<b>1040</b>	<b>)-S</b>	R Department of the U.S. Tax	Treasury—Internal Reverse Return for S	nue Serv	rice (99)	201	9	OMB No. 15	45-0074	IRS Use On	ıly—Do n	ot writ	e or staple in ti	his space.
Filing		Single		Marrie	ed filing j				Married fili	ng se	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												1.91.19	
Check only one box.		ou checked the More if the qualifying							HOH o	r QW box	, enter	r the	child's	
Your first nan			g person is a cili	st name						You	Your social security number			
					Enter your last name							000-00-0000		
spouse fil	rst na	<u> </u>	Last name spouse last name								Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.										Presidential Election Campaign Check here if you, or your spouse if filin				
Enter Otreet and Apartment Number											jointly,	jointly, want \$3 to go to this fund. Checking a box below will not change you		
		nd Apartment N		loreig	ii addi co	3, 8130 0011	ipiete	apacea belot	1 (300 11	isti uctionis).		ing a bo refund.		t change you  Spouse
Foreign coun	try nar	ne								n postal code	postal code If more than four depende			endents,
Enter you	Enter your Province State							inst. a	and / here	<b>▶</b> □				
StandardSomeone can claim:☐ You as a dependent☐ Your spouse as a dependentDeduction☐ Spouse itemizes on a separate return or you were a dual-status alien														
Age/Blindness		ı: 🗌 Were boı				□ A								
		ouse: Was b		$\overline{}$										
(1) First name	<b>ITS</b> (Se	ee instructions)  Last name	9	(2) Social secu		rity number	(3) Relationship to		you	(4) Child tax			for (see inst.) edit for other	
(1)				+							10000000000000000000000000000000000000			
				$\vdash$								_		
					<u> </u>					Ш	$\overline{}$		Ш	
	1	Wages, salari	es, tips, etc. At	tach	Form(s	s) W-2 .	i ×							
Attach Schedule B if required.	2a	2a Tax-exempt interest .		2a			<b>b</b> Taxable into		e inter	est	. [	2b		
	3a	Ba Qualified dividends		3a				<b>b</b> Ordinary div		idends 3I		3b		
	4a	IRA distribution	ons	4a				<b>b</b> Taxable	ount 40		4b			
	С	Pensions and	annuities .	4c				d Taxable amo			4d			
	5a	Social security	benefits	5a							5b			
	6		r (loss). Attach Schedule D if requ							ere . ►		6		
Month/Do	, 7a	Other income	e 1, line 9						. [	7a				
IVIOTILI/Da	b	<b>b</b> Add lines 1, 2b, 3b, 4b, 4d,			5b, 6, and 7a. This is your <b>total income</b>						<b></b>	7b		
	8a	Adjustments t	to income from Schedule 1, line 22						. [	8a				
Standard	b	<b>b</b> Subtract line 8a from line 7			o. This is your <b>adjusted gross income</b>							8b		
Deduction See Standard Deduction Chart below.	9	Standard ded	uction or itemiz	zed de	eductio	ns (from	Sche	dule A)	9		Щ			
	10	Qualified busines	ss income deducti	ction. Attach Form 8995 or Form 8995-A 10										
	11a	a Add lines 9 and 10									.	11a		
	b	Taxable inco	me. Subtract I	ine 11	la from	line 8b.	If ze	ro or less,	enter	-0	. 1	11b		
Standard		dd the number					$\neg$						<u> &gt;</u>	<u> </u>
Deduction Chart*	IF your filing status is		AND the number of boxes checked is			ur standan tion is		F your filing status is		AND the number boxes checked		r of THEN your st		
	Single		1		13	13,850		Head of		1			20,00	00
			2		15	,500	ho	household		2			21,65	50
	Married filing jointly		1			5,700		Married filing separately		1			13,50	
	or		2 3			7,000 2,300				2 3			14,80	
		alifying dow(er)	4			28,300 29,600		- coparatory		4			16,100 17,400	
	* [	Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your												
	sp	ouse itemizes	on a separate	returr	n, or yo	u were a	dua	l-status al	ien. In	stead, se	e inst	ruct	ions.	