## **Federal Electronic Filing Instructions**

Tax Year 2020

You are responsible for confirming the status of your electronically filed return. You can confirm the status of your return by going to <a href="ef-ef-le-center">/ef/efile-center</a>. You will need to enter the primary social security number and last name on the return along with your ZIP code.

**Self Select PIN:** You do not need to mail any paper signature forms to the IRS. Your return has been successfully filed once you receive your acceptance from the IRS.

#### Refund:

You have elected to receive your refund of \$650 via direct deposit.

You can start checking the status of your refund within 24 hours of e-filing at the IRS website <a href="https://www.irs.gov/Refunds">https://www.irs.gov/Refunds</a> under Where's My Refund. The IRS issues most refunds in less than 21 days. Updates to refund status are made once daily - usually at night.

Department of the Treasury-Internal Revenue Service (99)
U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

IRS Use Only – Do not write or staple in

L 1 O T		.S. IIIu	iviuuai	IIICOIIIE	Iax	Retuin		- •	OMB NO	). 1545-0	0/4	IRS Use Only -	– Do not write	or staple in	this space.
Filing Status	ΧS	Single	Married fill	ing jointly	Mar	ried filing sepa	rately (MFS)	H	lead of hou	sehold (I	HOH)	Qualifyi	ng widow(e	r) (QW)	
Check only	If you	u 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													
one box.			ur depender	nt 🕨											
Your first name	and mi	ddle initial				Last name							Your socia	•	
JINCHAI					$\overline{}$	HUANG								<u>-88-2</u>	
If joint return, sp	pouse's	first name	and middle	initial		Last name							Spouse's	social secu	irity numbe
Home address	(numbe	r and stree	t). If you hav	e a P.O. box	, see in	structions.					Ap	t. no.	Presidenti	al Election	Campaign
CangSha	n L	aiyin	Cheng	Bld.	15							301			our spouse
City, town, or po	ost offic	e. If you ha	ve a foreign	address, als	o comp	lete spaces be	elow.	St	ate	Z	IP cod	e			to go to this
Fuzhou													fund. Checl	king a box b	pelow will
Foreign country	/ name					Foreign	province/state	/coun	ity	F	oreign	postal code	not change	your tax or	refund.
		Chi	na			Fuji	an			3	500	07		You	Spouse
At any time dur	ing 202	0, did you r	eceive, sell,	send, excha	nge, or	otherwise acq	uire any financ	ial inte	erest in any	virtual c	urrency	?		Yes	X No
Standard	Son	omeone can claim: You as a dependent Your spouse as a dependent													
Deduction		Spouse it	emizes on a	separate re	turn or y	ou were a dua	ıl-status alien								
Age/Blindness	Yo	ou: 🔲 w	ere born be	fore January	2, 1956	6 A	re blind	Spo	use:	Was bor	n befor	e January 2,	1956	ls bl	lind
Dependents (	(see ins	structions)	:				(2) Social se		, , ,	lationship	>	(4) Check if	qualifies for	(see instru	uctions):
f more	<b>(1)</b> F	irst name		Last name			numbe	ſ	t	o you		Child tax cre	credit Credit for other dependents		
han four															
dependents, see instructions															
and check															
nere 🕨 🗌															
Attach	_1_	Wages,	salaries, tips	, etc. Attach	Form(s	s) W-2			47.1				. 1		
Sch. B if	2a	Tax-exer	npt interest			2a			<b>b</b> Taxable i	nterest			. 2b		
required.	3a	Qualified	dividends			3a		_   '	<b>b</b> Ordinary	dividends	S		. 3b		
	4a	IRA distr	butions			4a		_   '	<b>b</b> Taxable amount			. 4b			
Standard	5a	Pensions	and annuiti	es		5a		_  '	<b>b</b> Taxable a	amount			. 5b		
Deduction for -	6a	Social se	curity benef	its		6a		'	<b>b</b> Taxable a	amount			. 6b		
<ul> <li>Single or married filing separately,</li> </ul>	7	Capital g	ain or (loss)	. Attach Sch	edule D	if required. If	not required, cl	neck h	nere			▶ [			
\$12,400 Married filing	8	Other income from Schedule 1, line 9						. 8		3,135.					
jointly or Qualifying	9	Add lines	1, 2b, 3b, 4	b, 5b, 6b, 7,	and 8.	This is your to	tal income .						▶ 9	8	3,135.
widow(er), \$24,800	10	Adjustments to income:													
<ul><li>Head of</li></ul>	а	From Schedule 1, line 22							57	5.					
household, \$18,650	b	Charitab	e contributio	ons if you tak	e the st	andard deduct	ion. See instru	ctions	8	. 10b					
If you checked any box under Standard Deduction, see instructions.	С	Add lines	10a and 10	b. These are	your <b>t</b>	otal adjustme	nts to income						▶ 10c		<u>575.</u>
	11	Subtract	line 10c fron	n line 9. This	is you	adjusted gro	ss income .						▶ 11		,560.
	12	Standard	d deduction	or itemized	deduc	ctions (from S	chedule A) .						. 12	12	2,400.
	13	Qualified	business in	come deduc	tion. At	tach Form 899	5 or Form 899	5-A .					. 13		
	14	Add lines	12 and 13										. 14	12	2,400.
	15	Taxable	income. Su	btract line 14	4 from I	ine 11. If zero	or less, enter -	0					. 15		0.

