

## 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		Last name		Your social security number	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions.				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below.			State	ZIP code	<b>Presidential Election Campaign</b> 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
Foreign country name		Foreign province/state/county		Foreign postal code	

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):

If more than four dependents, see instructions and check here ▶ ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	
<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	
<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	
<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	
<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	
<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	
<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	
<b>8</b>	Other income from Schedule 1, line 9 . . . . .	<b>8</b>	
<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	
<b>10</b>	Adjustments to income:		
<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>	
<b>b</b>	Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>	
<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	<b>10c</b>	
<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	
<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	
<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>	
<b>14</b>	Add lines 12 and 13 . . . . .	<b>14</b>	
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	

## 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.

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> <span style="border: 1px solid black; padding: 0 20px;"></span>	<b>16</b>	
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC)	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	

**Refund**Direct deposit?  
See instructions.

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	
<b>b</b>	Routing number <span style="border: 1px solid black; padding: 0 20px;"></span>	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number <span style="border: 1px solid black; padding: 0 20px;"></span>		
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	

**Amount You Owe**

For details on how to pay, see instructions.

<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	<b>37</b>	
<b>Note:</b> 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.			
<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**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 <input type="text"/>	Phone no. <input type="text"/>	Personal identification number (PIN) <input type="text"/>
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**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.

Your signature <input type="text"/>	Date <input type="text"/>	Your occupation <input type="text"/>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, <b>both</b> must sign. <input type="text"/>	Date <input type="text"/>	Spouse's occupation <input type="text"/>	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Phone no. <input type="text"/>	Email address <input type="text"/>
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**Paid Preparer Use Only**

Preparer's name <input type="text"/>	Preparer's signature <input type="text"/>	Date <input type="text"/>	PTIN <input type="text"/>	Check if: <input type="checkbox"/> Self-employed
Firm's name <input type="text"/>	Firm's address <input type="text"/>			Phone no. <input type="text"/>
Firm's EIN <input type="text"/>				

**Amended U.S. Individual Income Tax Return**

OMB No. 1545-0074

▶ Go to [www.irs.gov/Form1040X](http://www.irs.gov/Form1040X) for instructions and the latest information.**This return is for calendar year** ☐ 2019 ☐ 2018 ☐ 2017 ☐ 2016**Other year.** Enter one: calendar year or fiscal year (month and year ended):

Your first name and middle initial

Last name

Your social security number

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

Current home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Your phone number

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions.

Foreign country name

Foreign province/state/county

Foreign postal code

**Amended return filing status.** You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from a joint return to separate returns after the due date.☐ **Full-year health care coverage (or, for amended 2018 returns only, exempt).** If amending a 2019 return, leave blank. See instructions.☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Qualifying widow(er) (QW) ☐ Head of household (HOH)

If you checked the MFS box, enter the name of 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. ▶

Use Part III on the back to explain any changes

**Income and Deductions**

		A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
<b>1</b>	Adjusted gross income. If a net operating loss (NOL) carryback is included, check here . . . . . ▶ <input type="checkbox"/>	<b>1</b>		
<b>2</b>	Itemized deductions or standard deduction . . . . .	<b>2</b>		
<b>3</b>	Subtract line 2 from line 1 . . . . .	<b>3</b>		
<b>4a</b>	Exemptions (amended 2017 or earlier returns only). <b>If changing</b> , complete Part I on page 2 and enter the amount from line 29 . . . . .	<b>4a</b>		
<b>b</b>	Qualified business income deduction (amended 2018 or later returns only)	<b>4b</b>		
<b>5</b>	Taxable income. Subtract line 4a or 4b from line 3. If the result is zero or less, enter -0- . . . . .	<b>5</b>		

**Tax Liability**

<b>6</b>	Tax. Enter method(s) used to figure tax (see instructions):	<b>6</b>		
<b>7</b>	Credits. If a general business credit carryback is included, check here ▶ <input type="checkbox"/>	<b>7</b>		
<b>8</b>	Subtract line 7 from line 6. If the result is zero or less, enter -0- . . . . .	<b>8</b>		
<b>9</b>	Health care: individual responsibility (amended 2018 or earlier returns only). See instructions . . . . .	<b>9</b>		
<b>10</b>	Other taxes . . . . .	<b>10</b>		
<b>11</b>	Total tax. Add lines 8, 9, and 10 . . . . .	<b>11</b>		

