e can			our s	spouse if fi	ling jo	intly) as a	a dep	end			
		ouse itemizes													