Form 1040 (202	20) <b>J</b>	INCHAI HUANG					113-	-88-28	<b>75</b> Page <b>2</b>	
	16	Tax (see instructions). Check if	any from Form(s):	<b>1</b> 8814	<b>2</b> 4972 <b>3</b>			. 16	0.	
	17	Amount from Schedule 2, line 3	3					. 17		
	18	Add lines 16 and 17						. 18	0.	
	19	Child tax credit or credit for oth	ner dependents .					. 19		
	20	Amount from Schedule 3, line 7						. 20		
	21	Add lines 19 and 20						. 21	0.	
	22	Subtract line 21 from line 18. If	zero or less, enter -	0				. 22	0.	
	23	Other taxes, including self-emp	loyment tax, from So	chedule 2, line 10				. 23	1,150.	
	24	Add lines 22 and 23. This is you	ır total tax					▶ 24	1,150.	
	25	Federal income tax withheld fro								
	а	Form(s) W-2				25a				
	b	Form(s) 1099				25b				
	С	Other forms (see instructions)				25c				
	d	Add lines 25a through 25c						. 25d		
If you have a	26	2020 estimated tax payments a						. 26		
qualifying child,		Earned income credit (EIC)				1 1				
attach Sch. EIC.  If you have	28	Additional child tax credit. Attac								
nontaxable	29	American opportunity credit from	n Form 8863. line 8							
combat pay, see instructions	1	Recovery rebate credit. See ins					1,800	).		
	31	Amount from Schedule 3, line 1						-		
	32	Add lines 27 through 31. These are your total other payments and refundable credits.						▶ 32	1,800.	
	33	Add lines 25d, 26, and 32. Thes	•						1,800.	
-	34	If line 33 is more than line 24, s						. 34	650.	
Refund	35a	Amount of line 34 you want refu						35a	650.	
	<b>▶</b> b	Routing number 02100	-	▶ c Ty		ecking	Savings			
Direct deposit? See instructions.	▶d	Account number 000001		7	5					
	36	Amount of line 34 you want app				36				
Amount	37	Subtract line 33 from line 24. TI						▶ 37	0.	
You Owe		Note: Schedule H and Schedu	-							
For details on		See Schedule 3, line 12e, and in			an or the taxee yes	000 101 2020	,.			
how to pay, see instructions.	38	Estimated tax penalty (see instr	uctions)			38				
<b>Third Party</b>	Do	you want to allow another persor				-				
Designee		e instructions				[	Yes. Comp	olete below.	No	
J	Do	oignoo'o		Phone		Dor	sonal identifica	tion	<u> </u>	
		signee's me ▶		no.			nber (PIN)	IIIOH		
Sign	Under p	enalties of perjury, I declare that I have	e examined this return	and accompanying s	chedules and stateme	ents, and to the	best of my know	ledge and beli	ief, they are true,	
	correct,	and complete. Declaration of preparer	(other than taxpayer) i	s based on all inform	ation of which prepare	er has any knov	vledge.			
	Yo	our signature		Date	Your occupation				ou an Identity Protection	
Joint return? See instructions.	Spouse's signature. If a joint return, <b>both</b> must sign.			House Cleaning			PIN, enter it here (see inst.) ▶		е	
Keep a copy for				Date Spouse's occupation				If the IRS sent your spouse an Identity		
your records.								Protection PIN, see inst.) ▶	enter it here	
	— Pi	none no. (866)594-1	081	Email address	1			, .		
Paid		eparer's name	Preparer's signate			Date	PTIN		Check if:	
Preparer									Self-employed	
Use Only	Fi	rm's name ▶	1			1	Phor	e no.	· · · · ·	
USE Office	_	rm's address ▶						m's EIN ▶		
							1		4040	

