1040)-S	R Department of the U.S. Tax	Treasury—Internal Reve	nue Sen enio	vice (99)	201	9	OMB No. 154	15-0074	IRS Use Onl	y—Do not	write or sta	aple in this	s space.	
Filing		Single			Marrie	ed filing j				Married fili	ng 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 More if the qualifying							нон о	r QW box,	enter t	he chilo	ľS		
Your first nan			g person is a cili	ame	a dependent.					Your social security numb					
					Enter your last name							000-00-0000			
spouse fi	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.	ential Elec				
Enter Otreet and Apartment Number										jointly, wa	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change you				
		nd Apartment N		lioleig	iii addi co	s, also con	ipiete	apacea belov	v (366 III	istructions).	tax or refu		You	Change you Spouse	
Foreign coun	Fo	Foreign province/state/county Foreign					n postal code	If more	than fo	ur depe	ndents,				
										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													
(1) First name	ITS (Se	ee instructions) Last name	:	(2) Social secui		rity number	(3) Relationship to		you	(4) • Child tax o		es for (sed Credit for		ependent	
(1) THOLHAMO		Edot Harrio										T			
				_									무		
												Ц			
	1	Wages, salari	es, tips, etc. At	tach Form(s) W-2 .	i ×								
Attach Schedule B if required.	2a	Tax-exempt in	nterest	erest 2a				b Taxable inte		est	. 2	b			
	3a	Qualified divid	dends	3a				b Ordinary divid		dends .	. 3	b			
	4a	IRA distribution	ons	4a				b Taxable amo		ount 4		b			
	С	Pensions and	annuities .	4c				d Taxable am		unt	. 4	d			
	5a	Social security	benefits	5a				b Taxable am		ount		b			
	6					required. If not required, che				ere . ►	_ <u>_</u> _е	3			
Month/Do	, 7a	a Other income from Schedule			e 1, line 9						. 7	а			
IVIOTILI/Da	b	b Add lines 1, 2b, 3b, 4b, 4			I, 5b, 6, and 7a. This is your total income						▶ 7	ь			
	8a	Adjustments t	o income from	Sch	Schedule 1, line 22							8a			
Standard	b	Subtract line	8a from line 7b	ine 7b. This is your adjusted gross income					me _, .		▶ 8	b			
Deduction	9	Standard deduction or itemized deductions (from Schedule A) 9								_					
See Standard Deduction Chart below.	10	Qualified busines	ss income deducti	uction. Attach Form 8995 or Form 8995-A 10											
	11a	Add lines 9 and 10							. 11	la					
	b	Taxable inco	me. Subtract li	ne 1	1a from	line 8b.	If ze	ro or less,	enter	-0	. 11	b			
Standard		dd the number					\neg						. ▶		
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		r of THEN your sta s deduction is			
	Single		1		13	13,850		Head of		1			20,000)	
			2		The state of the s	15,500		household		2			21,650		
	Married filing jointly		1			,700		Manual of CD		1			13,500		
	or		2 3			,000		Married filing separately		2 3			14,800 16,100		
	Qualifying widow(er)		4			28,300 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													
	sp	ouse itemizes	on a separate	returr	n, or yo	u were a	dua	l-status ali	en. In:	stead, see	e instru	ıctions	r.		