**Payments**

<b>12</b>	Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. ( <b>If changing</b> , see instructions.) . . . . .	<b>12</b>		
<b>13</b>	Estimated tax payments, including amount applied from prior year's return	<b>13</b>		
<b>14</b>	Earned income credit (EIC) . . . . .	<b>14</b>		
<b>15</b>	Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input type="checkbox"/> other (specify):	<b>15</b>		
<b>16</b>	Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed . . . . .	<b>16</b>		
<b>17</b>	Total payments. Add lines 12 through 15, column C, and line 16 . . . . .	<b>17</b>		


**Refund or Amount You Owe**

<b>18</b>	Overpayment, if any, as shown on original return or as previously adjusted by the IRS . . . . .	<b>18</b>		
<b>19</b>	Subtract line 18 from line 17. (If less than zero, see instructions.) . . . . .	<b>19</b>		
<b>20</b>	<b>Amount you owe.</b> If line 11, column C, is more than line 19, enter the difference . . . . .	<b>20</b>		
<b>21</b>	If line 11, column C, is less than line 19, enter the difference. This is the amount <b>overpaid</b> on this return	<b>21</b>		
<b>22</b>	Amount of line 21 you want <b>refunded to you</b> . . . . .	<b>22</b>		
<b>23</b>	Amount of line 21 you want <b>applied to your (enter year):</b> estimated tax <b>23</b>			

Complete and sign this form on page 2.

**Part I Exemptions and Dependents**

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

	For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines.		<b>A. Original number of exemptions or amount reported or as previously adjusted</b>	<b>B. Net change</b>	<b>C. Correct number or amount</b>
<b>Note:</b> See the Forms 1040 and 1040-SR, or Form 1040A, instructions for the tax year being amended. See also the Form 1040-X instructions.					
<b>24</b>	Yourself and spouse. <b>Caution:</b> If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank . . . . .	<b>24</b>			
<b>25</b>	Your dependent children who lived with you . . . . .	<b>25</b>			
<b>26</b>	Your dependent children who didn't live with you due to divorce or separation . . . . .	<b>26</b>			
<b>27</b>	Other dependents . . . . .	<b>27</b>			
<b>28</b>	Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank . . . . .	<b>28</b>			
<b>29</b>	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank . . . . .	<b>29</b>			
<b>30</b>	List <b>ALL</b> dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and ✓ here ► <input type="checkbox"/>				

Dependents (see instructions):

(a) First name	Last name	(b) Social security number	(c) Relationship to you	(d) ✓ if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents (amended 2018 or later returns only)
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Part II Presidential Election Campaign Fund**

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of Changes.** In the space provided below, tell us why you are filing Form 1040-X.

► Attach any supporting documents and new or changed forms and schedules.

**Remember to keep a copy of this form for your records.**

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

**Sign Here**

►	_____	_____	_____
Your signature	Date	Your occupation	
►	_____	_____	_____
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	

**Paid Preparer Use Only**

►	_____	_____	_____
Preparer's signature	Date	Firm's name (or yours if self-employed)	
_____	_____	_____	
Print/type preparer's name	_____	Firm's address and ZIP code	

_____	<input type="checkbox"/> Check if self-employed	_____	_____
PTIN		Phone number	EIN

**Credits for Sick Leave and Family Leave  
for Certain Self-Employed Individuals**

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

▶ Go to [www.irs.gov/Form7202](http://www.irs.gov/Form7202) for instructions and the latest information.

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**Part I Credit for Sick Leave for Certain Self-Employed Individuals**

