

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial _____ Last name _____ Your social security number _____

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial _____ Last name _____ Spouse's social security number _____

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)
 Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____ Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. _____ If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(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"/>

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.

Joint return? See instructions. Keep a copy for your records. **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 you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only
 Preparer's name _____ Preparer's signature _____ PTIN _____ Firm's EIN _____ Check if:
 3rd Party Designee
 Self-employed
 Firm's name ▶ _____ Phone no. _____
 Firm's address ▶ _____

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	1	Wages, salaries, tips, etc. Attach Form(s) W-2				1		
	2a	Tax-exempt interest	2a		b	Taxable interest	2b	
	3a	Qualified dividends	3a		b	Ordinary dividends	3b	
	4a	IRAs, pensions, and annuities	4a		b	Taxable amount	4b	
	5a	Social security benefits	5a		b	Taxable amount	5b	
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22				6		
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6				7		
Standard Deduction for— • Single or married filing separately, \$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions.	8	Standard deduction or itemized deductions (from Schedule A)				8		
	9	Qualified business income deduction (see instructions)				9		
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-				10		
	11	a Tax (see inst.) (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)				11		
		b Add any amount from Schedule 2 and check here <input type="checkbox"/>						
	12	a Child tax credit/credit for other dependents			b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12		
	13	Subtract line 12 from line 11. If zero or less, enter -0-				13		
	14	Other taxes. Attach Schedule 4				14		
	15	Total tax. Add lines 13 and 14				15		
	16	Federal income tax withheld from Forms W-2 and 1099				16		
	17	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8853				17		
		Add any amount from Schedule 5						
	18	Add lines 16 and 17. These are your total payments				18		
Refund	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid				19		
	20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>				20a		
		b Routing number			c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
Direct deposit? See instructions.		d Account number						
	21	Amount of line 19 you want applied to your 2019 estimated tax			21			
Amount You Owe	22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions				22		
	23	Estimated tax penalty (see instructions)			23			