1040	-S	R Department of the U.S. Tax	Treasury—Internal Reve	nue Sen enio	rice (99)	201	9	OMB No. 154	45-0074	IRS Use On	ly—Do not	t write	or staple in t	this space.	
Filing		Single			Marrie	d filing jointly				Married filing separately (MFS)				S)	
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.												1.11.11		
Check only one box.		ou checked the More if the qualifying							HOH o	or QW box,	, enter	the c	shild's		
Your first nan					st name							Your social security number			
Enter you	ır first	name mid	ddle initial	initial Enter your last name							000-00-0000				
If joint return, spouse fil	rst na	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						
Effet Offeet and Apartment Trumber										jointly, v	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 belov	v (300 III	istructions).	tax or re		C below will no		
Foreign coun	Foreign province/state/county Foreign pos						n postal code	If more than four dependents,							
Enter you	<u> </u>						see inst. and ✓ here ▶				· 				
Standard Deduction		neone can clai Spouse itemize						pouse as al-status a		endent					
Age/Blindness		ı: 🗌 Were boı				□ A									
		ouse: Was b		$\overline{}$											
(1) First name	I TS (Se	ee instructions) Last name	:	(2) 8	Social secu	rity number	(3) Relationship to		you	(4) (Child tax			or (see inst.) edit for other		
(1) THOLHAMO		Edot Hamo										T		<u> </u>	
				<u> </u>								+		1	
										Ц		Т		ı	
	1	Wages, salari	es, tips, etc. At	tach	Form(s	s) W-2 .	i ×					1			
Attach Schedule B if required.	2a	2a Tax-exempt interest		2a			b Taxable inter			est	. 2	2b			
	За	a Qualified dividends.		3a				b Ordinary div		dends 3t		3b			
	4a	IRA distributio	ons	4a				b Taxable	ount 4I		Ь				
	С	Pensions and	annuities .	4c				d Taxable am		unt	. 4	ld			
	5a	Social security	benefits	5a			b Taxable amo			unt	. 5	5b			
	6					required. If not required, che				ere . ►		6			
Month/Do	, 7a	a Other income from Schedule			1, line 9						. 2	7a			
IVIOTILI/Da	b	b Add lines 1, 2b, 3b, 4b, 4d, 5			5b, 6, and 7a. This is your total income						> 7	b			
	8a	Adjustments t	o income from	Sch	Schedule 1, line 2							. 8a			
Standard	b	b Subtract line 8a from line 7			o. This is your adjusted gross income						▶ 8	3b			
Deduction	9	9 Standard deduction or itemized deductions (from Schedule A) 9													
See Standard Deduction Chart below.	10	Qualified busines	ss income deducti	ction. Attach Form 8995 or Form 8995-A 10											
	11a	a Add lines 9 and 10									. 1	1a			
	b	Taxable inco	me. Subtract li	ne 1	1a from	line 8b.	If ze	ro or less,	enter	-0	. 1	1b			
Standard		dd the number					\neg)	<u> </u>	
Deduction Chart*	IF your filing status is		AND the number of boxes checked is			ur standar tion is		IF your filing status is		AND the number		r of THEN your stands			
	Single		1		, , , , , , , , , , , , , , , , , , ,	13,850		Head of		1			20,000		
			2		15	15,500		household		2			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		Jopa atory		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													
		ouse itemizes													