CARES Act Relief for Incarcerated People On September 24, 2020, Judge Phyllis J. Hamilton of the U.S. District Court for the Northern District of California issued an Order certifying a nationwide class of people incarcerated in state and federal prisons, and granting the plaintiffs' motion for preliminary injunction requiring the U.S. Department of Treasury, the U.S. Internal Revenue Service, and the United States of America to stop withholding CARES Act stimulus funds from plaintiffs or any class member on the sole basis of their incarcerated status. Website to have a loved one file for you: <u>https://www.irs.gov/coronavirus/non-filers-enter-payment-info-here</u> You will need to make a choice: if your loved one can fill this out for you, do you want it mailed to the prison or to the loved one? That is up to you. We do not know whether the prison will cash it that way, and if so, you may have to endorse the check by writing "Pay to the order of _____ and then sign it, mail it to someone to deposit it for you, and then work it out with them. The bank may not cash it that check or even open a bank account on your behalf and deposit the money in there for when you get u.I. If you do not have someone to do this for you, then you may have to acash it the check or even open a bank account on your behalf and deposit the money in there for when you get u.I. If you are over 65, you can use an SR form, but our research shows that those over 60 to tax forms. If you are over 60, you can use an SR form, but our research shows that those over 60 to ause at meet regular 1040 so that is what we included in this packet. Read the Frequently Asked Questions (and Answers) relating to this decision, including whether and The burdred actions.

Read the Frequently Asked Questions (and Answers) relating to this decision, including wnether an how to make a claim. The Judge's preliminary injunction further ordered the defendants to reconsider their prior denial of advance refund payments to any person based on incarcerated status within 30 days, whether the denial was based on a 2018 or 2019 tax return, or on claims filed through the IRS's online "Non-Filer" portal: https://www.is.gov/coronavirus/inon-filer=enter-apyment-info-here Earlier, on August 1, 2020, Lieff Cabraser and the Equal Justice Society (who wrote most of the information in this packet, but we made some changes) filed a groundbreaking lawsuit against the gopte serving a sentence in state or federal prison. The lawsuit seeks to have a court order the before and is to issue CARES Act simulus reflect to all eligible incarcerated people, or up to \$1,200 ner eligible person put so 200 per qualifying child.

people serving a senience in state or rederal prison. The lawsuit seeks to have a court order the Defendants to issue CARES Act stimulus relief to all eligible incarcerated people, or up to \$1,200 per eligible person plus \$500 per qualifying child. Frequently Asked Questions About CARES Act Relief for Incarcerated People Please be aware that the deadline and the entire process for how to get CARES Act relief funds was set by the government. The Equal Justice Society and Uelff Cabraser's role was bringing a lawsuit to ensure that the government dicht prevent incarcerated people and their families from participating in a benefit intended for all Americans. 1. What are the benefits available? Eligible individuals can receive up to \$1,200 per person 4. Am I eligible? You are eligible to file a claim if you satisfy all of the following requirements: You are a U.S. (titzen or Legal Permanent Resident You are a U.S. (titzen or Legal Permanent Resident You filed a tur ortunit of 2016 or 2011 ryou wrete exempt from doing so because your income in 2019 was below \$12,200 a year or; if marind and filing initity, below \$24,400 You wret not claimed as a dependent on another person's fax return 5. What if I entered prison before ever holding a paid job or filing any tax documents on the outside – am I still eligible?

5. What if I entered prison before ever holding a paid job or filing any tax documents on the outsi am Istill eligible?
Yes, so long as you meet the other general eligibility requirements listed above in Question 4.
7. What is the filing deadline?
The IRS has currently set a deadline of October 15, 2020 to file a claim. This means that claims must be postmarked (if mailed) or e-filed (if online) on or by October 15.
8. How do i file a claim?

must be postmarked (if mailed) or e-filed (if online) on or by October 15. 8. How do file a claim? If you filed a 2018 or 2019 tax return or receive Social Security Benefits or Railroad Retirement Board Benefits, you do not need to file a claim. However, if you did not file a 2018 or 2019 tax return and your income was below \$12.200 (or \$24,400 if filing jointly) in 2019, then you should file an online claim through the IRS's website. 9. Can I file a claim if I do not have a computer?

f you don't typically file federal income taxes and you can't use our Non-Filers Enter Payment Info Here online tool, you can file a simplified paper tax return to get your Economic Impact Payment.

