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our ilist riali	ne and	e and middle midal			Last name						Your social security number		
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•	<b>its</b> (se	s (see instructions):		(2) Social secu		rity number	(3) Relationship to you		(4) ✓ Child tax c		es for (see inst.): Credit for other depend		
1) First name		Last name							Cilila tax c	euit			
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tach			•			,		Favabla int					
hedule B	2a	'		2a		1	<b>b</b> Taxable interest		. 2t	,			
required.	3a	a Qualified dividends		3a			_ b (	<b>b</b> Ordinary dividends			<b>)</b>		
	4a	IRA distributions	s	. 4a			<b>b</b> Taxable amo		nount	. 4k	<b>)</b>		
	С	Pensions and annuities .		4c			d <sup>-</sup>	<b>d</b> Taxable amount			k		
	5a	Social security benefits		5a			<b>b</b> Taxable amount			. 5b			
	6	Capital gain or (loss). Attach S			chedule D if required. If not required, check here					<b>□</b> 6			
	7a	Other income from Schedule 1, line 9						. 7a	3				
	b	Add lines 1, 2b,	3b, 4b, 4d,	5b, 6,	and 7	a. This is	your <b>to</b>	tal income	<b>.</b>	▶ 7k	)		
	8a				n Schedule 1, line 22					. 8a	a		
	b	Subtract line 8a	. This	This is your <b>adjusted gross income</b>					<b>▶</b> 8k	)			
tandard eduction	9	Standard deduction or itemized deductions (from Schedule A) 9											
See Standard	10				ion. Attach Form 8995 or Form 8995-A 10								
duction Chart low.	11a	Add lines 9 and	10							. 11	a		
	) <b>b</b>	h Taxable income Subtrac		line 11a from line 8b. If zero or less, enter -0					. 11	h			
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KIA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040-SR** (2019)

Attach Form(s) W-2/W-2GU/W-2G (COPY B) here. Also attached Form(s) 1099's (COPY B) and a copy of the SSA-1099 (if applicable) (COPY B)

12a Tax (see instructions). Check if any from: 1 □ Form(s) 8814 2 □ Form 4972 3 □ □ 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 qualifying child, attach Sch. ElC. 1 You have nortaxable combat pay, see instructions c Add lines 14 and 15. These are your total other payments and refundable credits ▶ 18c  a Add lines 18a through 18d. These are your total other payments and refundable credits ▶ 19  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 ▶ □ 21a  Amount of line 20 you want applied to your 2020 estimated tax ▶ 22  Amount of line 20 you want applied to your 2020 estimated tax ▶ 24  Sign Here  Vour occupation Daytime Phone Nur Your occupation Daytime Phone Nur Your signature  Daytime Phone Nur Your signature  Daytime Phone Nur Your occupation Daytime Phone Nur Your signature	2 ☐ Form 4972 3 ☐ 12a  e 3, and line 12a and enter the total			
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b Add Schedule 3, line 7, and line 13a and enter the total  b Add Schedule 3, line 7, and line 13a and enter the total  14 Subtract line 13b from line 12b. If zero or less, enter -0-  15 Other taxes, including self-employment tax, from Schedule 2, line 10  15 Add lines 14 and 15. This is your total tax  16 Add lines 14 and 15. This is your total tax  17 Federal income tax withheld from Forms W-2 and 1099  18 Other payments and refundable credits:  Earned income credit (EIC)  18 Additional child tax credit. Attach Schedule 8812  18 Additional child tax credit. Attach Schedule 8812  2 American opportunity credit from Form 8863, line 8  19 Add lines 18a through 18d. These are your total other payments and refundable credits ▶  19 Add lines 17 and 18e. These are your total payments  20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid  21 Amount of line 20 you want refunded to you. If Form 8888 is attached, check here ▶ □  21 Amount of line 20 you want applied to your 2020 estimated tax ▶ 22  Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions ▶  23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions ▶  24 Estimated tax penalty (see instructions)  Paytime Phone Nur	redit for other dependents			
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16 Add lines 14 and 15. This is your total tax	This is your <b>total tax</b>			
• If you have a qualifying child, attach Sch. EIC. • If you have nontaxable combat pay, see instructions.  • If you have a qualifying child, attach Sch. EIC. • If you have nontaxable combat pay, see instructions.  • If you have nontaxable combat pay, see instructions.  • Add lines 18a through 18d. These are your total other payments and refundable credits ▶  • Add lines 17 and 18e. These are your total payments ▶  • If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid  21a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here ▶□  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 ▶  24 Estimated tax penalty (see instructions) . ▶ 24  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on a for which preparer has any knowledge.  Your signature Day impersors W-2 and 1099  18a   18b   18b   18c   1	withheld from Forms W-2 and 1099			
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Joint return?	Date Your occupation Daytime Phone Number	Daytime Phone Number		
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See instructions. Keep a copy for your records.  Spouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation Daytime Phone Nur	Inti, both must sign. Date Spouse's occupation Daytime Priorie Number	Dayume i none Number		
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