

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 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	Last name	Your social security number
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Mailing Address P.O. box, see instructions.		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).		IMPORTANT Please Provide Current Mailing Address
		If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>

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

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

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.

1 Wages, salaries, tips, etc. Attach Form(s) W-2					1	
2a Tax-exempt interest	2a		b Taxable interest. Attach Sch. B if required		2b	
3a Qualified dividends	3a		b Ordinary dividends. Attach Sch. B if required		3b	
4a IRA distributions	4a		b Taxable amount		4b	
c Pensions and annuities	4c		d Taxable amount		4d	
5a Social security benefits	5a		b Taxable amount		5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here				<input type="checkbox"/>	6	
7a Other income from Schedule 1, line 9					7a	
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income					7b	
8a Adjustments to income from Schedule 1, line 22					8a	
b Subtract line 8a from line 7b. This is your adjusted gross income					8b	
9 Standard deduction or itemized deductions (from Schedule A)		9				
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A		10				
11a Add lines 9 and 10					11a	
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-					11b	

KIA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2019)

Attach Form(s) W-2/W-2GU/W-2G (COPY B) here.
Also attached Form(s) 1099's (COPY B) and a copy of the SSA-1099 (if applicable)

(COPY B)

If you did not receive a W-2/W-2GU, Please refer to instructions
<https://www.irs.gov/taxtopics/tc154>

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> <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

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	
22	Amount of line 20 you want applied to your 2020 estimated tax ▶	22		

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		

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	Your occupation	Daytime Phone Number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	Daytime Phone Number
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 EIN ▶	
Firm's address ▶				