Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only—Do not write or staple in this space.

Filing Status		Single Married filing jointly		rried fi	ling	separ	ately (N	/IFS)	Hea	d of hou	ısehold (HC	OH) [_ Qua	lifying wid	low(er) (QW)		
Check only one box.		you checked the MFS box, enter the		of you	rspo	ouse.	If you c	heck	ked the HC)H or Q	W box, ent	er the	child's	name if th	ne qualifying		
	•	person is a child but not your dependent ▶															
Your first name	and	middle initial	Last	name									Your so	cial securi	ty number		
If joint return, sp	oouse	s's first name and middle initial	Last	name								:	Spouse	's social se	curity number		
Home address	e instru	instructions. Apt. r									Presidential Election Camp Check here if you, or your						
City, town, or p	complete	mplete spaces below. State							code	spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse							
Foreign country		Foreign province/state/county Foreign pos															
At any time du	ring	2020, did you receive, sell, send, ex	change	, or ot	her	wise a	cquire	any	financial ir	nterest i	n any virtu	al cur	ency?	Yes	☐ No		
Standard Deduction	So	meone can claim: You as a c Spouse itemizes on a separate retu	•				•		a depende	ent							
Age/Blindness	Yo	u: Were born before January 2,	1956	A	re b	olind	Spo	use	: Was	born b	efore Janu	ıary 2,	1956	ls b	lind		
Dependents	(se	e instructions):			(2)		security	,	(3) Relati		(4)	🖊 if qua	qualifies for (see instructions):				
If more	(1)	First name Last name		number				to you			Child	dit	dit Credit for other dependents				
than four	in four endents, instructions check																
see instructions																	
and check	_					┷	<u> </u>								<u> </u>		
here ▶													1				
Attach	1	_ Wages, salaries, tips, etc. Attach	1,														
Sch. B if	28	'	2a					b Taxable interest					2b				
required.	38	- '	3a							vidends			3b				
	48		4a										4b				
	5a	Pensions and annuities	5a				_	b T	axable am	ount .			5b				
Standard	68	Social security benefits	6a					b T	axable am	ount .		· <u>·</u>	6b)			
Deduction for— Single or	7	Capital gain or (loss). Attach Sch	edule [) if rec	quire	ed. If r	ot requ	iired	, check he	re .		▶ _	7				
Married filing	8	Other income from Schedule 1, I	ne 9 .										8				
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	7, and 8. This is your total income														
Married filing	10	Adjustments to income:															
jointly or Qualifying	a	From Schedule 1, line 22															
widow(er), \$24,800	k	Charitable contributions if you tak	e the s	tandar	d de	eduction	on. See	inst	ructions	10b							
• Head of	c	Add lines 10a and 10b. These are	e your t	total a	dju	stmei	nts to i	ncor	ne			. •	100	c			
household, \$18,650	11	Subtract line 10c from line 9. This is your adjusted gross income										. •	- 11				
If you checked	12	Standard deduction or itemize	d dedu	ctions	s (fro	om Sc	hedule	A)					12	2			
any box under Standard	13	Qualified business income deduc	ction. A	ttach	Forr	n 899	5 or Fo	rm 8	995-A .				13	3			
Deduction,	14	Add lines 12 and 13										14					
see instructions.	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0										15					
For Disclosure,	Priva	cy Act, and Paperwork Reduction Act								С	at. No. 11320	В	,	Forn	n 1040 (2020)		

Form 1040 (2020))										Page 2	
	16	Tax (see instructions). Check	if any from Form	(s): 1	8814	2 4972	3 🗌			. 16		
	17	Amount from Schedule 2, lin	e3							. 17		
	18	Add lines 16 and 17								. 18		
	19	Child tax credit or credit for o	other dependent	ts						. 19		
	20	Amount from Schedule 3, lin	e7							. 20		
	21	Add lines 19 and 20								. 21		
	22	Subtract line 21 from line 18.	. If zero or less,	enter -0-						. 22		
	23	Other taxes, including self-er	mployment tax,	from Sch	edule	2, line 10 .				. 23		
	24	Add lines 22 and 23. This is	your total tax							▶ 24		
	25	Federal income tax withheld	from:									
	а	Form(s) W-2					25a					
	b	Form(s) 1099					25b					
	С	Other forms (see instructions	s)				25c					
	d	Add lines 25a through 25c	•							. 25d		
15	26	2020 estimated tax payment										
 If you have a qualifying child, 	27	Earned income credit (EIC)					27		-			
attach Sch. EIC.	28	Additional child tax credit. At				28						
nontaxable	29	American opportunity credit				29						
combat pay, see instructions.	30		•			30						
	31	Recovery rebate credit. See instructions										
	32	Add lines 27 through 31. These are your total other payments and refundable credits .								▶ 32		
	33	Add lines 25d, 26, and 32. These are your total payments										
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid										
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here >								35a		
Direct deposit?	b b	Routing number Sayou want returned to you. If Form 8886 is attached, check here Fig. 3.										
See instructions.	►d								95			
	36	Amount of line 34 you want a	applied to your	2021 acti	mate	d tay	26	;				
Amount		•	••					·		▶ 37		
You Owe	37	Subtract line 33 from line 24. This is the amount you owe now										
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.								for		
how to pay, see	38											
instructions.		you want to allow another										
Third Party Designee		structions	•					Yes. Co	omole	ete below	□No	
		signee's			hone					lentification		
		me ▶			0.				ber (Pl			
Sign		der penalties of perjury, I declare the										
Here	bel	pelief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge										
11010	Yo	our signature			Date Your occupation					f the IRS sent you an Identity		
	N.									Protection PIN, enter it here (see inst.)		
Joint return? See instructions.	Sn	pouse's signature. If a joint return, both must sign.			Date Spouse's occupation					If the IRS sent your spouse an		
Keep a copy for	Sp	ouse's signature. If a joint return, b	pale Spouse's occupation							entity Protection PIN, enter it here		
your records.								(se				
	Ph	one no.		Email add	dress							
	Pre	eparer's name	Preparer's signat	ure			Date		PTIN	1	Check if:	
Paid											Self-employed	
Preparer	Fire	m's name ▶					1		П	Phone no.		
Use Only		m's address ▶							_		rm's EIN ▶	
		n1040 for instructions and the lates	et information								Form 1040 (2020	