Filing Status		Single X Married filing jointly [1]										
Check only one box.		checked the MFS box, entier the name of but not your dependent.	of your soo	use. If you ofenied	the HOH	or QW	box, enter	the child's rame if t	he qualifyin	g person is		
Your first name	Your first name and middle initial								Your social security number			
Tinh V Vu										803-42-4005		
If joint return, spouse's first name and middle initial Last name				ame						Spouse's social security number		
Vui T Pham				n						795-52-8876		
	(numbe	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	Presidenti	al Election Campaign		
9911 Ma	ris	a Alexis Dr							Check here	e if you, or your spouse		
		e. If you have a foreign address, also co	omplete sp	aces below.	pelow. State Z			ZIP code	if filing join	filing jointly, want \$3 to go to this		
Houston					TX 7			,,,,,		nd. Checking a box below will		
Foreign country				Foreign province/sta	gn province/state/county Fo			oreign postal code	not change			
										X You X Spouse		
At any time dur	ing 202	0, did you receive, sell, send, exchange	, or otherw	ise acquire any fina	ncial inter	est in a	any virtual c	currency?		Yes X No		
Standard	Son	eone can claim: You as a de	pendent	Your spouse	e as a dep	enden	ıt					
Deduction		Spouse itemizes on a separate return	or you wer	e a dual-status alie	n							
Age/Blindness	Y	ou: Were born before January 2,	1956	Are blind	Spou	se:	] Was bo	rn before January 2,	1956	Is blind		
Dependents	see ins	structions):		(2) Social		(3)	Relationshi	p (4) Check if	f qualifies for (see instructions):			
If more	(1) F	irst name Last name	numi	number to you			Child tax cre	dit	Credit for other dependents			
than four	Th	ao Ngoc Phuong Vu	130-77-	130-77-0558 Daughte		ighte			X			
dependents, see instructions												
and check			3-				A. W. T. T.					
here ▶												
Attach Sch. B if	_1_	Wages, salaries, tips, etc. Attach For	rm(s) W-2						1	22,782.		
	2a	Tax-exempt interest 2a										
required.	3a	Qualified dividends				Ordina	ary dividend	s				
Standard Deduction for -	4a	IRA distributions 4a b Taxable amount						4b				
	5a	Pensions and annuities 5a			<b>b</b> Taxable amount							
	6a	Social security benefits							6b			
<ul> <li>Single or married filing separately,</li> </ul>	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here							<u> </u>			
\$12,400	8	Other income from Schedule 1, line 9								8,930.		
<ul> <li>Married filing jointly or Qualifying</li> </ul>	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								31,712.		
widow(er), \$24,800	10	Adjustments to income:					1	1				
<ul> <li>Head of household, \$18,650</li> <li>If you checked any box under Standard Deduction, see instructions.</li> </ul>	a	From Schedule 1, line 22							4.			
	b	Charitable contributions if you take the standard deduction. See instructions								1 000		
	С	Add lines 10a and 10b. These are your total adjustments to income										
	11	Subtract line 10c from line 9. This is your adjusted gross income								30,348.		
	12	Standard deduction or itemized deductions (from Schedule A)								24,800.		
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A								1,110.		
	14	Add lines 12 and 13								25,910.		
	15	Taxable income. Subtract line 14 fro	om line 11	If zero or less, ente	er -0-		1000 March 197 March 1920		15	4,438.		

	17	Amount from Schedule 2, line 3							
	18	Add lines 16 and 17							443.
	19	Child tax credit or credit for other de							443.
	20	Amount from Schedule 3, line 7							
	21	Add lines 19 and 20						1 1	443.
	22	Subtract line 21 from line 18. If zero o						1	0
	-23	Other taxes, including self-employment							1,262.
	24	Add lines 22 and 23. This is your total						CPS 1	1,262.
	25	Federal income tax withheld from:	ιαχ						
		Form(s) W-2				25a   1	.075		
	a	Form(s) 1099			- 1		486		
	b					(22-2)			
	C	Other forms (see instructions)						. 25d	1,561.
	d	Add lines 25a through 25c							2/002:
If you have a     gualifying shild	26	2020 estimated tax payments and am			1	1	,648		
qualifying child, attach Sch. EIC.		Earned income credit (EIC)					, 0 3 0	<u>' •  </u>	
<ul> <li>If you have nontaxable</li> </ul>	28	Additional child tax credit. Attach Sch			ſ				
combat pay,	29	American opportunity credit from Form							
see instructions.		Recovery rebate credit. See instruction					210		
	31	Amount from Schedule 3, line 13 .							2,858.
	32	Add lines 27 through 31. These are year						1 1	4,419.
	33	Add lines 25d, 26, and 32. These are						1 1	3,157.
	34	If line 33 is more than line 24, subtract						7 1 1	
Refund	35a	Amount of line 34 you want refunded						35a	3,157.
Direct deposit?	<b>▶</b> b	Routing number <u>11100061</u>		<b>▶</b> c Ty	be: X Chec	cking Sav	ings		
See instructions.	<b>▶</b> d	Account number 60278052							
	36	Amount of line 34 you want applied to							
Amount	37	Subtract line 33 from line 24. This is	the amount yo	ou owe now				37	0.
You Owe		Note: Schedule H and Schedule SE	filers, line 37 r	may not represent	all of the taxes you	owe for 2020.			
For details on how to pay, see		See Schedule 3, line 12e, and its inst	ructions for de	etails.					
instructions.	38	Estimated tax penalty (see instruction	ıs)	<u> </u>		38			
Third Party	Do	you want to allow another person to dis	scuss this retu	rn with the IRS?					-
Designee	Se	e instructions				L Y	es. Comp	olete below.	X No
	De	signee's		Phone		Personal	identifica	tion	
		ne 🕨		no.		number (			1
		enalties of perjury, I declare that I have exam						ledge and belie	ef, they are true,
Here	correct,	and complete. Declaration of preparer (other	than taxpayer) i		•	rias ariy kilowieuge		(4 100 1	
laint return?	Y	our signature		Date	Your occupation			t the IRS sent yo PIN, enter it here	ou an Identity Protection
Joint return? See instructions.							(	see inst.)	
Keep a copy for your records.	S	ouse's signature. If a joint return, both	must sign.	Date	Spouse's occupat	ion		f the IRS sent yo Protection PIN, e	our spouse an Identity
your rocords.								see inst.)	
	P	one no. (909) 313-790	7	Email address					1
Paid	Proparar's name		Preparer's signature			Date PTIN			Check if:
Preparer	D	an D Tran Da	n D Tr	an		04/08/2021	P003	390790	Self-employed
Use Only		m's name ▶TRAN CPA LI	C		- ×	· ·	Phon	e no. (71	3) 941-8726
	_		wy Sui	te A19, H	ouston, I	x, 77034	Firm'	s EIN ▶46	-3607040
	Contract Contract								5 1010 (2000