| Filing status:  | Single Married filing jointly  | Married filing                                       | separately                              | Head of household     | Quali   | fying widow(  | er)  |                                      |  |  |  |
|---|--|--|---|-----------------------|---|---|--|--------------------------------------|--|--|--|
| Your first name an  | d initial  | Last name  | Last name                               |                       |   |   | Your social security number  |                                      |  |  |  |
| Your standard dec   | luction: Someone can claim y   | ou as a dependent                                    | You w                                   | ere born before Janua | ry 2, 1954  | You   | are blind  |                                      |  |  |  |
| If joint return, spou   | se's first name and initial  | Last name  | ast name                                |                       |   |   |  | Spouse's social security number      |  |  |  |
| Spouse standard de  | Total Control  | Full-year health care coverage or exempt (see inst.) |   |                       |   |   |  |                                      |  |  |  |
| 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 ha   | ve a foreign addres                                  | s, attach Sche                          | edule 6.              |   |   | 100 March 200 Ma | han four dependents,<br>and ✓ here ► |  |  |  |
| Dependents (see instructions): (1) First name Last name                               |  |  | (2) Social security number (3) Relation |                       | hip to you (4)<br>Child tax   |   | ) ✓ if qualifies for (see inst.):<br>credit Credit for other dependents  |                                      |  |  |  |
|   |  |  |   |                       |   |   |  |                                      |  |  |  |
| <del>-</del>  |  |  |   |                       | .,  |   |  |                                      |  |  |  |
| olgii "   | nder 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, orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |  |   |                       |   |   |  |                                      |  |  |  |
| Here Joint return? See instructions. Keep a copy for your records.                    | Your signature   | Date   | Your occupation                         | Your occupation       |   | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |  |                                      |  |  |  |
|   | Spouse's signature. If a joint return  | Date   | Spouse's occupation                     |                       | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |   |  |                                      |  |  |  |
| Paid<br>Preparer<br>Use Only  | Preparer's name  | Preparer's signa                                     | ture                                    |                       | PTIN  |   | Firm's EIN   | Check if:  3rd Party Designee        |  |  |  |
|   | Firm's name ▶  |  |   |                       |   | Phone no.   |  | Self-employed                        |  |  |  |
|   | Firm's address ▶   |  |   |                       |   |   |  | -                                    |  |  |  |

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|--|--------|---|--------|------------------|
| Attach Form(s)<br>W-2. Also attach<br>Form(s) W-2G and<br>1099-R if tax was<br>withheld. | 1      | Wages, salaries, tips, etc. Attach Form(s) W-2  | 1      |                  |
|  | 2a     | Tax-exempt interest 2a b Taxable interest   | 2b     |                  |
|  | За     | 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, | 925    |                  |
| Standard   | _      | subtract Schedule 1, line 36, from line 6   | 7      |                  |
| Deduction for—   | 8      | Standard deduction or itemized deductions (from Schedule A)   | 8      |                  |
| <ul> <li>Single or married<br/>filing separately,<br/>\$12,000</li> </ul>                | 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     |                  |
| <ul> <li>Married filing<br/>jointly or Qualifying<br/>widow(er),<br/>\$24,000</li> </ul> | 11     | a Tax (see inst.) (check if any from: 1  Form(s) 8814 2  Form 4972 3 )                                | -112.4 |                  |
|  |        | b Add any amount from Schedule 2 and check here   | 11     |                  |
| Head of<br>household,<br>\$18,000  | 12     | a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here ▶      | 12     |                  |
|  | 13     | Subtract line 12 from line 11. If zero or less, enter -0  | 13     |                  |
| If you checked<br>any box under<br>Standard<br>deduction,<br>see instructions.           | 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 8863   |        |                  |
|  |        | Add any amount from Schedule 5  | 17     |                  |
|  | 18     | Add lines 16 and 17. These are your total payments  | 18     | i i i            |
| 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                      | 20a    | i i              |
| Direct deposit?<br>See instructions.   | ► b    | Routing number  |        |                  |
|  | ▶ 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)  |        |                  |
| Go to www.irs.go   | v/Form | n1040 for instructions and the latest information.  |        | Form 1040 (2018) |