Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only—Do not write or staple in this space.

| Filing Status<br>Check only<br>one box.                            | If   | Single Married filing jointly ou checked the MFS box, enter the nearson is a child but not your dependent | ame of y  | _  | •      | • .        |  | _             |            |                  | _   |                                 |                         |  |
|--|--|---|---|--|--------|------------|--|---------------|------------|------------------|---|---------------------------------|-------------------------|--|
| Your first name  | •  |   | Last name   |  |        |            |  |               |            |                  | Your social security number   |                                 |                         |  |
| If joint return, spouse's first name and middle initial            |  |   |   | Last name                                    |        |            |  |               |            |                  |   | Spouse's social security number |                         |  |
| Home address (number and street). If you have a P.O. box, see      |  |   |   | instructions. Apt. no.                       |        |            |  |               |            |                  | Presidential Election Campaig<br>Check here if you, or your<br>spouse if filing jointly, want \$3 |                                 |                         |  |
| City, town, or post office. If you have a foreign address, also co |  |   |   | emplete spaces below. State                  |        |            |  |               | ZIP        | to g             |   | o this fund<br>low will no      | d. Checking a ot change |  |
| Foreign country name   |  |   |   | Foreign province/state/county Foreign postal |        |            |  |               |            | eign postal code | your tax or refund.  You Spouse   |                                 |                         |  |
| At any time du   | ring   | 2020, did you receive, sell, send, exch   | nange, o  | r otherv                                     | wise a | cquire a   | any f  | inancial inte | erest in   | any virtual cu   | irrency?  | Yes                             | S No                    |  |
| Standard<br>Deduction  | So   | meone can claim:  |   |  |        | •          |  | a depender    | nt         |                  |   |                                 |                         |  |
| Age/Blindness  | Yo   | u: Were born before January 2, 1  | 956   | Are b  | lind   | Spo        | use:   | ☐ Was b       | orn be     | fore January     | 2, 1956   | ☐ Is l                          | olind                   |  |
| Dependents   |  |   |   |  |        |            |  | or (see instr | •          |                  |   |                                 |                         |  |
| If more  | (1)  | First name Last name  | number  |  |        | ber        |  | to you        |            | Child tax credit |   | Credit for o                    | other dependents        |  |
| than four dependents,  | _  |   |   |  |        |            |  |               |            |                  |   |                                 |                         |  |
| see instructions   | . —  |   |   |  |        |            |  |               |            |                  |   |                                 | <u> </u>                |  |
| and check<br>here ▶  | _  |   |   |  |        |            |  |               |            |                  |   |                                 |                         |  |
|  |  | Managara sing at Attack   | (-) \   | · · ·  |        |            |  |               |            |                  | . 1   |                                 | Ш                       |  |
| Attach   | 1  | <u> </u>  | Wages, salaries, tips, etc. Attach Form(s) W-2 Tax-exempt interest   2a |  |        |            |  |               |            |                  |   |                                 |                         |  |
| Sch. B if  | 2  |   | 2a<br>3a  |  |        |            | <b>b</b> Taxable interest                            |               |            |                  | . 2l  |                                 |                         |  |
| required.  | 3a<br>4a   | -   |   |  |        |            | <b>b</b> Ordinary dividend: <b>b</b> Taxable amount. |               |            |                  | . 41  |                                 |                         |  |
|  | 5  |   | 4a 5a   |  |        |            |  |               |            |                  | . 51  |                                 |                         |  |
| Standard<br>Deduction for—   | 6  |   | 6a  |  |        | _          |  |               |            |                  | . 6I  |                                 |                         |  |
|  | 7  | Social security benefits   6a   b Taxable amount  |   |  |        |            |  |               |            | 7                |   |                                 |                         |  |