Who Can File You can file a simplified paper tax return to get your payment only if all of these statements are true:

You haven't filed a tax return for 2019 You aren't required to file a tax return for 2019 – typically because your income is too low You have a Social Security number that lets you work in the United States You can't be claimed as someone else's dependent When to File You must file your simplified tax return by October 15, 2020, to get your Economic Impact Payment this year.

How to File The first thing you need to do is download and print either Form 1040, U.S. Individual Income Tax Return, or, if you are over age 65, Form 1040-SR, U.S. Tax Return for Seniors. [You are not required to use the 1040-SR if you are a senior. If you only have a regular form, that is permissible by the IRS.1

To fill out the form and get your payment, follow these steps: 1. Write "EIP2020" on the top of your form. [MOST IMPORTANT STEP]

Filing Status Section:

2. Check the filing status that applies to you.

3. Enter your name, mailing address, and Social Security number

If you are married and your filing a joint return for you and your spouse, you have to enter your Social Security number and your spouse's. If you or your spouse was an active member of the U.S. Armed Forces any time in 2019, you need to enter one spouse's Social Security number. For the other spouse, you can enter either their Social Security number or their individual taxpayer identification number (ITIN). Security number or their indi Standard Deduction Section:

4. Check any of the boxes that apply to you (and your spouse, if you're filing jointly). Remember that if someone else can claim you as a dependent on their taxes, you don't qualify for an Economic Impact Payment.

Dependents section

Enter the information for your children who qualify for the Economic Impact Payment. Your children only qualify for a payment if they were age 16 or younger on December 31, 2019, and if they lived with you for more than half of 2019.

The information you'll need is:

Your child's full name Their Social Security number or Adoption Taxpayer Identification Number Their Social Security number of Adoption Taxpayer Identification Number Their relationship to you In column 4, you will: Check the "child tax credit" box if your child has a Social Security number Check the "credit for other dependents" box if your child has an Adoption Taxpayer Identification number Income and Tax sections (Lines 1-11):

6. Enter \$1 on lines 2b, 7b, and 8b

If you cannot file a claim online, then you may file a claim on paper and through the mail 10. Can I file a claim if I had no earnings? Yes. You are eligible for an advanced payment even if you had zero income in 2019. 12. Can I make a claim if I do not have a bank account? Yes. Just leave blanks in the 'refund' section (lines 20-22) on the claim form, which ask for routing and account numbers. The IRS has indicated it will mail checks to people without bank accounts. 13. What do I do if I get a refund check but I am incarcerated? Please check with your facility to understand its rules on how government tax refund checks will be distributed. For example, certain California rules provide that: Mailmoorn staff shall deliver all received. ... tax refund checks to the Innmate Trust Office. The Accounting Officer shall notify the facility representative that checks are being held pending determination of eligibility of the inmates to receive the checks. The facility representative shall notify the appropriate agency. "Funds shall not be released for spending by the inmate for thirty (30) days from the date of deposit into the inmate trust account and must have cleared the bank upon which they were drawn. When any personal check, money order, cashier's check, certified check, or any other negotiable instrument is received, the face of the envelope in vinde the funds were received shall be imprinted with a stamp indicating the funds have been accepted at this time. This stamp is not intended to indicate that the funds are immediately available for inmate use, but only that the funds are accepted for processing by the department." Read the text of the applied for a stimulus check before September 24 and it was rejected, or what do I do if the check was intercepted or refurmed? The court order directs the IRS to automatically re-process these claims by October 24, 2020. If you do not receive your check or direct deposit shortly after the processing dealine of October 24, 2020, please check the IRS

