1040	-S	R Department of the U.S. Tax	Treasury—Internal Reve Return for S	enue Sen enio	rice (99)	201	9	OMB No. 15	45-0074	IRS Use O	nly—Do	поt writ	e or staple in	this space.	
Filing		Single									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 of													
Check only one box.									HOH c	or QW box	, ente	er the	child's		
	name if the qualifying person is a child but not your dependent. our first name and middle initial Last name										Yo	Your social security number			
					Enter your last name							000-00-0000			
spouse fir	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 offeet and Apartment Number											jointl	jointly, want \$3 to go to this fund. Checking a box below will not change you			
		nd Apartment N		liolog	ii addi co	a, also con	ipiete	apacea belot	W (300 II	isti detions).		king a b r refund.			
Foreign coun		state/county Foreign postal cod				e If more than four dependents,									
Enter you	Enter your Province State						see inst. and ✓ he			and 🗸 here	e ▶ 🗌				
Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction 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	I TS (Se	ee instructions) Last name	:	(2) Social secu		rity number	(3) Relationship to		you	(4) Child tax			for (see inst redit for othe		
(1)]	
]				
				\vdash					\rightarrow]]	
					<u> </u>					L	J				
	1	Wages, salari	es, tips, etc. At	tach	Form(s) W-2 .	i ×					1			
Attach Schedule B if required.	2a	2a Tax-exempt interest .		2a		b Taxable inte			e inter	est		2b			
	За	Qualified dividends		3a				b Ordinary div		idends 3I		3b			
	4a	IRA distribution	ons	4a				b Taxable	ount 4I						
	С	Pensions and	annuities .	4c				d Taxable amo		ount		4d			
	5a	Social security	benefits	5a				b Taxable	e amo	nount		5b			
	6					equired. If not required, check l				ere . ►		6			
Month/Do	, 7a	Other income	e 1, line 9							7a					
IVIOTILIT/Da	1y/ 1 e/ b	b Add lines 1, 2b, 3b, 4b, 4d, 5			5b, 6, and 7a. This is your total income						•	7b			
	8a	Adjustments t	o income from	edule 1	, line 22					8a					
Standard	b	b Subtract line 8a from line 7			o. This is your adjusted gross income						•	8b			
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										11a			
	b	Taxable inco	me. Subtract l	ine 1	1a from	line 8b.	If ze	ro or less,	enter	-0		11b			
Standard		dd the number					\neg							<u> </u>	
Deduction Chart*	IF your filing status is		AND the number of boxes checked is				rd IF your filing		AND the number boxes checked				THEN your deduction		
	Single		1		, , , , , , , , , , , , , , , , , , ,	13,850		Head of		1			20,0	.,	
			2		15	15,500		household		2			21,650		
	Married filing jointly		1			,700				1			13,5		
	or		2			7,000		Married filing separately		2 3			14,8		
		alifying dow(er)	3 4			3,300 3,600		Sopulatory		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													