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2020)

#### **SCHEDULE 1** (Form 1040)

## **Additional Income and Adjustments to Income**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR				Your social security number		
JINC	HAI HUANG	113	-88-2	875		
Part I	Additional Income					
1	Taxable refunds, credits, or offsets of state and local income taxes	1				
2a	Alimony received	2a				
b	Date of original divorce or separation agreement (see instructions)					
3	Business income or (loss). Attach Schedule C	3		8,135.		
4	Other gains or (losses). Attach Form 4797	4				
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5				
6	Farm income or (loss). Attach Schedule F	6				
7	Unemployment compensation	7				
8	Other income. List type and amount					
		8				
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9		8,135.		
Part I	Adjustments to Income			•		
10	Educator expenses	10				
11	Certain business expenses of reservists, performing artists, and fee-basis					
	government officials. Attach Form 2106	11				
12	Health savings account deduction. Attach Form 8889	12				
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	V 7			
14	Deductible part of self-employment tax. Attach Schedule SE			575.		
15	Self-employed SEP, SIMPLE, and qualified plans	15				
16	Self-employed health insurance deduction	16				
17	Penalty on early withdrawal of savings	17				
18a	Alimony paid	-				
b	Recipient's SSN					
С	Date of original divorce or separation agreement (see instructions)					
19	IRA deduction	19				
20	Student loan interest deduction	20				
21	Tuition and fees deduction. Attach Form 8917	_				
22	Add lines 10 through 21. These are your adjustments to income. Enter here and					
	on Form 1040, 1040-SR, or 1040-NR, line 10a	22		575.		
		•		4040\ 0000		

#### **SCHEDULE 2**

(Form 1040)

**Additional Taxes** 

OMB No. 1545-0074

Schedule 2 (Form 1040) 2020

Attachment Sequence No. 02

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see your tax return instructions.

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) :	shown on Form 1040, 1040-SR, or 1040-NR	You	r social security number
JINC:	HAI HUANG	113	-88-2875
Part I	Tax		
1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17		0.
Part II	Other Taxes		
4	Self-employment tax. Attach Schedule SE	4	1,150.
5	Unreported social security and Medicare tax from Form: <b>a</b> 4137 <b>b</b> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach		
	Form 5329 if required	6	
	Household employment taxes. Attach Schedule H		
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a Form 8959 b Form 8960		
	c Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A 9		
	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or		
	or 1040-SR, line 23, or Form 1040-NR, line 23b	10	1,150.

# SCHEDULE C (Form 1040)

Name of proprietor

### **Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleC for instructions and the latest information. ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Attachment Sequence No. **09** Social security number (SSN)

