	U.	S. Individual Income Ta	x Re	eturn 20	fede	eral 1040 ta	x forn	n are required			
Filing Status Check only one box.	If yo	Single Married filing jointly Married filing separately (MFS) Head on schold (HOH) Qualifying widow(er) (QW) f you checked the MFS box, enter the name 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.									
Your first name and middle initial				t 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. Apt. no.				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 for	eign ad	ddress, also complete sp	paces below (see instru	ctions).		box below will not change your			
Foreign country name				Foreign province/state/county Foreign 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, 195	5 🗆	Are blind Spouse:	Was born before	e January 2, 1955	☐ Is blir	nd			
Dependents ((1) Firstname	see ins	structions): Lastname	((2) Social security number	(3) Relationship to you	Child tax cre	edit	r (see instructions): Credit for other dependents			
					Student'	s name mus	t be I	isted *			
					•						
	1	Wages, salaries, tips, etc. Attach Forr	n(s) W	-2			. 1				
	2a	Tax-exempt interest	2a		b Taxable interest. A	attach Sch. B if require	ed 2b				
Standard Deductionfor—	3a	Qualified dividends IRA 3a b Ordinary dividends. Attach Sch. B if r					ed 3b				
	4a	distributions	4a		b Taxable amount		4b				
Single or Married filing separately,	С	Pensions and annuities .	4c		d Taxable amount		4d				
\$12,200	5a	Social security benefits	5a		b Taxable amount		5b				
Married filing jointly or Qualifying	6	Capital gain or (loss). Attach Schedule D if required. If not required, check here									
widow(er), \$24,400	7a	Other income from Schedule 1, line 9	7a								
Head of	b	3b, 4b, 4d, 5b, 6, and 7a. This is your	7b								
household, \$18,350	8a	income from Schedule 1, line 22	8a								
If you checked	b	7b. This is your adjusted gross incom	ne		our adjusted	8.033	8b				
any box under Standard	9	Standard deduction or itemized ded	luct	<u> </u>	ncome. **						
Deduction, see instructions.	10	Qualified business income deduction.									
See instructions.	11a	Add lines 9 and 10	. 11a								
	b	Taxable income. Subtract line 11a fro	. 11b								

* Student must be claimed as a dependent on the tax return.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

** Tax filer's adjusted gross income is found on line 8b.

Only the first two pages of the federal 1040 form is needed. Do not submit state tax returns or W-2.

Cat. No. 11320B

Form **1040** (2019)

Federal 1040 form Sample page 1 of 2

			Tax filer	's name n	nust appea	r here if p	age 2 is	S		- 0
Form 1040 (2019	9)					**			Page 2	
	12a	Tax (see inst.) Check if any from			rately from	page 1.				
	b	Add Schedule 2, line 3, and line	12 and enter the t	otal			•	12b		
	13a	Child tax credit or credit for other	er dependents .			13a				
	b	Add Schedule 3, line 7, and line	13a and enter the t	otal			•	13b		
	14	Subtract line 13b from line 12b.	If zero or less, ente	er -0				14		
	15	Other taxes, including self-emplo			15					
	Add lines 14 and 15. This is your total tax							16		
	17	Federal income tax withheld from	17							
If you have a	18_	Other payments and refundable credits:								
qualifying child, attach Sch. EIC.	<u>a</u>	Earned income credit (EIC) .	18a							
If you have	b	Additional child tax credit. Attach		18b						
nontaxable combat pay, see	С	American opportunity credit fron	3 18c							
instructions.	d	Schedule 3, line 14	18d							
	е	Add lines 18a through 18d. These are your total other payments and refundable credits								
	19	Add lines 17 and 18e. These are your total payments						19		
Refund	20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid								
	21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here								
Direct deposit? See instructions.	► b	P Routing number								
	► d									
	22	Amount of line 20 you want applied to your 2020 estimated tax								
Amount	23	Amount you owe. Subtract line	19 from line 16. Fo	r details on how	to pay, see instruction	ons	•	23		
You Owe	24	Estimated tax penalty (see instructions)								
Third Party	Do	you want to allow another person	(other than your page 1)	aid preparer) to d	iscuss this return wi	th the IRS? See in	structions.	=	Yes. Complete	below.
Designee	D-	-11-		Dhana		Personal identific		_	No	
(Other than paid preparer)		esignee's ame ►		Phone no. ►		number (PIN)			$\neg \neg$	
	Unc	der penalties of periury. I declare that I h	ave examined this ret	urn and accompany	ing schedules and state	ements, and to the be	est of my knov	vledge a	nd belief, they are	e true.
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 tru correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Here	Yo	ur signature	Date			16.0	IDO			
	•			T	ax filer's sig	nature & i	date ar	e ne	** hehe	***
Joint return? See instructions.	Spouse's signature. If a joint return, both must sign.			2.1			aute ui	C 110	.cucu	
Keep a copy for	Sp	ouse's signature. If a joint return, i	Date Opouse's occupation			Identi	ity Prote	ection PIN, ente	er it here	
your records.							I	ee inst.)		
	Phone no.			Email address			'			
Doid	Pre	eparer's name	ture		Date	PTIN		Check if:		
Paid								3rd Party	Designee	
Preparer Use Only	Fin	m's name ►	Phone n).		Self-emp	loyed	
	Fin	m's address ►					Firm's	n's EIN ▶		
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 & 2 are not printed on the same page.

**** Tax filer's signature and date are required, even if the tax return was submitted electronically or was prepared by an accountant or third-party preparer.

Federal 1040 form Sample page 2 of 2