§1040		rtment of the Treasury—I S. Individual				201	9	Must b	-	Use Only-	-Do no	t write o	or staple in this space.	
Filing Status		Single Married f	iling jointly		Aarried filing senar	rately (MFS)	Пне	or 2	020		fvina v	idow(	er) (OW)	
Check only		Single Married filing jointly Married filing separately (MFS) He Qualifying widow(er) (QW)  u 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												
one box.	a child but not your dependent. ▶											person is		
Your first name			Juliu P	$\neg$	Last name				_		Vour	encial	security number	
rour mot name	and m	due initia	- I	Lastriario										
If your status is					Last name						Spouse's social security number			
If joint return, spouse's Independent, your					Last name						Spouse's social security number			
nama will be bore											Description Communication			
Home address	(numbe	rand		see i	nstructions.					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 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 the control of the con											below will not change your			
										t	tax or re	fund.	You Spouse	
Foreign countr	Foreign country name Foreign province/state/county Foreign postal code									eign postal code	in more train roar acpartacine,			
										see instructions and ✓ her			ons and ✓ here ►	
Standard	Some	eone can claim: You as a dependent Your spouse as a dependent												
Deduction	<u> </u>	Spouse itemizes on a separate return or you were a dual-status alien												
Age/Blindness	You:	Were born before	re January 2, 1	955	Are blind	Spouse:	☐ Wa	as born before	Jan	uary 2, 1955	ls	olind		
Dependents (	see ins	tructions):			(2) Social secur	rity number	(3) Re	lationship to you		(4) ✓ if o	nualifies	for (see	e instructions):	
(1) First name		Last	name		(-)	,	(4)		- 1	Child tax cred			edit for other dependents	
	If v	f your status is NOTE			If you're Dependent and separately from your (s), provide your own tax ND your parent's tax doc									
	,			•								+		
	name will be on one parent													
				+										
	0		2000		your parent's	тах дос			_			_		
_	1	wages, salaries, tips		- 1	.	· · · i					$\vdash$	1		
	2a	Tax-exempt interest						Taxable interest. Attach Sch. B if require				2b		
Standard	3a				3a b Ordinary dividends. Attach Sch. B if requ					h Sch. B if require		Bb		
Deduction for—	4a	IRA distributions			b Taxable amount .						-	lb		
<ul> <li>Single or Married filing separately,</li> </ul>	С	Pensions and annuities			4c d Taxable amount .						- 1	ld		
\$12,200 • Married filing	5a	Social security bene	fits	5	5a b Taxable amount							ib		
jointly or Qualifying	6	Capital gain or (loss)	. Attach Sched	dule D	if required. If not	required, ch	eck here			▶ □	J L	6		
widow(er), \$24,400	7a	Other income from 9	Schedule 1, line	9	Adjusted Gross						1	7a		
• Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income Income (AGI) is on line 8b of the									7b			
household,	8a										1	Ba		
\$18,350  • If you checked  b Subtract line 8a from line 7b. This is your adjusted gross income								for	m ,	$\rightarrow$	3b			
any box under Standard	9	Standard deduction or itemized deductions (from Schedule A)												
Deduction,	10	Qualified business income deduction. Attach Form 8995 or Form 8995-A 10												
see instructions.	11a	Add lines 9 and 10							٦,	1a				
	b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-										1b		

Form 1040 (2019)

Cat. No. 11320B

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

Form 1040 (2019	9)										Page 2
	12a	Tax (see i	nst.) Check if any from F	orm(s): 1 🔲 8814	<b>2</b> 4972	3 🗌	12a				
	b	Add Schedule 2, line 3, and line 12a and ent					. •	12b			
	13a	Child tax	credit or credit for othe	2 of the form 1040			13a				
	b	Add Sche	dule 3, line 7, and line						. ▶	13b	
	14 Subtract line 13b from line 12b. If zero or less, enter -0									14	
	15	5 Other taxes, including self-employment tax, from Schedule 2, line 10									
	16	Add lines 14 and 15. This is your total tax								16	
	17	Federal in	come tax withheld from	Forms W-2 and 1099							
• If you have a	18	Other payments and refundable credits:									
qualifying child,	а	Earned in	come credit (EIC) .								
attach Sch. EIC.  If you have	ь	Additiona	I child tax credit. Attac	h Schedule 8812			18b				
nontaxable	С	American	opportunity credit from	n Form 8863, line 8	3		18c			1	
combat pay, see instructions.	d	Schedule	3, line 14				18d			1	
	е	Add lines	18a through 18d. Thes	se are your total of	ther payments	and refundable cre	dits .		. ▶	18e	
	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									
neiulia	21a	Amount of line 20 you want <b>refunded to you.</b> If Form 8888 is attached, check here							▶ 🗌	21a	
Direct deposit?	►b	Routing number									
See instructions.	►d	Account number									
	22	Amount of line 20 you want applied to your 2020 estimated tax									
Amount	23	Amount y	you owe. Subtract line	19 from line 16. Fo	or details on how	v to pay, see instruc	tions .		. ▶	23	
You Owe	24	Estimated	Estimated tax penalty (see instructions)								
Third Party	Do	you want to	o allow another person	(other than your p	aid preparer) to	discuss this return	with the IR	S? See ins	tructions.		Yes. Complete below.
Designee											No
(Other than paid preparer)		signee's		Phone		Personal identific					
	name ► no. ► number (PIN) ► 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.										
Sign			of perjury, I declare that I aplete. Declaration of preparation							knowledg	ge and belief, they are true,
Here	Vo	our signature			Date		I If the			nt you an Identity	
	, "	Tour aignature			Date		Prof			IN, enter it here	
Joint return?	_								(see	inst.)	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, <b>both</b> must sign.			Date Spouse's	Spouse's occupa	tion				nt your spouse an
	•									ntity Protection PIN, enter it here e inst.)	
	Di	one no.		Email address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Paid Preparer Use Only		one no. eparer's nar	me	Preparer's signat		Date PT		PTIN		Check if:	
		Preparer 5 and			ure	Date				3rd Party Designee	
		m's name I			Dhara	Phone no.			Self-employed		
					Prione no.				- Firm	In EIN A	
	Firm's address ► Firm  ov/Form1040 for instructions and the latest information.								's EIN I		
Go to www.irs.go	ov/rom	1040 for in	istructions and the late	st information.							Form 1040 (2019)