104 0		artment of the Treasury—Internal Revenue So			(99) rn	20'	19 OMB No. 154	15-0074	IRS Use Only—Do	not wr	ite or staple in this space.			
Filing Status Check only one box.	If yo	Single	_		•	arately (MFS u checked th	_	•	, ,	•	ow(er) (QW) ing person is			
Your first name and middle initial			La	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. Apr					Che	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.				
City, town or p	ost offic	ce, state, and ZIP code. If you have a fo	oreign	addres	ss, also	o complete s	paces below (see instr	uctions). Che	•	oox below will not change your			
Foreign country name				Foreign province/state/county For				Forei	ign postal code If more than four dependents, see instructions and ✓ here ►					
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, 19	55 [Are	blind	Spouse	: Was born befo	re Janu	e January 2, 1955 🔲 Is blind					
Dependents (see instructions): (1) First name Last name				(2) Social security number			(3) Relationship to you		(4) ✓ if qualifies fo Child tax credit		(see instructions): Credit for other dependents			
	1	Wages, salaries, tips, etc. Attach For	rm(s) V	V-2						1				
	2a Tax-exempt interest		2a	2a			b Taxable interest. Attach Sch. B is		Sch. B if required	2b				
Standard	3a	Qualified dividends	За				b Ordinary dividend	s. Attach	Sch. B if required	3b				

Deduction for-

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er),
- Head of household, \$18,350
- If you checked any box under Standard Deduction, see instructions.
- 7a \$24,400 Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your ${\color{blue} total\ income}$ b

IRA distributions . . .

Pensions and annuities .

Social security benefits . . .

4a

С

5a

6

b

- 8a Adjustments to income from Schedule 1, line 22 b Subtract line 8a from line 7b. This is your adjusted gross income 9 Standard deduction or itemized deductions (from Schedule A) .
- 10
- Qualified business income deduction. Attach Form 8995 or Form 8995-A . 11a
- 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.

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 Fo	orm(s): 1 8814	4972 2 4972	з 🗌	12a				
	b Add Schedule 2, line 3, and line 12a and enter the total							2b		
	13a	13a Child tax credit or credit for other dependents								
	b	Add Schedule 3, line 7, and line	13a and enter the	total			. ▶ 1	3b		
	14	Subtract line 13b from line 12b. I	f zero or less, ente	er -0			1	14		
	15	Other taxes, including self-emplo	1	15						
	16	Add lines 14 and 15. This is your	. ▶ _1	16						
	17	Federal income tax withheld from	n Forms W-2 and	1099			1	17		
If you have a	18	Other payments and refundable of								
qualifying child,	а	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 credit from	Form 8863, line 8	3		18c				
instructions.	d	Schedule 3, line 14				18d				
	е	Add lines 18a through 18d. These	. ▶ 1	8e						
	19	Add lines 17 and 18e. These are	your total payme	nts			. ▶ 1	19		
Refund	20	If line 19 is more than line 16, sub	2	20						
Herana	21a	Amount of line 20 you want refur	▶ 🗌 2	1a						
Direct deposit?	►b	Routing number			► c Type:	Checking	Savings			
See instructions.	►d	Account number								
	22	Amount of line 20 you want appli	ied to your 2020	estimated tax	•	22				
Amount	23	Amount you owe. Subtract line	19 from line 16. Fo	or details on how	v to pay, see instruct	ons	. ▶ 2	23		
You Owe	24	Estimated tax penalty (see instru	ctions)		🕨	24				
Third Party Designee	Do	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		signee's		Phone		Person	al identification	n		
paid preparer)	nar	me ►		no.		numbe	r (PIN)			
Sign		der penalties of perjury, I declare that I I rect, and complete. Declaration of prepa						vledge and belief, they are true,		
Here			Date		parer nae any mierne		ne IRS sent you an Identity			
	, 10	ur signature	Date	Your occupation			rotection PIN, enter it here			
Joint return?							(see inst	.)		
See instructions.	Sp	ouse's signature. If a joint return, b	Date	Spouse's occupation	on		S sent your spouse an			
Keep a copy for your records.	1					(see inst.	entity Protection PIN, enter it here			
•	Dh						(000 11101	"		
=		one no. eparer's name	Preparer's signat	Email address		Date	PTIN	Check if:		
Paid			ui o		Date		3rd Party Designee			
Preparer Use Only	E:	m'a nama 🕨			Dhone no		Self-employed			
	_	m's name ▶ m's address ▶			Phone no.	Firm's El				
Go to www ire o		n1040 for instructions and the lates	et information				I IIIII S EI	Form 1040 (2019)		