<b>1</b>	Number of days you were unable to perform services as a self-employed individual because of certain coronavirus-related care you required. See instructions . . . . .	<b>1</b>	
<b>2</b>	Number of days you were unable to perform services as a self-employed individual because of certain coronavirus-related care you provided to another. (Do not include days you included in line 1.) See instructions . . . . .	<b>2</b>	
<b>3</b>	If you are filing a fiscal year return, see instructions; otherwise enter 10 . . . . .	<b>3</b>	
<b>4</b>	Enter the smaller of line 1 or line 3 . . . . .	<b>4</b>	
<b>5</b>	Subtract line 4 from line 3 . . . . .	<b>5</b>	
<b>6</b>	Enter the smaller of line 2 or line 5 . . . . .	<b>6</b>	
<b>7</b>	Net earnings from self-employment (see instructions) . . . . .	<b>7</b>	
<b>8</b>	Divide line 7 by 260 (round to nearest whole number) . . . . .	<b>8</b>	
<b>9</b>	Enter the smaller of line 8 or \$511 . . . . .	<b>9</b>	
<b>10</b>	Multiply line 4 by line 9 . . . . .	<b>10</b>	
<b>11</b>	Multiply line 8 by 67% (0.67) . . . . .	<b>11</b>	
<b>12</b>	Enter the smaller of line 11 or \$200 . . . . .	<b>12</b>	
<b>13</b>	Multiply line 6 by line 12 . . . . .	<b>13</b>	
<b>14</b>	Add lines 10 and 13 . . . . .	<b>14</b>	
<b>15</b>	Amount of qualified sick leave wages subject to the \$511 per day limit you received from an employer (see instructions) . . . . .	<b>15</b>	
<b>16</b>	Amount of qualified sick leave wages subject to the \$200 per day limit you received from an employer (see instructions) . . . . .	<b>16</b>	
	<b>If line 15 and line 16 are both zero, skip to line 24 and enter the amount from line 14.</b>		
<b>17</b>	Add line 13 and line 16 . . . . .	<b>17</b>	
<b>18</b>	Enter the smaller of line 17 or \$2,000 . . . . .	<b>18</b>	
<b>19</b>	Subtract line 18 from line 17 . . . . .	<b>19</b>	
<b>20</b>	Add lines 10, 15, and 18 . . . . .	<b>20</b>	
<b>21</b>	Enter the smaller of line 20 or \$5,110 . . . . .	<b>21</b>	
<b>22</b>	Subtract line 21 from line 20 . . . . .	<b>22</b>	
<b>23</b>	Add line 19 and line 22 . . . . .	<b>23</b>	
<b>24</b>	Subtract line 23 from line 14. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 12b . . . . .	<b>24</b>	

**Part II Credit for Family Leave for Certain Self-Employed Individuals**

<b>25</b>	Number of days you were unable to perform services as a self-employed individual because of certain coronavirus-related care you provided to a son or daughter. (Do not enter more than 50 days.) See instructions . . . . .	<b>25</b>	
<b>26</b>	Net earnings from self-employment (see instructions) . . . . .	<b>26</b>	
<b>27</b>	Divide line 26 by 260 (round to nearest whole number) . . . . .	<b>27</b>	
<b>28</b>	Multiply line 27 by 67% (0.67) . . . . .	<b>28</b>	
<b>29</b>	Enter the smaller of line 28 or \$200 . . . . .	<b>29</b>	
<b>30</b>	Multiply line 25 by line 29 . . . . .	<b>30</b>	
<b>31</b>	Amount of qualified family leave wages you received from an employer (see instructions) . . . . .	<b>31</b>	
	<b>If line 31 is zero, skip to line 35 and enter the amount from line 30.</b>		
<b>32</b>	Add line 30 and line 31 . . . . .	<b>32</b>	
<b>33</b>	Enter the smaller of line 32 or \$10,000 . . . . .	<b>33</b>	
<b>34</b>	Subtract line 33 from line 32 . . . . .	<b>34</b>	
<b>35</b>	Subtract line 34 from line 30. If zero or less, enter -0-. Enter here and include on Schedule 3 (Form 1040), line 12b . . . . .	<b>35</b>	

**SCHEDULE 3**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

► **Attach to Form 1040, 1040-SR, or 1040-NR.**  
► **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
<b>6</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> _____	<b>6</b>	
<b>7</b>	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	<b>7</b>	

**Part II Other Payments and Refundable Credits**

<b>8</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>8</b>	
<b>9</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>9</b>	
<b>10</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>10</b>	
<b>11</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>11</b>	
<b>12</b>	Other payments or refundable credits:		
<b>a</b>	Form 2439 . . . . .	<b>12a</b>	
<b>b</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 . . . . .	<b>12b</b>	
<b>c</b>	Health coverage tax credit from Form 8885 . . . . .	<b>12c</b>	
<b>d</b>	Other: _____	<b>12d</b>	
<b>e</b>	Deferral for certain Schedule H or SE filers (see instructions) . . . . .	<b>12e</b>	
<b>f</b>	Add lines 12a through 12e . . . . .	<b>12f</b>	
<b>13</b>	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	<b>13</b>	

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

Cat. No. 71480G

Schedule 3 (Form 1040) 2020