| <ul> <li>Single or<br/>Married filing</li> </ul>                   | 8  | Other income from Schedule 1, line 9  |   |  |        |            |  |               |            |                  |   |                                 |                         |  |
| separately,  | 9  | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,   |   |  |        |            |  |               |            |                  | ▶ g   |                                 |                         |  |
| \$12,400 • Married filing  | 10   | Adjustments to income:  |   | , .  | Ju. 10 |            |  |               |            |                  |   |                                 |                         |  |
| jointly or<br>Qualifying   |  | From Schedule 1, line 22  |   |  |        |            |  |               |            |                  |   |                                 |                         |  |
| widow(er),   | ı  | *   | the stan  | e standard deduction. See instructions 10b   |        |            |  |               |            |                  |   |                                 |                         |  |
| \$24,800<br>• Head of  |  | Add lines 10a and 10b. These are  |   |  |        |            |  |               |            | ▶ 10             | c   |                                 |                         |  |
| household,<br>\$18,650   | 11 Subtract line 10c from line 9. This is your adjusted gross income |   |   |  |        |            |  |               | <b>▶</b> 1 | 1                |   |                                 |                         |  |
| If you checked   | 12   | 12 Standard deduction or itemized deductions (from Schedule A)  |   |  |        |            |  |               |            |                  | . 12  | 2                               |                         |  |
| any box under Standard   | 13   | Qualified business income deducti   | d business income deduction. Attach Form 8995 or Form 8995-A            |  |        |            |  |               |            | . 1              | 3   |                                 |                         |  |
| Deduction, see instructions.                                       | 14   | Add lines 12 and 13   |   |  |        |            |  |               |            |                  | . 14  | 4                               |                         |  |
| GGC IIIGII UCIIOIIS.   | 15   | Taxable income. Subtract line 14  | from line   | 11. lf                                       | zero c | or less, e | ente   | · -0          |            |                  | . 19  | 5                               |                         |  |

| Form 1040 (2020) Page <b>2</b>  |  |   |   |                   |                     |      |   |  |               |  |  |
|---|--|---|---|-------------------|---------------------|------|---|--|---------------|--|--|
|   | 16   | Tax (see instructions). Check   | if any from Form  | (s): <b>1</b> 881 | 4 <b>2</b> 🗌 4972   | 3 🗌  |   | 16                                     |               |  |  |
|   | 17   | Amount from Schedule 2, line  | e3  |                   |                     |      |   | 17                                     |               |  |  |
|   | 18   | Add lines 16 and 17   |   |                   |                     |      |   | 18                                     |               |  |  |
|   | 19 Child tax credit or credit for other dependents |   |   |                   |                     |      |   | 19                                     |               |  |  |
|   | 20   | ·   |   |                   |                     |      |   |  |               |  |  |
|   | 21   | Add lines 19 and 20   | 21  |                   |                     |      |   |  |               |  |  |
|   | 22   | Subtract line 21 from line 18.  | 22  |                   |                     |      |   |  |               |  |  |
|   | 23   | Other taxes, including self-er  | 23  |                   |                     |      |   |  |               |  |  |
|   | 24   |   | 24  |                   |                     |      |   |  |               |  |  |
|   | 24 Add lines 22 and 23. This is your total tax     |   |   |                   |                     |      |   |  |               |  |  |
|   | а  | Form(s) W-2   |   |                   |                     | 25a  |   |  |               |  |  |
|   | b  | Form(s) 1099  |   |                   |                     | 25b  |   |  |               |  |  |
|   | С  | Other forms (see instructions   |   |                   |                     | 25c  |   |  |               |  |  |
|   | d  | Add lines 25a through 25c   | •   |                   |                     |      |   | 25d                                    |               |  |  |
|   | 26   | 2020 estimated tax payment  |   |                   |                     |      |   | 26                                     |               |  |  |
