1040) -S	R Department of the U.S. Tax	ne Treasury—Internal Reve Return for S	enue Servier	vice (99) rs	20-	9	OMB No. 154	45-0074	IRS Use Onl	y—Do not v	vrite or staple	in this space.
Filing		Single			Marri	ied filing jo				Married fili	ng sepa	rately (N	1FS)
Status		Head of house	· · ·			ifying wide				0.471			
Check only one box.			MFS box, enter the part of the second						нон о	or QW box,	enter tr	ne child's	
		me if the qualifying person is a child but not your dependent. ► d middle initial Last name Yo							Your se	Your social security number			
If joint return,	If joint return, spouse's first name and middle initial Last name S							Spouse	Spouse's social security number				
Home address (number and street). If you have a P.O. box, see instructions.										Presidential Election Campaign Check here if you, or your spouse if filing			
City, town or p	post of	fice, state, and ZI	P code. If you have a	a foreig	n addre:	ss, also com	plete	spaces belov	v (see in	structions).			this fund. ill not change you ou Spouse
Foreign country name				Foreign province/state/county Fore				Foreigr	° .		If more than four dependents, see inst. and ✓ here ►		
Standard	Sor	neone can cla	aim: 🗌 You as	a der	bender	nt 🗆 Yo	our s	pouse as	a dep	endent	1		
Deduction			es on a separat										
Age/Blindness	Υοι	J: 🗌 Were b	orn before Janu	ary 2,	1955	🗌 Ar	e bli	nd					
			born before Ja				bling						
Dependen (1) First name	i ts (Se	ee instructions Last name	s):	(2) 8	Social sec	urity number	(3)	Relationship to	you	(4) V Child tax o		es for (see ir Credit for ot	nst.): ther dependents
					_								
	1	Wages, sala	ries, tips, etc. A	ttach	Form(s) W-2.					. 1		
Attach	2a	Tax-exempt	interest	2a				b Taxable	e inter	est	. 2	b	
Schedule B if required.	3a		idends	3a				b Ordinar	v divi	dends .	. 3t	b	
	4a	IRA distributions		4a				b Taxable amount				-	
	та С	Pensions an		4c				d Taxable					
	-											-	
			ty benefits	5 a				b Taxable amount			. 5t □ 6	-	
	6		(loss). Attach Schedule D if required. If not required, che				eck he	x here . ►					
	7a Other income from Schedule 1, line 9							. 78	3				
	b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income \ldots \ldots >						► 7k)					
	8a	Adjustments to income from Schedule 1, line 22							. 8a	a 📃			
Standard	b	Subtract line	e 8a from line 7b	o. This	s is you	ur adjuste	ed gr	ross incoi	ne .		► 8t	ט	
Deduction	9	Standard de	duction or itemiz	zed d	eductio	ons (from S	Sche	dule A)	9				
See Standard	10												
Deduction Chart below.	11a										. 11	а	
)	b	Taxable inc	ome. Subtract I	ine 1 [.]	1a fron	n line 8b.	lf zei	ro or less,	enter	-0	. 11	b	
Standard	A		r of boxes chec									1	
Deduction Chart*	IF your filing status is		AND the number of boxes checked is		THEN your standard deduction is			IF your filing status is		AND the nur boxes check		-	ur standard tion is
	Single		1		13,850			Head of household		1),000
	Married filing jointly		2			5,500 5,700		usenoid		2			,650 3,500
			2		25,700 27,000		M	Married filing		1 2			8,500 1,800
	or Qualifying		3		28,300			separately		3			5,100
	widow(er)		4	,					4			,400	
	* [sp	Don't use this	chart if someon s on a separate	e can returr	l claim	you (or yo ou were a	our s dual	pouse if fi I-status ali	ling jo en. In	ointly) as a stead, see	i depen e instru	ident, yc ctions.	our

	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									
	13a	Child tax credit or credit	for other d	ependents	13a						
	b	Add Schedule 3, line 7,	and line 13a	a and enter		. 🕨	13b				
	14	Subtract line 13b from li	ne 12b. If ze	ero or less,	enter -0			14			
	15	Other taxes, including s	15								
	16	Add lines 14 and 15. Th	is is your to	tal tax							
	17	Federal income tax with	17								
	18	Other payments and ref									
 If you have a qualifying child, attach Sch. EIC. If you have nontaxable combat pay. 	a	Earned income credit (E	IC)			18a					
	b	Additional child tax crec	lit. Attach S	chedule 88 [.]	12	18b					
	c	American opportunity cr	edit from Fo	orm 8863, li	18c		1				
see instructions.	d	Schedule 3, line 14 .				18d					
	e										
	19	Add lines 17 and 18e. T	ese are your total payments								
Refund	20	If line 19 is more than line 1	6, subtract lin	ne 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						21a			
Direct deposit?	► b	Routing number │ │ │ │ │ │ │ │ ► c Type: □ Checking □ Savings									
See instructions.	► d	Account number									
	22	Amount of line 20 you want									
Amount	23	Amount you owe. Subtract	23								
You Owe	24	Estimated tax penalty (see instructions)									
Third Party Designee	Do	you want to allow another person (o	other than your p	aid preparer) to	discuss this return w	ith the IRS? See in	structions.		Yes. Complete below. No		
(Other than paid preparer)		Designee's Phone Personal identific						NO			
Sign	Under	name no. In number (PIN) I er penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the									
Here	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.										
	Yo	ur signature	Date Your occupation				f the IRS sent you an Identity Protection PIN, enter it here				
Joint return? See instructions.	Sn	ouse's signature. If a joint return, b	oth must sign	Date	Spouse's occupa			e inst.) he IRS sent your spouse an			
Keep a copy for your records.	V op	buse s signature. In a joint return, b				Ider			ection PIN, enter it here		
	Ph	one no.	I	Email address							
Paid	Pre	eparer's name	Preparer's sig	gnature	Date	PTIN		Check if:			
Preparer									Self-employed		
Use Only	Firi	n's name 🕨				Phor	Phone no.				
	Firr	n's address ►	's EIN ▶	*							

Go to *www.irs.gov/Form1040SR* for instructions and the latest information.

Form 1040-SR (2019)