104		artment of the Treasury—Internal Revenue Se S. Individual Income Ta			(99) r n	20	19	OMB No. 1545	5-0074	IRS Use O)nly—[Do not wi	ite or staple in this space.
Filing Status Check only one box.													
Your first name and middle initial				Last name							Y	Your social security number	
If joint return, spouse's first name and middle initial				Last name							s	Spouse's social security number	
Home address (number and street). If you have a P.O. box, see				instructions. Apt. no.						Cł	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.		
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).										Checking a box below will not change your tax or refund. You Spouse			
Foreign countr	ountry name			Foreign province/state/county				Forei			If more than four dependents, see instructions and ✓ here ►		
Standard Deduction		Image: Constraint in the second se											
Age/Blindness	You:	Were born before January 2, 19	55 [Are	blind	Spouse		Was born before	e Janu	ary 2, 1955	Г	ls blir	nd
							qualifies for (see instructions): dit Credit for other dependents						
]		
] 1		
	1	Wages, salaries, tips, etc. Attach For	m(a) \	N 0								1	
	י 2a	Tax-exempt interest	2a		• •	· · · ·	 b Та	axable interest. A	Attach 9	Sch Bifred	uired		
	2a 3a			3a			b Ordinary dividends. Attach Sch						
Standard Deduction for—	4a	IRA distributions	4a					axable amount	7 11 10 11	0011. 12 11 100	lanoa	3b 4b	
Single or Married	c	Pensions and annuities	4c					axable amount				4d	
filing separately, \$12,200	5a	Social security benefits						axable amount				5b	
 Married filing jointly or Qualifying 	6	Capital gain or (loss). Attach Schedule D if required. If not required, check here								·	6		
widow(er),	7a	Other income from Schedule 1, line 9									7a		
\$24,400 • Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income									►	7b	
household, \$18,350	8a	Adjustments to income from Schedule 1, line 22									8a		
 If you checked 	b	Subtract line 8a from line 7b. This is your adjusted gross income								►	8b		
any box under Standard	9	Standard deduction or itemized deductions (from Schedule A) 9											
Deduction, see instructions.	10	Qualified business income deduction. Attach Form 8995 or Form 8995-A 10											
	11a	Add lines 9 and 10								11a			
	b	Taxable income. Subtract line 11a f	rom lir	ne 8b. If	zero	or less, ente	er-0					11b	
For Disclosure	Privac	y Act, and Paperwork Reduction Act	Notic	ce, see	separ	rate instruc	tions.		Cat. No	. 11320B			Form 1040 (2019)

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	12a	Tax (see inst.) Check if any	from Form(s): 1 📃 8814	2 4972	3	12a					
	b	Add Schedule 2, line 3, an	d line 12a and enter the		🕨	• 12b					
	13a	Child tax credit or credit for	or other dependents .			13a					
	b	Add Schedule 3, line 7, an	d line 13a and enter the	total			. •	• 13b			
	14	Subtract line 13b from line	12b. If zero or less, ente	er-0				14			
	15	Other taxes, including self	15								
	16	Add lines 14 and 15. This	is your total tax)	16			
	17	Federal income tax withhe	ld from Forms W-2 and ⁻	1099				. 17			
• If you have a qualifying child,	18	Other payments and refun	dable credits:								
	a	Earned income credit (EIC)			18a					
attach Sch. EIC. • If you have	b	Additional child tax credit.	Attach Schedule 8812			18b					
nontaxable combat pay, see	с	American opportunity cred	8		18c						
instructions.	d	Schedule 3, line 14				18d					
	е	Add lines 18a through 18d	l. These are your total ot	her payments a	and refundable cro	edits)	► 18e			
	19	Add lines 17 and 18e. The	• 19								
Refund	20	If line 19 is more than line	16, subtract line 16 from	line 19. This is t	he amount you ov e	erpaid		20			
noruna	21a	Amount of line 20 you war	nt refunded to you. If For	rm 8888 is attac	hed, check here		► [21a			
Direct deposit? See instructions.	►b	Routing number			► c Type:	Checking	Saving:	s			
See instructions.	►d	Account number									
	22	Amount of line 20 you war	nt applied to your 2020 e	estimated tax	🕨	22					
Amount	23	Amount you owe. Subtract	ct line 19 from line 16. Fo	or details on how	v to pay, see instru	ctions)	23			
You Owe	24	Estimated tax penalty (see	instructions)		🕨	24					
Third Party Designee	Do	you want to allow another p	person (other than your p	aid preparer) to	discuss this return	with the IRS?	See instructio		Yes. Complete below. No		
(Other than		signee's		Phone			Personal ident	ification			
paid preparer)		no. no. 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.									
	Yo	ur signature	Date	Your occupation				nt you an Identity IN, enter it here			
Joint return? See instructions. Keep a copy for your records.							(5	see inst.)			
	Sp	ouse's signature. If a joint re	Date	e Spouse's occupation				nt your spouse an ection PIN, enter it here			
	Ph	one no.		Email address	1		1				
Paid Preparer Use Only		eparer's name	Preparer's signat			Date	PTIN		Check if:		
									3rd Party Designee		
	Fir	m's name 🕨	1			Phone no.	I		Self-employed		
		m's address ►				irm's EIN 🕨	•				
							10.40				

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

Form **1040** (2019)