JIN	ICHAI HUANG					11	<u>3-88-2875</u>
	Principal business or profession, i	• .	,	•			ode from instructions
	ing House Chore S			Clearning	Service		11490
	Business name. If no separate bus		eave blank.			D Employ	ver ID number (EIN) (see instr.)
	ing House Chore S			lb a = - ' '	- Ob	205	
E	Business address (including suite						
	City, town or post office, state, and	-			, 350007, Chi	па	
•	• • • • • • • • • • • • • • • • • • • •		2) Accrual		er (specify)   " see instructions for limit."	on less:	▼v <sub></sub> □
	Did you "materially participate" in t						
	If you started or acquired this busing Did you make any payments in 202						
	If "Yes," did you or will you file requ						_ = =
Par	t I Income	unou i Uilli(S)	1000:	<u> </u>		<u></u>	
1	Gross receipts or sales. See instru	uctions for line	1 and check th	ne box if this income	was reported to you on	$\top$	
٠	Form W-2 and the "Statutory empl					]   1	9,421.
2	Returns and allowances				<del></del>		- ,·
3	Subtract line 2 from line 1						9,421.
4	Cost of goods sold (from line 42) .					. 4	, ==•
	Gross profit. Subtract line 4 from						9,421.
	Other income, including federal an						
7	Gross income. Add lines 5 and 6	6			<i></i>	▶ 7	9,421.
Par				se of your home	e only on line 30.		
	Advertising	8			expense (see instructions)		
	Car and truck expenses (see			I	on and profit-sharing plans	. 19	
	instructions)	9			or lease (see instructions):		
10	Commissions and fees	10			s, machinery, and equipment	. 20a	
11	Contract labor (see instructions)	11			business property		
	Depletion	12			rs and maintenance		
13	Depreciation and section 179			1	es (not included in Part III) .		787.
	expense deduction (not included				and licenses	. 23	
	in Part III) (see instructions)	13			and meals:		
	Employee benefit programs			I		. 24a	
	(other than on line 19)	14			tible meals (see		
	Insurance (other than health)	15			ctions)		400
	Interest (see instructions):	160			S		499.
	Mortgage (paid to banks, etc.)	16a		<del></del>	s (less employment credits)		
	Other	16b			expenses (from line 48)		
	Legal and professional services  Total expenses before expenses		ISA of home ^		ved for future use		1,286.
	<b>Total expenses</b> before expenses Tentative profit or (loss). Subtract			-			8,135.
	Expenses for business use of you					- 23	0,133.
	unless using the simplified method						
	Simplified method filers only:			of (a) your home			
	and (b) the part of your home used			` ' '	the Simplified Method	-	
	Worksheet in the instructions to fig					. 30	
	Net profit or (loss). Subtract line						
	<ul> <li>If a profit, enter on both Schedu</li> </ul>			on Schedule SE. I	ine 2. (If you checked 🔍		
	the box on line 1, see instructions)	•	•		` '	31	8,135.
	• If a loss, you <b>must</b> go to line 32			,	ſ		- ,
	If you have a loss, check the box the		your investmen	t in this activity. See	instructions.		
	• If you checked 32a, enter the los			•		32a	All investment is at risk.
	line 2. (If you checked the box on	line 1, see the	line 31 instruct	tions). Estates and t	rusts, enter on	32b	Some investment is not
	Form 1041, line 3.				J		at risk.
	• If you checked 32b, you must a	attach Form 6	198. Your loss	may be limited.			

#### **SCHEDULE SE** (Form 1040)

#### Self-Employment Tax

Department of the Treasury

▶ Go to www.irs.gov/ScheduleSE for instructions and the latest information. ▶ Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Social security number of person with self-employment income ▶ 113-88-2875 JINCHAI HUANG Part I Self-Employment Tax Note: If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income. If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I....... Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions. 1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), 1a **b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH . . . . . . . . . . 1b Skip line 2 if you use the nonfarm optional method in Part II. See instructions. 2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a 8,135. 8,135. 3 4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3. 4a 7,513. Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. **b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . . . . . . 4b **c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income, enter -0- and continue 7,513. 5a Enter your church employee income from Form W-2. See instructions for 5b 6 Maximum amount of combined wages and self-employment earnings subject to social security tax 137,700 7 8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 **b** Unreported tips subject to social security tax from Form 4137, line 10. . . . . c Wages subject to social security tax from Form 8919, line 10 . . . . . . . . . 8d 137,700. Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . . . . . . 9 9 10 932. 10 218. 11 11 12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4 1,150. Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1** 575. Part II Optional Methods To Figure Net Earnings (see instructions) Farm Optional Method. You may use this method only if (a) your gross farm income wasn't more than \$8,460, **or (b)** your net farm profits<sup>2</sup> were less than \$6,107. 14 5,640 Enter the **smaller** of: two-thirds (2/3) of gross farm income<sup>1</sup> (not less than zero) **or** \$5,640. Also, 15 Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits<sup>3</sup> were less than \$6,107 and also less than 72.189% of your gross nonfarm income,4 and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times. 16 16 17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income 4 (not less than zero) or the amount

on line 16. Also, include this amount on line 4b above . . . . . . . . . . . . .

<sup>&</sup>lt;sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<sup>&</sup>lt;sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount you would have entered on line 1b had you not used the optional method.

<sup>&</sup>lt;sup>3</sup> From Sch. C. line 31: and Sch. K-1 (Form 1065), box 14, code A.

<sup>&</sup>lt;sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.