| If you have a qualifying child, attach Sch. EIC.  | 27   | Earned income credit (EIC)  | •   | •                 |                     | 27   |   |  |               |  |  |
|   | 28   | Additional child tax credit. At   |   |                   |                     | 28   |   |  |               |  |  |
| <ul> <li>If you have<br/>nontaxable</li> </ul>  | 29   | American opportunity credit   |   |                   |                     | 29   |   |  |               |  |  |
| combat pay, see instructions.   | 30   | Recovery rebate credit. See   |   | -                 |                     | 30   |   |  |               |  |  |
| 000 111011 00110110.  | 31   | Amount from Schedule 3, line  |   |                   |                     | 31   |   |  |               |  |  |
|   | 32   |   |   | •                 | 32                  |      |   |  |               |  |  |
|   | 33   | Add lines 27 through 31. These are your total other payments and refundable credits   |   |                   |                     |      |   |  |               |  |  |
|   | 34   | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid 34</b>   |   |                   |                     |      |   |  |               |  |  |
| Refund  | 35a  | Amount of line 34 you want  |   | 35a               |                     |      |   |  |               |  |  |
| Direct deposit?   | > b  | Routing number  | elulided to you   | . 11 1 01111 000  | ► c Type:           |      |   | SSa                                    |               |  |  |
| See instructions.   | ►d   | Routing number C Type: Checking Savings  Account number   |   |                   |                     |      |   |  |               |  |  |
|   | 36   | Amount of line 34 you want a  | upplied to your f   | 2021 estimat      | ad tay              | 36   |   |  |               |  |  |
| Amount  | 37   | •   | ••  |                   |                     |      |   | 37                                     |               |  |  |
| You Owe   | 31   | Substant line so from line 24. This is the difficult year own flow  |   |                   |                     |      |   |  |               |  |  |
| For details on  |  |   | chedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for se Schedule 3, line 12e, and its instructions for details. |                   |                     |      |   |  |               |  |  |
| how to pay, see instructions.   | 38   | Estimated tax penalty (see in   |   |                   |                     | 38   |   |  |               |  |  |
| -   |  | you want to allow another   |   |                   |                     |      |   |  |               |  |  |
| Third Party Designee  |  | structions  |   |                   |                     |      | omplete b   | elow.                                  | □No           |  |  |
| Designee  |  | signee's  |   | Phone             |                     |      | onal identification   |  |               |  |  |
|   |  | me 🕨  |   | no. ▶             |                     |      | ber (PIN)   |  |               |  |  |
| Sign  |  | der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and |   |                   |                     |      |   |  |               |  |  |
| Here  | bel  | ef, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which                        |   |                   |                     |      |   |  | , ,           |  |  |
| 11010   | Yo   | ur signature  |   | Date              | Your occupation     |      | If the IRS sent you an Identity Protection PIN, enter it here |  |               |  |  |
| Joint return?<br>See instructions.  |  |   |   |                   |                     |      |   | (see inst.) ►                          |               |  |  |
|   | Sp   | buse's signature. If a joint return, <b>both</b> must sign.   |   | Date              | Spouse's occupation |      |   | If the IRS sent your spouse an         |               |  |  |
| Keep a copy for   | , -,   |   |   |                   |                     |      |   | Identity Protection PIN, enter it here |               |  |  |
| your records.   |  |   |   |                   |                     |      |   |  |               |  |  |
| -   |  | one no.   |   | Email address     |                     |      |   |  |               |  |  |
| Paid  | Pre  | eparer's name   | Preparer's signat   | ure               |                     | Date | PTIN  |  | Check if:     |  |  |
| Preparer  |  |   |   |                   |                     |      |   |  | Self-employed |  |  |
| Use Only  | Fir  | m's name ▶  |   |                   |                     |      |   |  | Phone no.     |  |  |
| ————  | Fir  | m's address ▶   |   |                   |                     |      | Firm's  | n's EIN ▶                              |               |  |  |
| Go to www.irs.gov/Form1040 for instructions and the latest information.  Form 1040 (2020) |  |   |   |                   |                     |      |   |  |               |  |  |