Filing Status	Single Married filing jointly	☐ Married filing separately (MFS) ☐ Head o	f household (HOH) Qualifyi	ng widow(er) (QW)			
Check only one box.		ame 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.	, v	V				
Your first name	and middle initial	Last name	Y	Your social security number			
If joint return, s	pouse's first name and middle initial	Last name	S	Spouse's social security number			
Home address	Presidential Election Campaign Check here if you, or your spouse if filing pintly, want \$3 to go to this fund.						
City, town or po	ost office, state, and ZIP code. If you have a	a foreign address, also complete spaces below (s	see instructions).	ccking a box below will not change your cor refund. You Spouse			
Foreign country	name	Foreign province/state/county	The state of the s	f more than four dependents, see instructions and ✓ here ▶			
Standard Deduction	Someone can claim: You as a dep						
Age/Blindness	You: Were born before January 2,		orn before January 2, 1955] Is blind			
	see instructions):	(2) Social security number (3) Relation	nship to you (4) ✓ if qu Child tax credit	alifies for (see instructions): Credit for other dependents			
(1) First name	Last name						
				— H			
	1 Wages, salaries, tips, etc. Attach	Form(s) W-2	(a) (a) (b) (b) (b) (c) (c)	1			
	2a Tax-exempt interest		interest. Attach Sch. B if required				
	3a Qualified dividends	3a b Ordinary	dividends. Attach Sch. B if required	3b			
tandard eduction for—	4a IRA distributions	b Taxable	amount	4b			
Single or Married	c Pensions and annuities	d Taxable	amount	4d			
filing separately, \$12,200	5a Social security benefits	5a b Taxable	amount	5b			
Married filing	6 Capital gainior (loss). Attach Sche	dule D if required. If not required, check here	40 (A) 40 (A) 40 (A) 40 (A) •	6			
jointly or Qualifying widow(er),	7a Other income from Schedule 1, Ili	MODEL TO THE PARTY OF THE PARTY		7a			
\$24,400 Head of		and 7a. This is your total income	este e e e e e e	7b			
household,		edule 1, line 22	60 50 60 60 60 60 60 60 60 60 60 60 60 60 60	8a			
\$18,350	b Subtract line 8a from line 7b. This			86			
If you checked any box under		deductions (from Schedule A)	. 9	10 XII			
Standard Deduction,		tion. Attach Form 8995 or Form 8995-A	. 10	13 M			
see instructions.		53F 25S 35N 55N 65N 65N 65N 55N 55		11a			
	11a Add lines 9 and 10						

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	12a	Tax (see inst.) Check if any from Form(s): 1 8814	4 2 4972 :	3 🗌	12a		, 430			
• If you have a	ь	Add Schedule 2, line 3, and line 12a and enter the			9 90 9 9 S	. , ▶	12b			
	13a	Child tax credit or credit for other dependents .			13a					
	b	Add Schedule 3, line 7, and line 13a and enter the	total		24 24 36 34 3		13b			
	14	Subtract line 13b from line 12b. If zero or less, enter	ər -0	. % % % % %	Si Si Si Si Si	*C 200 00 1	14			
	15	Other taxes, including self-employment tax, from S	Schedule 2, line 1	10	% S 5 5 5	45 99); 69);	15			
	16	Add lines 14 and 15. This is your total tax		. 1 1 5 5 5	84 84 841 895 B	60 (60) •	16			
	17	Federal income tax withheld from Forms W-2 and	1099		8 8 WE WE		17			
	18	Other payments and refundable credits:		No.						
qualifying child,	a	Earned income credit (EIC)		. 16 16 16 16	18a		12			
attach Sch. EIC. If you have	b	Additional child tax credit. Attach Schedule 8812			18b	40	A SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRES			
nontaxable combat pay, see instructions.	c	American opportunity credit from Form 8863, line	8	. 5 9 9 9	18c					
	d	Schedule 3, line 14			18d	5/10/2	1218	m.		
	θ	Add lines 18a through 18d. These are your total o	ther payments a	and refundable cred	its	ACCESS!	18e	100		
	19	Add lines 17 and 18e. These are your total payme	nts				19	P .		
Refund	20	If line 19 is more than line 16, subtract line 16 from	ı line 19. This is t	the amount you over	paid		20			
11010111	21a	Amount of line 20 you want refunded to you. If Fo	orm 8888 is attac	hed, check here .			21a			
Direct deposit? See instructions.	▶ b	Routing number		c Type:	Checking	Savings				
See instructions.	►d	Account number				Sec.				
	22	Amount of line 20 you want applied to your 2020	-		22		11-(10)			
Amount	23	Amount you owe. Subtract line 19 from line 16.	of details on how	v to pay, see instruct	202	8 8 B₹_	23	10.2	S. Friday	
You Owe	24	Estimated tax penalty (see instructions)		ASSESSED TO THE PARTY OF THE PA	24		THE PERSON		SISS NAME OF	10 = 10 m
Third Party	Do	you want to allow another person (other than your	paid prepared to	discuss this return w	ith the IRS? See I	nstructions.		Yes. C No	ompiete	below.
Designee		-tt-	Phone	V 460	Perso	nal identific		NO		
(Other than paid preparer)		signee's me ▶			er (PIN)					
Sign	Un	der penalties of perjury, I declare that I have examined this	return and accomp	anying schedules and s	tatements, and to th	e best of my	knowledo	ge and b	elief, the	y are true,
Here	CO	rrect, and complete. Declaration of preparer (other than trixpe	yer) is based on all	information of which pre	eparer has any know	ledge.				
	Yo	our signature	Date	Your occupation					an Ident er it here	
	1						inst.)		TT	
Joint return? See instructions.	St	pouse's signature. If a joint return, both must sign	Date Spouse's occupation		Ide				spouse	
Keep a copy for	,						ntity Prot inst.)	ection	PIN, ent	er it here
your records.	_					(see	: 11151.)			
	_	oge no.	Email address	Date		PTIN		Chec	k if:	
Paid A	P	Preparer's signa	ture		Date	FILIN				Designee
Preparer								4 =	Self-emp	
Use Only	N. Britania	rm's name 🕨			Phone no.		n's EIN		7011 OTT	
-	1	rm's address ►				Firn	IS EIN		10	40 (2019)
Go to www.irs.g	ov/For	m1040 for instructions and the latest information.						F	יטו ווווט	TU (2019)