|   |  | of the Treasury—Internal Revention  dividual Income               |             |                            | (99)<br><b>'n</b>   | 20        | <b>18</b>               | OMB No.      | 1545-007  | 4 IR                                  | S Use O  | nly—Do   | not wri  | te or s   | taple | in th  | is spa | ace.  |
|---|--|---|-------------|----------------------------|---------------------|-----------|-------------------------|--------------|---|---------------------------------------|----------|--|--|---|-------|--------|--------|-------|
| Filing status: [  | Single   | Married filing jointly  | Marri       | ied filing s               | separa              | tely      | Head of                 | household    | Quali   | ifying v                              | vidow(e  | er)  |  |   |       |        |        |       |
| Your first name an  | L  | Last name   |             |                            |                     |           |                         |              | You   | Your social security number           |          |  |  |   |       |        |        |       |
| Fake R  |  |   |             | Human                      |                     |           |                         |              |   |                                       | 1        | 2 3  | 4  | 5   | 6     | 7 8    | 9      |       |
| Your standard dec   | duction:   | Someone can claim yo  | u as a de   | pendent                    |                     | You were  | born be                 | fore Januar  | y 2, 1954   |                                       | You      | are blin   | d  |   |       |        |        |       |
| If joint return, spou   | L  | Last name   |             |                            |                     |           |                         |              | Spo   | Spouse's social security number       |          |  |  |   |       |        |        |       |
| Spouse standard de  | =  | Someone can claim your Spouse itemizes on a sepa                  |             |                            |                     |           |                         | as born befo | re January  | y 2, 19                               | 54       |  | Full-ye  |   |       |        | COV    | erage |
| Home address (number and street). If you have a P.O. box, see instructions.  Apt. no.  Apt. no. |  |   |             |                            |                     |           |                         |              | Presidential Election Campaign (see inst.) You Spouse |                                       |          |  |  | •   |       |        |        |       |
| City, town or post Fake City, 12345   |  | , and ZIP code. If you have                                       | e a foreigr | n address                  | s, atta             | ch Schedu | le 6.                   |              |   |                                       |          |  | nore the   |   |       |        |        | ts,   |
| Dependents (see instructions): (1) First name Last name   |  |   |             | (2) Social security number |                     |           | (3) Relationship to you |              |   | (4) ✓ if qualifie<br>Child tax credit |          |  |  | s for (see inst.):<br>Credit for other dependents |       |        |        |       |
|   |  |   |             |                            |                     |           |                         |              |   |                                       |          |  |  |   |       |        |        |       |
|   |  |   |             |                            |                     |           |                         |              |   |                                       |          |  |  |   |       |        |        |       |
|   |  |   |             |                            |                     |           |                         |              |   |                                       |          |  |  |   |       |        |        |       |
|   |  |   |             |                            |                     |           |                         |              |   |                                       |          |  |  |   |       |        |        |       |
|   |  | of perjury, I declare that I have nplete. Declaration of preparer |             |                            |                     |           |                         |              |   |                                       |          | ,  |  | ĺ   | ,     |        | Ť      |       |
|   | Your sign  | ature   |             |                            | Date                |           | Your occupation         |              |   |                                       |          |  | If the IRS sent you an Identity Protection PIN. enter it |   |       |        |        |       |
| Joint return?<br>See instructions.  |  |   |             |                            |                     |           |                         |              |   |                                       |          |  | here (see inst.)   |   |       |        |        |       |
| Keep a copy for your records.   | Spouse's signature. If a joint return, <b>both</b> must sign |   |             |                            | Date Spouse's occup |           |                         |              | 1   |                                       |          | If the IRS sent you an Identity Prote<br>PIN, enter it<br>here (see inst.) |  |   |       | ection |        |       |
| Daid  | Preparer'  | s name  | Prepare     | arer's signature           |                     |           |                         |              | PTIN  | PTIN Firm                             |          |  | rm's EIN Check if:  3rd Party Designee                   |   |       |        |        |       |
| Paid  |  |   |             |                            |                     |           |                         |              |   |                                       |          |  |  |   |       |        | ignee  |       |
| Preparer  | Firm's na  | Firm's name ▶ Phone no  |             |                            |                     |           |                         |              |   | 10.                                   | ).<br>O. |  |  | Self-employed                                     |       |        |        |       |
| Use Only  | Firm's ad  | dress ►   |             |                            |                     |           |                         |              |   |                                       |          |  |  |   |       |        |        |       |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2018)

