1040	Depa U.S	rtment of the Treasury—Internal Revenue Ser	rvice AX Re	(99) eturn	20	19	OMB No. 1545-	0074 IRS Use Onl	y—Do not v	write or staple in this space.		
Filing Status Check only one box.	If you	ingle	-	Ŭ	eparately (MFS) ou checked th	_	Head of househol or QW box, enter	` ,	, 0	dow(er) (QW) fying person is		
Your first name and middle initial				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. Apt. no.								Presidential Election Campaign Check here if you, or your spouse if filing				
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Checking a box below will not change you tax or refund. You Spous										a box below will not change your		
Foreign country name				Foreign province/state/county Foreign province/state/county				Foreign postal code		than four dependents, tructions and ✓ here ►		
Standard Deduction												
Age/Blindness	You:	Were born before January 2, 195	55	Are blin	d Spouse	: 🗆	Was born before	January 2, 1955	Is bl	ind		
Dependents (see instructions): (1) First name Last name			(2	(2) Social security number			Relationship to you	(4) ✓ i Child tax c	•	for (see instructions): Credit for other dependents		
				_								
		Managaran dia ata Au I 5	(-) \\\ (-)									
	1 2a	Wages, salaries, tips, etc. Attach Forr Tax-exempt interest	n(s) w-2 2a	. .	· · · i	 Ь Т		tach Sch. B if requi	. 1 red 2			
	24	rax-exemplimerest	2a			ט ו	axable iliterest. At	tacii ocii. D ii requi	-cu 21	,		

Standard Deduction for-

За

4a

С

5a

6

7a

b

8a

b

Qualified dividends . . .

Pensions and annuities . . .

Social security benefits . . .

IRA distributions . .

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18.350
- If you checked any box under Standard Deduction, see instructions.
 - Qualified business income deduction. Attach Form 8995 or Form 8995-A .
 - Standard deduction or itemized deductions (from Schedule A) . . . 9 10
 - 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.

За

4a

4c

5a

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

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

Cat. No. 11320B

b Ordinary dividends. Attach Sch. B if required

9

10

b Taxable amount

d Taxable amount

b Taxable amount

Form **1040** (2019)

3b

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	13a Child tax credit or credit for other dependents								
	13a									
	b									
	14									
	15	Other taxes, including self-employment tax, from Schedule 2, line 10								
	16	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	credits:							
qualifying child,	а	Earned income credit (EIC) .				18a				
attach Sch. EIC. If you have	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		
Herana	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	Savin	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	19 from line 16. Fo	or details on how	v to pay, see instructi	ons		▶ 23		
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 paid preparer)	Designee's		Phone		Personal iden					
	name ▶ no. ▶ number (PIN) ▶									
Sign Here		der penalties of perjury, I declare that I rect, and complete. Declaration of prepare						of my knowled	ge and belief, they are true,	
	Yo	Your signature		Date	Your occupation			If the IRS se	nt you an Identity	
Joint return? See instructions. Keep a copy for your records.									otection PIN, enter it here	
	L	Spouse's signature. If a joint return, both must sign.						(see inst.)		
	Sp			Date	Spouse's occupation				the IRS sent your spouse an dentity Protection PIN, enter it here	
							(Se		ection in the remaining in the re-	
	Ph	one no.	Email address							
Paid Preparer Use Only		eparer's name	Preparer's signat			Date PTI		N	Check if:	
									3rd Party Designee	
	Fir	m's name ▶			Phone no.			Self-employed		
	_	m's address ▶					Firm's EIN I			
Go to www.irs.gov/Form1040 for instructions and the latest information.										