

Form 1040

Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

2019

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status

- Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)

FILING STATUS: Please check the box that applies to you.

Check only one box.

If 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: John A. Last name: Doe. Your social security number: 1 2 3 4 5 6 7 8 9. Spouse's social security number.

Home address: Florida Department of Corrections, Centerville Station, PO Box 12100. City: Tallahassee, FL 32317-2100. Personally-Identifying Corrections # 12345. Presidential Election Campaign: You.

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, 1955, Are blind. Spouse: Was born before January 2, 1955, Is blind.

Table with 4 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents.

Standard Deduction for— 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.

Main income summary table with rows 1-11b. Includes taxable interest, dividends, social security benefits, capital gain, other income, adjustments, and taxable income.

Annotations: 2b \$1, 3b Sections 2b, 7b, and 8b: State \$1 if you make less than \$12,200 as an individual or \$24,400 as a couple, 7b \$1, 8b \$1, 11b \$0.00 if you make less than \$12,200 as an individual or \$24,400 as a couple.

Fill in Sections 2b, 7b, 8b, and 11b as instructed above. Do NOT fill in any other line items.

| | | | |
|------------|--|------------|------------|
| 12a | Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | 12a | |
| b | Add Schedule 2, line 3, and line 12a and enter the total | | 12b |
| 13a | Child tax credit or credit for other dependents | 13a | |
| b | Add Schedule 3, line 7, and line 13a and enter the total | | 13b |
| 14 | Subtract line 13b from line 12b. If zero or less, enter -0- | | 14 |
| 15 | Other taxes, including self-employment tax, from Schedule 2, line 10 | | 15 |
| 16 | Add lines 14 and 15. This is your total tax | | 16 |
| 17 | Federal income tax withheld from Forms W-2 and 1099 | | 17 |
| 18 | Other payments and refundable credits: | | |
| a | Earned income credit (EIC) | 18a | |
| b | Additional child tax credit. Attach Schedule 8812 | 18b | |
| c | American opportunity credit from Form 8863, line 8 | 18c | |
| d | Schedule 3, line 14 | 18d | |
| e | Add lines 18a through 18d. These are your total other payments and refundable credits | | 18e |
| 19 | Add lines 17 and 18e. These are your total payments | | 19 |

• If you have a qualifying child, attach Sch. EIC.
 • If you have nontaxable combat pay, see instructions.

Refund

Direct deposit? See instructions.

| | | | |
|------------|---|------------|--|
| 20 | If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid | 20 | |
| 21a | Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 21a | BANK ACCOUNT: |
| b | Routing number | c | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| d | Account number | | |
| 22 | Amount of line 20 you want applied to your 2020 estimated tax | 22 | |

If you have a bank account enter that information in lines 21b through d. If you don't have a bank account leave this section blank.

Amount You Owe

| | | | |
|-----------|---|-----------|--|
| 23 | Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions | 23 | |
| 24 | Estimated tax penalty (see instructions) | 24 | |

Third Party Designee

(Other than paid preparer)

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**

| | | |
|-----------------|-----------|--------------------------------------|
| Designee's name | Phone no. | Personal identification number (PIN) |
|-----------------|-----------|--------------------------------------|

Sign Here

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

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 <i>John D. Doe</i> | Date 2/29/20 | Your occupation Unemployed | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| Phone no. | Email address | | |

Paid Preparer Use Only

| | | | | |
|-----------------|----------------------|------|------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed |
| Firm's name | Phone no. | | | |
| Firm's address | Firm's EIN | | | |