

Form 1040 Individual Income Tax Return (2018)

The first two pages of the 2018 Federal 1040 tax forms are required

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing status: Single Married filing jointly Separately Head of household Qualifying widow(er)

Your first name and initial _____ Last name _____ Your social security number _____

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial _____ Last name _____ Spouse's social security number _____

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Full-year health care coverage or exempt (see inst.) _____

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____ Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. _____ If more than four dependents, see inst. and ✓ here ▶

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Lastname			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"/>

Student's name must be here

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.

Joint return? See instructions. Keep a copy for your records.

Your signature _____ Date _____

Spouse's signature. If a joint return, **both** must sign. _____ Date _____

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) _____

Paid Preparer Use Only

Preparer's name _____ Preparer's signature _____ PTIN _____ Firm's EIN _____

Firm's name ▶ _____ Phone no. _____

Firm's address ▶ _____

Check if: 3rd Party Designee Self-employed

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040** (2018)

Student's name must be listed as a dependent on tax forms

Tax Filer's Signature and date is required, even if there was a separate tax preparer

FORM 1040
Sample 1 (page 1 of 2)

1	Wages, salaries, tips, etc. Attach Form(s) W-2					1	
2a	Tax-exempt interest	2a				2b	Taxable interest
3a	Qualified dividends . . . IRAs,	3a				3b	Ordinary dividends
4a	pensions, and annuities	4a				4b	Taxable amount
5a	Social security benefits	5a				5b	Taxable amount
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22					6	
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6					7	
8	Standard deduction or itemized deductions (from Schedule A)					8	
9	Qualified business income deduction (see instructions)					9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-					10	
11	a Tax (see inst.) (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form(s) 990-B 3 <input type="checkbox"/> Form(s) 990-E)					11	
	b Add any amount from Schedule 2 and check here <input type="checkbox"/>						
12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>					12	
13	Subtract line 12 from line 11. If zero or less, enter -0-					13	
14	Other taxes. Attach Schedule 4					14	
15	Total tax. Add lines 13 and 14					15	
16	Federal income tax withheld from Forms W-2 and 1099					16	
17	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863					17	
	Add any amount from Schedule 5						
18	Add lines 16 and 17. These are your total payments					18	
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid					19	
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>					20a	
	b Routing number c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings						
	d Account number						
21	Amount of line 19 you want applied to your 2019 estimated tax					21	
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions					22	
23	Estimated tax penalty (see instructions)					23	

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

Standard Deduction for—

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

Refund

Direct deposit? See instructions.

Amount You Owe

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

Tax Filer's name must be Listed at the top of page 2 if pages 1 and 2 are not printed on the same page

Your Adjusted Gross Income Amount of \$100,000 or less is found on Line 7

FORM 1040 Sample 1 (page 2 of 2)

The first two pages of the 2018 Federal 1040 tax forms are required

Form 1040 U.S. Individual Income Tax Return **2018** OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

Filing status: Single Married filing jointly Married filing separately Qualifying widow(or) Head of household

Your first name and initial _____ Last name _____ Your social security number _____

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1964 You are blind

Spouse or qualifying person's first name and initial (see inst.) _____ Last name _____ Spouse's social security number _____

Spouse standard deduction: Someone can claim your spouse as a dependent Your spouse was born before January 2, 1964 Your spouse is blind Your spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____ Full-year health care coverage (see instructions)

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule B. _____ If more than four dependents, see instructions and check here

Dependents (see instructions):

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

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 _____ Date _____
Spouse's signature. If a joint return, both must sign. _____ Date _____

Print/Type preparer's name _____ Preparer's signature _____ PTIN _____
Firm's name _____ Firm's EIN _____

Check if:
 3rd Party Designee
 Self-employed

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2018)

Student's name must be here

Tax Filer's Signature (w/ date) is Required

Page 2 starts here

Your Adjusted Gross Income Amount on line 7

Form 1040 (2018) Page 2

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1
2a	Tax-exempt interest	2a
3a	Qualified dividends	3a
4a	IRAs, pensions, and annuities	4a
5a	Social security benefits	5a
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 and check here <input type="checkbox"/>	6
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1 line 36, from line 6 and check here <input type="checkbox"/>	7
8	Standard deduction or itemized deductions (from Schedule A) If attaching Schedule A, check here <input type="checkbox"/>	8
9	Qualified business income deduction (see instructions)	9
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10
11	Tax (see inst.) _____ (check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form(s) 8812 c <input type="checkbox"/> Form(s) 8813)	11
12	Child tax credit/credit for other dependents _____ Add any amount from Schedule 3 and check here <input type="checkbox"/>	12
13	Subtract line 12 from line 11	13
14	Other taxes. Attach Schedule 4	14
15	Total tax. Add lines 13 and 14	15
16	Federal income tax withheld from Forms W-2 and 1099	16
17	Refundable credits: a EIC (see inst.) _____ b Sch 8812 _____ c Form 8833 _____ Add any amount from Schedule 5 and check here <input type="checkbox"/>	17
18	Add lines 16 and 17. These are your total payments	18
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	20a
b	Routing number _____ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number _____	
21	Amount of line 19 you want applied to your 2019 estimated tax	21
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22
23	Estimated tax penalty (see instructions)	23

Form 1040 (2018)

FORM 1040
Sample 2 (pages 1 and 2)