Cat. No. 11320B

| Form 1040 (2018)   |                                |  |         |                                 |            |   |        |      | Page 2 |  |  |  |  |  |  |  |  |
|--|--------------------------------|--|---------|---------------------------------|------------|---|--------|------|--------|--|--|--|--|--|--|--|--|
| Attach Form(s)<br>W-2. Also attach<br>Form(s) W-2G and<br>1099-R if tax was<br>withheld.                             | 1                              | Wages, salaries, tips, etc. Attach F         | orm(s)  | W-2                             |            |   | 1      | 32   | 14765  |  |  |  |  |  |  |  |  |
|  | 2a                             | Tax-exempt interest                          | 2a      | 43214324                        | b T        | axable interest   | 2k     | 2    | 4324   |  |  |  |  |  |  |  |  |
|  | За                             | Qualified dividends                          | За      | 432                             | <b>b</b> C | Ordinary dividends  | 3k     | 432  | 14213  |  |  |  |  |  |  |  |  |
|  | 4a                             | IRAs, pensions, and annuities .              | 4a      | 2                               | b T        | axable amount   | 41:    | 2    |        |  |  |  |  |  |  |  |  |
|  | 5a                             | Social security benefits                     | 5a      | 4321                            | b T        | axable amount   | 5k     | 43:  | 21412  |  |  |  |  |  |  |  |  |
|  | 6                              | Total income. Add lines 1 through 5. Add     | 6       | 432                             | 14231      |   |        |      |        |  |  |  |  |  |  |  |  |
|  | 7                              | Adjusted gross income. If you ha             | · 1     | 1/13                            | 21432      |   |        |      |        |  |  |  |  |  |  |  |  |
| Standard<br>Deduction for—   | _                              | subtract Schedule 1, line 36, from           | 7       |                                 | 3242       |   |        |      |        |  |  |  |  |  |  |  |  |
| Single or married  | 9                              | Standard deduction or itemized de            |         |                                 | 324        |   |        |      |        |  |  |  |  |  |  |  |  |
| filing separately,<br>\$12,000<br>• Married filing   | 1                              | Qualified business income deducti            | _       |                                 | 5546       |   |        |      |        |  |  |  |  |  |  |  |  |
|  | 10                             | Taxable income. Subtract lines 8 a           | 10      | )                               | 3340       |   |        |      |        |  |  |  |  |  |  |  |  |
| jointly or Qualifying widow(er),   | 11                             | a Tax (see inst.) (check                     | ٦ .     |                                 | 7575       |   |        |      |        |  |  |  |  |  |  |  |  |
| \$24,000   | 40                             | <b>b Add</b> any amount from Schedule        |         |                                 | 56756      |   |        |      |        |  |  |  |  |  |  |  |  |
| Head of<br>household,<br>\$18,000     If you checked<br>any box under<br>Standard<br>deduction,<br>see instructions. | 12                             | a Child tax credit/credit for other depend   |         |                                 | 75676      |   |        |      |        |  |  |  |  |  |  |  |  |
|  | 13                             | Subtract line 12 from line 11. If zer        |         |                                 | 67567      |   |        |      |        |  |  |  |  |  |  |  |  |
|  | 14                             | Other taxes. Attach Schedule 4.              |         | •                               | 7657       |   |        |      |        |  |  |  |  |  |  |  |  |
|  | 15                             | Total tax. Add lines 13 and 14 .             |         |                                 | 765        |   |        |      |        |  |  |  |  |  |  |  |  |
|  | 16                             | Federal income tax withheld from I           |         |                                 |            |   |        | 3    | 700    |  |  |  |  |  |  |  |  |
|  | 17                             | Refundable credits: <b>a</b> EIC (see inst.) |         |                                 |            |   | -   17 |      | 0000   |  |  |  |  |  |  |  |  |
|  | Add any amount from Schedule 5 |  |         |                                 |            |   |        |      | 8980   |  |  |  |  |  |  |  |  |
|  | 18                             | Add lines 16 and 17. These are you           |         | _                               | 76575      |   |        |      |        |  |  |  |  |  |  |  |  |
| Refund Direct deposit? See instructions.   | 19                             | If line 18 is more than line 15, subt        |         |                                 | •          | · -   | _ 19   | ) 54 | 43534  |  |  |  |  |  |  |  |  |
|  | 20a                            | Amount of line 19 you want refund            | 20      | a                               |            |   |        |      |        |  |  |  |  |  |  |  |  |
|  | <b>▶</b> b                     | Routing number 1 1 1                         |         |                                 |            |   |        |      |        |  |  |  |  |  |  |  |  |
|  | ► d                            | Account number 0 0 0                         | 0       | 0 0 0 0 0 0 0                   | 0 0        | 0 0 0 0   |        |      |        |  |  |  |  |  |  |  |  |
|  | 21                             | Amount of line 19 you want applied           | o your  | 2019 estimated tax ▶            | 21         |   |        |      |        |  |  |  |  |  |  |  |  |
| Amount You Owe   | 22                             | Amount you owe. Subtract line 18             | from I  | ine 15. For details on how to p | ay, see i  | instructions I  | 22     | 2    | 21312  |  |  |  |  |  |  |  |  |
|  | 23                             | Estimated tax penalty (see instruct          | ions) . |                                 | 23         |   |        |      |        |  |  |  |  |  |  |  |  |
| Go to www.irs.go   | v/Forn                         | n1040 for instructions and the latest        | informa | ation.                          |            | Go to www.irs.gov/Form1040 for instructions and the latest information.  Form 1040 (2018) |        |      |        |  |  |  |  |  |  |  |  |