<b>1040</b>	<b>)-S</b>	Department of the U.S. Tax	Treasury—Internal Reve Return for S	enue Sen <b>enio</b>	vice (99)	201	9	OMB No. 15	45-0074	IRS Use O	nly—Do	not wri	te or staple ir	ı this space.
Filing		Single			Marrie					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													
Check only one box.									HOH o	r QW box	t, ente	er the	child's	
Your first nan		e if the qualifying person is a child but not your dependent.   Mathematical Last name							Your social security number					
Enter you	ır first	st name middle 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.														Campaign spouse if filin
										joint	jointly, want \$3 to go to this fund. Checking a box below will not change you			
		nd Apartment N		liolog	iii addi co	3, 8130 0011	ipiete	apacea belot	W (300 III	isti dotions).		cking a b or refund		
Foreign coun								postal code If more than fo			pendents,			
Enter you	Enter your Province State						see inst. 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	<b>ITS</b> (Se	ee instructions) Last name	:	(2) Social secui		rity number	(3) Relationship to		you	(4) Child tax			for (see ins credit for othe	t.): er dependents
(1)														]
														]
				+							]	_		<u>]                                    </u>
											<u> </u>		<u>L</u>	
	<b>_1</b>	Wages, salari	es, tips, etc. At	tach	Form(s	) W-2 .	i s	* • •				1		
Attach Schedule B if required.	2a	2a Tax-exempt interest		2a				<b>b</b> Taxable	e inter	est <b>2</b> b		2b		
	_3a	<b>Ba</b> Qualified dividends		3a				<b>b</b> Ordinary div		idends 3l		3b		
	4a	IRA distributio	ons	4a				<b>b</b> Taxable amo		ount <b>4</b>		4b		
	С	Pensions and	annuities .	4c				d Taxable amo				4d		
	5a	Social security	benefits	5a								5b		
	6					equired. If not required, check h				ere . ►		6		
Month/Do	, <b>7a</b>	(a Other income from Schedule			1, line 9							7a		
WOTH / De	<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>	7b		
	8a	Adjustments t	o income from Schedule 1, line 22			, line 22						8a		
Standard	b	<b>b</b> Subtract line 8a from line 7b			o. This is your <b>adjusted gross income</b>						<b>&gt;</b>	8b		
Deduction See Standard Deduction Chart below.	9	Standard ded	uction or itemiz	zed de	eductio	ns (from	Sche	dule A)	9					
	10	Qualified busines	ss income deducti	on. Attach Form 8995 or Form 8995-A 10										
	11a	a Add lines 9 and 10								11a				
	b	Taxable inco	<b>me.</b> Subtract I	ine 1	1a from	line 8b.	If ze	ro or less,	enter	-0		11b		
Standard		dd the number					$\neg$							<b>&gt;</b>
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 stand		
	200		1		13	13,850		Head of		1			20,0	000
	Single		2			,500	ho	household		2			21,6	350
	Married filing jointly		1			5,700				1			13,	
	or		2 3			7,000 3 300		Married filing separately		2 3			14,8	
		alifying dow(er)	4		28,300 29,600			2000.000,		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 al	ien. In	stead, se	e ins	struc	tions.	