

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household 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
Home address (number and street name, including apartment, suite, or unit number, if applicable. 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).		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/country	Foreign postal code
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>		

If your status is Independent, your name will be here

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"/>

If your status is Dependent, your name will be on one of these lines

NOTE: If you're Dependent and file separately from your parent(s), provide your own tax doc AND your parent's tax doc

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

Adjusted Gross Income (AGI) is on line 8b of the 2019 form

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.

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		12b
13a Child tax credit or credit for other dependent	13a	
b Add Schedule 3, line 7, and line 13a and enter		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

Be sure to include page 2 of the form 1040

• 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
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

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)
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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	Date	Your occupation	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			