<b>1040</b>	<b>-S</b>	Department of the U.S. Tax	Treasury—Internal Reve	nue Sen <b>enio</b>	rice (99)	201	9	OMB No. 154	5-0074	IRS Use Onl	y-Do not	write or s	staple in th	is space.	
Filing		Single			Marrie	ed filing j				/larried fili	ng sepa	g 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														
Check only one box.		ou checked the Note if the qualifying							HOH o	r QW box,	enter t	he chi	ld's		
Your first nan		ii depend	CIII. p				Your s	ocial s	ecurity	number					
					Last name Enter your last name							000-00-0000			
spouse fil	rst na	<u>.</u>	Last name spouse last name							Spouse's social security number					
			-	ox, see instructions.									ampaign		
Effet Offeet and Apartment Humber										jointly, wa	Check here if you, or your spouse if filin- 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 below	(300 111	su douons).	tax or refu		You	Change you Spouse	
Foreign coun	try nar	ne							postal code			our depe			
Enter you							eryourPostalee.insteand ✓ here ► 🗌				<b>▶</b> □				
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 bo				□ A									
		ouse:  Was I		$\overline{}$											
(1) First name	i <b>ts</b> (Se	ee instructions)  Last name	:	(2) Social secu		rity number	(3) Relationship to you		you	(4) • Child tax o	∕ if qualifi :redit			: dependent:	
(1)											509/2004/50°4/55 Eux				
				₩					$\rightarrow$			-	무		
										Ц		Н-			
Attach Schedule B if required.	1	Wages, salari	es, tips, etc. At	tach	Form(s	Form(s) W-2 .						Ц_			
	2a	2a Tax-exempt interest .		2a				<b>b</b> Taxable inte		est	. 2	b			
	3a	Ba Qualified dividends		3a				<b>b</b> Ordinary div		idends 3t		b 📗			
	4a	IRA distribution	ons	4a				<b>b</b> Taxable amo		3/10/34/19/54/19/55/54/19/55/54/19/55/55/55/55/55/55/55/55/55/55/55/55/55		ь			
	C	Pensions and	annuities .	4c								d			
	5a	Social security	benefits	5a				<b>b</b> Taxable amo		ount		b			
	6					equired. If not required, check h				re . <b>&gt;</b>	_ <b>_</b> 6	3			
Month/Do	, <b>7a</b>	(a Other income from Schedule			1, line 9						. 7	a			
IVIOTILI/Da	iy/ i e/ <b>b</b>	<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, \$			5b, 6, and 7a. This is your <b>total income</b>						<b>&gt;</b> 7	ь			
	8a	Adjustments	to income from	Sch	Schedule 1, line 2							8a			
Standard	b	Subtract line	8a from line 7b	ine 7b. This is your <b>adjusted gross income</b>					ne <sub>.</sub> .		▶ 8	b			
<b>Deduction</b>	9	9 Standard deduction or itemized deductions (from Schedule A) 9													
See Standard Deduction Chart below.	10	Qualified busines	ss income deducti	duction. Attach Form 8995 or Form 8995-A 10											
	11a	la Add lines 9 and 10									. 11	a			
	b	Taxable inco	me. Subtract li	ne 1	1a from	line 8b.	If ze	ro or less,	enter	-0	. 11	b			
Standard	<u>Ac</u>	dd the number					$\neg$						<u> Þ</u>		
Deduction Chart*	IF your filing status is		AND the number of boxes checked is			ur standan tion is		IF your filing status is		AND the number of boxes checked is.		THEN your standard deduction is			
	Single		1	1		13,850		Head of		1			20,00	0	
			2			,500	hou	ousehold		2			21,65		
	Married filing jointly		1			,700				1			13,50		
	or		2 3			7,000 3 300		Married filing separately		2 3			14,80		
		alifying dow(er)	4		28,300 29,600					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 ali	en. İn	stead, se	e instru	ıction	s.		