| 104 | | artment of the Treasury—Internal Revenue Servenue Serve | | | 99) n | 20 | 19 | OMB No. 1545 | -0074 | IRS Use Only- | –Do not w | rite or staple in this space. |
|--|---|--|--------|----------------------------|-----------------|----------------|-----------------------------|----------------------------------|---|---|---|---|
| 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 | | | | | | | Your social security number | | | | | |
| If joint return, spouse's first name and middle initial Last name | | | | | | | | | Spouse's social security number | | | |
| | | | | | | | | | Check here if you, or your spouse if filing | | | |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). | | | | | | | | | | jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse | | |
| Foreign country name | | | | Foreign provin | | | state/county | | Foreigr | n postal code | | han four dependents, ructions and ✓ 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): (1) First name Last name | | | | (2) Social security number | | | (3) | | | (4) ✓ if Child tax cre | if qualifies for (see instructions): redit Credit for other dependents | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | 1 Wages, salaries, tips, etc. Attach Form(s) W- 2a Tax-exempt interest | | | 2. | | · · · | b Та | axable interest. Attach Sch. B i | | ch. B if require | 1 ed 2b | |
| Standard | 3a | Qualified dividends | 3a | a | | | b Or | b Ordinary dividends. Attac | | Sch. B if require | ed 3b | |
| Deduction for— | 4a | IRA distributions | 4a | | | | b Taxable amount | | | | 4b | |
| Single or Married filing separately, | с | Pensions and annuities | 4c | łc | | | d Ta | d Taxable amount | | | 4d | |
| \$12,200 | 5a | Social security benefits | 5a | | | | b Taxable amount . | | | <u>.</u> | | |
| Married filing jointly or Qualifying | 6 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | | | | |
| widow(er), \$24,400 | 7a Other income from Schedule 1, line 9 . . | | | | | | | | | | 7a | |
| Head of household | b | Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income | | | | | | | | | • 7b | |
| household, \$18,350 | 8a | | | | | | | | | | 8a | |
| If you checked any box under | b | Subtract line 8a from line 7b. This is your adjusted gross income | | | | | | | | | ► 8b | |
| Standard Deduction. | 9 | Standard deduction or itemized deductions (from Schedule A) | | | | | | | | | | |
| see instructions. | 10 | Qualified business income deduction. Attach Form 8995 or Form 8995-A 10 | | | | | | | | | | |
| | b | Taxable income. Subtract line 11a fro | m line | 8b. lf : | zero d | or less. enter | -0 | | | | 11b | |
| For Disclosure. | Privac | y Act, and Paperwork Reduction Act n | | | | | | | Cat. No. | 1152013 | 1.1.2 | Form 1040 (2019) |

Taxable income amount will also be needed for application, part D.