

**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<br>Enter your first name middle initial   |  | Last name<br>Enter your last name                          |  | Your social security number<br>000-00-0000   |  |
| If joint return, spouse's first name and middle initial<br>spouse first name spouse mid init   |  | Last name<br>spouse last name                              |  | Spouse's social security number<br>000-00-0000   |  |
| Home address (number and street). If you have a P.O. box, see instructions.<br>Enter Street and Apartment Number   |  |  |  | Apt. no.   |  |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).<br>Enter Street and Apartment Number |  |  |  | Presidential Election Campaign<br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.<br>Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse |  |
| Foreign country name<br>Enter your Country Name  |  | Foreign province/state/county<br>Enter your Province State |  | Foreign postal code  |  |
|  |  |  |  | If more than four dependents, see inst. 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 inst.): |                             |
|--------------------------------|-----------|----------------------------|-------------------------|-------------------------------------|-----------------------------|
| (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 . . . . .

**2a** Tax-exempt interest . . . . .

**2a**

**b** Taxable interest . . . . .

**2b**

**3a** Qualified dividends . . . . .

**3a**

**b** Ordinary dividends . . . . .

**3b**

**4a** IRA distributions . . . . .

**4a**

**b** Taxable amount . . . . .

**4b**

**c** Pensions and annuities . . . . .

**4c**

**d** Taxable amount . . . . .

**4d**

**5a** Social security benefits . . . . .

**5a**

**b** Taxable amount . . . . .

**5b**

**6** Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ☐

**6**

**7a** Other income from Schedule 1, line 9 . . . . .

**7a**

**b** Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income** . . . . . ►

**7b**

**8a** Adjustments to income from Schedule 1, line 22 . . . . .

**8a**

**b** Subtract line 8a from line 7b. This is your **adjusted gross income** . . . . . ►

**8b**

**9** **Standard deduction or itemized deductions** (from Schedule A)

**9**

**10** Qualified business income deduction. Attach Form 8995 or Form 8995-A

**10**

**11a** Add lines 9 and 10 . . . . .

**11a**

**b** **Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .

**11b**

Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* . . . . . ►

**Standard Deduction Chart\***

| IF your filing status is . . .                 | AND the number of boxes checked is . . . | THEN your standard deduction is . . . | IF your filing status is . . . | AND the number of boxes checked is . . . | THEN your standard deduction is . . . |
|--|--|---------------------------------------|--------------------------------|--|---------------------------------------|
| Single   | 1  | 13,850                                | Head of household              | 1  | 20,000                                |
|  | 2  | 15,500                                |                                | 2  | 21,650                                |
| Married filing jointly or Qualifying widow(er) | 1  | 25,700                                |                                | 1  | 13,500                                |
|  | 2  | 27,000                                | Married filing separately      | 2  | 14,800                                |
|  | 3  | 28,300                                |                                | 3  | 16,100                                |
|  | 4  | 29,600                                |                                | 4  | 17,400                                |

\* Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.