1040	Department of the Treasury—Internal Revenue Services. Individual Income Ta		(99) eturn	20	19	OMB No. 1545-	0074 IRS Use Only	∕—Do not v	vrite or staple in	this space.	
Filing Status Check only one box.	☐ Single ☐ Married filing jointly ☐ If you checked the MFS box, enter the name a child but not your dependent. ▶			oarately (MFS u checked th		Head of househol or QW box, enter	· · · —		dow(er) (QW) Tying person is	3	
Your first name and middle initial			Last name						Your social security number		
If joint return, sp	pouse'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.					Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.			
City, town or po	ost office, state, and ZIP code. If you have a for	eign ac	ddress, als	o complete s	spaces b	elow (see instruc	tions).		a box below will n	not change your	
Foreign country	name		Foreign	province/sta	ite/count	у	Foreign postal code		than four depetructions and		
Standard Deduction	Someone can claim: You as a depended Spouse itemizes on a separate return or		_	r spouse as a status alien	a depend	lent					
Age/Blindness	You: Were born before January 2, 1955	<u> </u>	Are blind	Spouse	»: 🔲	Was born before	January 2, 1955	ls bl	ind		
Dependents (see instructions): (1) First name Last name			(2) Social security number			Relationship to you	(4) ✓ if Child tax cr	•	for (see instructions): Credit for other dependents		
]	
										<u>] </u>	
									L		
	1 Wages, salaries, tips, etc. Attach Form	(s) W-2	s) W-2					. 1			
	2a Tax-exempt interest	2a			b Ta	xable interest. At	tach Sch. B if requir	ed 2b)		
	3a Qualified dividends	3a			b Or	dinary dividends.	Attach Sch. B if requir	red 3b)		

Standard Deduction for-

 Single or Married filing separately, \$12,200

4a

С

5a

6

7a

b

8a

b

IRA distributions . .

Pensions and annuities . . .

Social security benefits . . .

- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18.350
- If you checked any box under Standard Deduction, see instructions.
- Standard deduction or itemized deductions (from Schedule A) . . 9 10
 - Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . 11a
- b **Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0- . For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income

Adjustments to income from Schedule 1, line 22

Subtract line 8a from line 7b. This is your adjusted gross income

4c

5a

Capital gain or (loss). Attach Schedule D if required. If not required, check here

Cat. No. 11320B

9

10

b Taxable amount

d Taxable amount

b Taxable amount

Form **1040** (2019)

4b

4d

5b

6

7a

7b

8a

8b

11a

11b

Form 1040 (2019	9)								Page 2		
	12a	Tax (see inst.) Check if any from F	orm(s): 1 8814	4972 2 4972	з 🗌	12a					
	b	Add Schedule 2, line 3, and line 12a and enter the total									
	13a	Child tax credit or credit for other dependents									
	b	Add Schedule 3, line 7, and line 13a and enter the total						▶ 13b			
	14	Subtract line 13b from line 12b.	Subtract line 13b from line 12b. If zero or less, enter -0-					. 14			
	15	Other taxes, including self-employment tax, from Schedule 2, line 10									
	16	Add lines 14 and 15. This is you	Add lines 14 and 15. This is your total tax								
	17	Federal income tax withheld from	m Forms W-2 and	1099				. 17			
If you have a	18	Other payments and refundable									
qualifying child, attach Sch. EIC.	а	Earned income credit (EIC)									
	b	Additional child tax credit. Attac	h Schedule 8812			18b					
nontaxable	С	American opportunity credit from	n Form 8863, line 8	3		18c					
combat pay, see instructions.	d	Schedule 3, line 14				18d					
	е	Add lines 18a through 18d. Thes	se are your total o t	ther payments a	and refundable cred	its		▶ 18e			
	19	Add lines 17 and 18e. These are	your total payme	nts				▶ 19			
Refund	20	If line 19 is more than line 16, su	btract line 16 from	line 19. This is t	he amount you over	paid		. 20			
neiuna	21a	Amount of line 20 you want refu	nded to you. If Fo	rm 8888 is attac	hed, check here .		•	21a			
Direct deposit?	►b	Routing number			▶ c Type:	Checking	Savir	ngs			
See instructions.	►d	Account number									
	22	Amount of line 20 you want app	lied to your 2020	estimated tax	•	22					
Amount	23	Amount you owe. Subtract line	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions								
You Owe	24	Estimated tax penalty (see instructions)									
Third Party Designee	Do	you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No									
(Other than		Designee's				Personal iden					
paid preparer)		me ►	no. ►	number (PIN)			/				
Sign	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.										
Here	Yo	Your signature		Date	Your occupation			If the IRS se	e IRS sent you an Identity		
Joint return? See instructions. Keep a copy for your records.	,	Tour digitation		Date	Tour occupation				Protection PIN, enter it here		
								(see inst.)	see inst.)		
	Sp	Spouse's signature. If a joint return, both must sign.		Date Spouse's occupation					If the IRS sent your spouse an dentity Protection PIN, enter it here		
					(see inst.)						
	Phone no.		Email address								
	Pre	eparer's name	ure		Date PTI		IN	Check if:			
Paid									3rd Party Designee		
Preparer Use Only	Firm's name ▶					Phone no.			Self-employed		
	Firm's address ▶							Firm's EIN ▶			
Go to www.irs.gov/Form1040 for instructions and the latest information.											