



<b>12a</b>	<b>Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>12a</b>	2,183	
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total	<b>12b</b>		2,183
<b>13a</b>	Child tax credit or credit for other dependents	<b>13a</b>	2,183	
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total	<b>13b</b>		2,183
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>		0
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>15</b>		0
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b>	<b>16</b>		0
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>		0
<b>18</b>	Other payments and refundable credits:			
<b>a</b>	Earned income credit (EIC)	<b>18a</b>		
<b>b</b>	Additional child tax credit. Attach Schedule 8812	<b>18b</b>	817	
<b>c</b>	American opportunity credit from Form 8863, line 8	<b>18c</b>		
<b>d</b>	Schedule 3, line 14	<b>18d</b>	0	
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>	<b>18e</b>		817
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b>	<b>19</b>		817

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

**Refund**

<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>	<b>20</b>		817
<b>21a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>21a</b>		817
<b>b</b>	Routing number 073000228	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
<b>d</b>	Account number 9262933741			
<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b>	<b>22</b>		

**Amount You Owe**

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

**Third Party Designee**

**Yes.** Complete below.  
 **No**

(Other than paid preparer) Designee's name  Phone no.  Personal identification number (PIN)

**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	Your occupation RESEARCH SCHOLAR	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation HOUSEWIFE	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name MOHAMMED FILALI	Preparer's signature	Date	PTIN P01704400	Check if: <input type="checkbox"/> 3rd Party Designee <input checked="" type="checkbox"/> Self-employed
Firm's name <b>CPS ACCOUNTING TAX SERVICES</b>	Phone no. 3192485535			
Firm's address <b>1840 S GILBERT ST, IOWA, IA 52240</b>	Firm's EIN <b>814313953</b>			