

Filing status: Single Married filing jointly Married filing separately Qualifying widow(or) Head of household

Your first name and initial Last name Your social security number

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

Spouse or qualifying person's first name and initial (see inst.) Last name Spouse's social security number

Spouse standard deduction: Someone can claim your spouse as a dependent Your spouse was born before January 2, 1954 Your spouse is blind Your spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Full-year health care coverage (see instructions)

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. If more than four dependents, see instructions and check here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Sign Here Under 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, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records. Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.) Spouse's signature, if a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparers Print/Type preparer's name Preparer's signature PTIN Check if: 3rd Party Designee Self-employed Firm's name Firm's EIN

For Disclosure, Privacy Act, and Paperwork Reduction Act Notices, see separate instructions. Cat. No. 11320B Form 1040 (2018)

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	
2a	Tax-exempt interest	2a	
2b	Taxable interest	2b	
3a	Qualified dividends	3a	
3b	Ordinary dividends	3b	
4a	IRAs, pensions, and annuities	4a	
4b	Taxable amount	4b	
5a	Social security benefits	5a	
5b	Taxable amount	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 and check here <input type="checkbox"/>	6	
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1 line 36, from line 6 and check here <input type="checkbox"/>	7	
8	Standard deduction or itemized deductions (from Schedule A) if attaching Schedule A, check here <input type="checkbox"/>	8	
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	
11	Tax (see inst.) (check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>) Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	
12	Child tax credit/credit for other dependents Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	
13	Subtract line 12 from line 11	13	
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 and check here <input type="checkbox"/>	17	
18	Add lines 16 and 17. These are your total payments	18	
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 <input type="checkbox"/>	20a	
b	Routing number c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
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)	23	