1040		artment of the Treasury—Internal Revenue Servi		(99) eturn	20	20	OMB No. 154	5-007	4 DRT Use Only	y—Do	not write or :	staple in this space.	
Filing Status Check only one box.	Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) If you checked the MFS box, enter the name of your 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							use's socia	al security number	
Mailing address									Apt. no.	Б		RTANT	
City, town, or post office. If you have a foreign address, also co				omplete spaces below. State				ZIP	Please Provide Curr Mailing Address				
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, 1	956	Are bl	ind	Spouse	: Was bo	orn be	fore January 2	2, 195	56	ls blind	
Dependents		instructions):	, , , , , , , , , , , , , , , , , , , ,			(3) Relations to you	hip	(Month/Vear) Credit			Credit for		
If more than four									/				
dependents,							/		/				
see instructions and check									/				
here ▶ □									/				
									/				
									/				
	1_	Wages, salaries, tips, etc. Attach F	orm(s) V	V-2 / W-	2GU	,				.	1		
Attach Sch. B if	2a	Tax-exempt interest	2a			b Taxable interest				.	2b		
required.	3a		3a			b (Ordinary divide		.	3b			
	4a		4a			-	Taxable amount			.	4b		
	5a	_	5a			-	axable amour			٠	5b		
Standard Deduction for—	6a	Social security benefits 6a b Taxable amount						<u>.</u>	6b				
• Single or	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								_	7		
Married filing separately,	8									:	8		
\$12,400	9										9		
Married filing jointly or	10	Adjustments to income: a From Schedule 1, line 22											
Qualifying widow(er),	a	From Schedule 1, line 22											
\$24,800	b	Chantable contributions if you take	me stan	uaru dec	uction	. See inst	ructions 10	מנ		_			

10c

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Cat. No. 11320B

Form **1040** (2020)

Attach Form(s) W-2/W-2GU/W-2G (COPY B) here.

С 11

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 Head of household,

\$18,650 • If you checked

any box under Standard

see instructions.

Deduction,

Also attach Form(s) 1099's (COPY B) and a copy of the SSA-1099 (if applicable).

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

If you did not receive a W-2/W-2GU, please refer to instructions https://www.irs.gov/taxtopics/tc154.

Add lines 10a and 10b. These are your total adjustments to income

Qualified business income deduction. Attach Form 8995 or Form 8995-A

Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-.

Subtract line 10c from line 9. This is your adjusted gross income

Standard deduction or itemized deductions (from Schedule A)

Form 1040 (2020))									Page 2	
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌			16		
	17	Amount from Schedule 2, lin	ie3						17		
	18	Add lines 16 and 17							18		
	19	Child tax credit or credit for	other dependen	ts					19		
	20	Amount from Schedule 3, lin	ie7						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, excluding Lines	4 & 5, from Sch	nedule 2, line 1	0				23		
	24	Add lines 22 and 23. This is	your total tax					•	24		
	25	Federal income tax withheld	from:								
	а	Form(s) W-2 / W-2GU .				25a					
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	s)			25c					
	d	Add lines 25a through 25c							25d		
If you have a	26	2020 estimated tax paymen	ts and amount a	pplied from 20	119 return				26		
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC. If you have	28	Additional child tax credit. A	ttach Schedule	8812		28					
nontaxable	29	American opportunity credit	from Form 8863	8, line 8 . .		29					
combat pay, see instructions.	30	Recovery rebate credit. See	instructions .			30					
	31	Amount from Schedule 3, lin	ne 13			31					
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refunda	ble credits		•	32		
	33	Add lines 25d, 26, and 32. These are your total payments						•	33		
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid						34			
riciuliu	35a	Amount of line 34 you want refunded to you.							35a		
Direct deposit?	▶ b	Routing number			▶ c Type:	Checking S	Savi	ngs			
See instructions.	▶ d	Account number									
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax 🕨	36					
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			•	37		
You Owe	38	Estimated tax penalty (see in	nstructions) .		•	38					
Sign Here		der penalties of perjury, I declare t ief, they are true, correct, and com									
	You	ur signature	Date Your occupation					Daytime Phone Number			
Joint return? See instructions. Keep a copy for your records.	Spo	ouse's signature. If a joint return, I	ooth must sign.	Date Spouse's occupation					Daytime Phone Number		
	Pho	one no.		Email address					<u> </u>		
Paid Preparer Use Only	_	eparer's name				Date P		IN		Check if:	
			. Aspaisi o digitat					Self-employed			
	Firr	m's name							Phone no.		
	Firr	m's address 🕨						Firm's	n's EIN 🕨		
Go to https://ww	w.govg	nuamdocs.com/revtax/index_revta	x.htm for forms/ww	w.irs.gov for ins	tructions and sched	ules.				Form 1040 (2020)	