

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial NOOR A		Last name OMAR		Your social security number 736 22 4268			
If joint return, spouse's first name and middle initial SOPHIA M		Last name HUSSEIN		Spouse's social security number 195 73 6943			
Home address (number and street). If you have a P.O. box, see instructions. 3523 SEPTEMBER DR				Apt. no. 6			
City, town, or post office. If you have a foreign address, also complete spaces below. CAMP HILL			State PA		ZIP code 17011		
Foreign country name		Foreign province/state/county		Foreign postal code		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name Last name				Child tax credit	Credit for other dependents
MAIDA N ABDI		755 65 0701	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HAMZA N ABDI		640 51 8623	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MOHAMED N ABDI		649 84 4640	SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HANNA N ABDI		206 13 3582	DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	845.
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
	5a	Pensions and annuities	5b	
	6a	Social security benefits	6b	
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction , see instructions.	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	0.
	8	Other income from Schedule 1, line 9	8	44,109.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	44,954.
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	880.
	b	Charitable contributions if you take the standard deduction. See instructions	10b	0.
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	880.
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	44,074.
	12	Standard deduction or itemized deductions (from Schedule A)	12	24,800.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	2,315.
14	Add lines 12 and 13	14	27,115.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	16,959.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	1,698.
17	Amount from Schedule 2, line 3	17	0.
18	Add lines 16 and 17	18	1,698.
19	Child tax credit or credit for other dependents	19	1,698.
20	Amount from Schedule 3, line 7	20	0.
21	Add lines 19 and 20	21	1,698.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	1,760.
24	Add lines 22 and 23. This is your total tax	24	1,760.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	20.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	20.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	2,689.
28	Additional child tax credit. Attach Schedule 8812	28	5,600.
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	8,289.
33	Add lines 25d, 26, and 32. These are your total payments	33	8,309.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,549.
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	6,549.
Direct deposit? See instructions.	b Routing number 031302955 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 9878760652		
	36 Amount of line 34 you want applied to your 2021 estimated tax	36	
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now	37	0.
For details on how to pay, see instructions.	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
	38 Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes**. Complete below. ☒ **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return?
See instructions.
Keep a copy for
your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
SAMUEL OLANIRAN			P00104237	
Firm's name	Firm's address			Phone no.
NUMBERS PRINCIPLE CPA INC	5150 LEWIS AVE TOLEDO, OH 43612			419-322-8309
				Firm's EIN
				47-4327608

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2020)