

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 |
| Home address (number and street). If you have a 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). | | 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/county | Foreign postal code |
| 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):

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



| | | |
|---|-----------|---|
| 1 Wages, salaries, tips, etc. Attach Form(s) W-2 | | 1 |
| 2a Tax-exempt interest | 2a | 2b Taxable interest. Attach Sch. B if required |
| 3a Qualified dividends | 3a | 3b Ordinary dividends. Attach Sch. B if required |
| 4a IRA distributions | 4a | 4b Taxable amount |
| c Pensions and annuities | 4c | 4d Taxable amount |
| 5a Social security benefits | 5a | 5b Taxable amount |
| 6 Capital gain or (loss). Attach Schedule D if required. If not required, check here | | 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 |

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 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 | |
| b | Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| d | Account number <input type="text"/> | | |
| 22 | Amount of line 20 you want applied to your 2020 estimated tax | 22 | |

Direct deposit? See instructions.

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

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 <input type="text"/> | Phone no. <input type="text"/> | Personal identification number (PIN) <input type="text"/> |
|--------------------------------------|--------------------------------|---|

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

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

| | | | | |
|--------------------------------------|---|---------------------------|---------------------------|--|
| Preparer's name <input type="text"/> | Preparer's signature <input type="text"/> | Date <input type="text"/> | PTIN <input type="text"/> | Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed |
| Firm's name <input type="text"/> | Phone no. <input type="text"/> | | | |
| Firm's address <input type="text"/> | Firm's EIN <input type="text"/> | | | |