You will need: Full name Mailing address Email address

Date of birth Valid Social Security number

Valid Social Security number Bank account and routing number – optional if you are not doing direct deposit 17. Will I hear from the IRS about the status of my claim? If you filed a claim electronically through the online portal, you should receive an email from the IRS advising you when the claim is "approved". The IRS has also set up a claim tracking system that attempts to provide information about the status of claims within 2 weeks of receiving a claim. IRS states that you can find out the status of your claim by going to: IRS, gov/getmypayment 18. What if 1 filed a claim but have not received a deposit or a check from the IRS? The IRS has advised that it is currently taking 4.4 weeks to process claims, from the time the claims "are approved" by the IRS. Please be advised that longer delays may be possible. However, once a payment goes out, the IRS has indicated that twill let claimants know by letter that the payment to the taxapayer's last known address within 15 days after the payment is paid. The letter will provide information on how the payment was made and how to report any tailure to receive visit IRS gov first to protect against scam artists." Payment Eligibility & General Information (2A.4)

In the event that you receive a notice from the IRS that it sent you a payment but you did not receive it, you can also call the IRS help line at 800-919-9835 to speak with a live person about the issue. The IRS also provides a number of resource links at IRS.gov

Persons receiving checks inside correctional facilities may experience additional delays in receiving funds, or a reduction of funds depending on the rules of the facility. Please note that the IRS has indicated it, too, will divert payments when there are outstanding debts, such as unpaid child support.

7. Enter \$0.00 on line 11b.

8. Leave every other line in this section blank

Refund section:

9. If you want your payment deposited directly into your bank, put your bank account information in lines 21b through 21d. The account must be in the name of the filer who is receiving the Payment.

10. Leave the rest of this section blank

Sign Here section

11. Sign your name. If you are married and filing jointly, your spouse needs to sign, too. By signing, you are saying that everything on the form is true, and you will face a penalty if you have lied.

12. If you have an identity protection personal identification number (also called an IP PIN), enter it. If you don't have an IP PIN, you can leave that space blank.

13. In addition, a simplified return filer may enter the identifying information of any third-party designee, if applicable, at the bottom of page 2 of Form 1040 or Form 1040-SR.

Mail Your Simplified Tax Return:

If you live in: AK, GA, IN, IA, KY, MO, NJ, OK, TN, VA Mail to: Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0002

If you live in: CT, DC, MD, RI, WV, PA Mail to: Department of the Treasury Internal Revenue Service Ogden, UT 84201-0002

If you live in FL, LA, MS, TX Mail to: Department of the Treasury Internal Revenue Servi Austin, TX 73301-0002 rvice

If you live in Alabama, NC, SC, Mail to: Delaware, Maine, Massachusetts, New Hampshire, New York, Vermont Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0002

If you live in Alaska, California, Hawaii, Washington, Mail to: Illinois, Michigan, Minnesota, Ohio, Wisconsin Department of the Treasury Internal Revenue Service Fresno, CA 93888-0002

104		rtment of the Treasury—Internal Revenue Se 5. Individual Income Ta		Retu	(99) rn	201	19 OMB No. 154	5-007	4 IRS Use Only	—Do n	ot writ	e or staple in this space.		
Filing Status Check only one box.	If you	Single Married filing jointly u checked the MFS box, enter the nan Id but not your dependent.	-		• •	arately (MFS) u checked the	_	· ·	iOH) 🗌 Quali	fying	wido	w(er) (QW)		
Your first name	e and mi	ddle initial	La	ast nam	ne					You	Your social security number			
If joint return, s	pouse's	first name and middle initial	Lá	ast nam	ie					Spouse's social security number				
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.										Presidential Election Campaign Check here if you, or your spouse if filing				
City, town or p	ost offic	e, state, and ZIP code. If you have a fo	reign	addres	ss, also	o complete s	paces below (see instru	uction	s).		ing a b	\$3 to go to this fund. ox below will not change your You Spouse		
Foreign country	Foreign country name Foreign province/state/county Foreign postal code Immore than four dependents, see instructions and / here ►													
Standard Deduction	<u> </u>	cone can claim: You as a dependence on a separate return o	r you	_	dual-s									
Age/Blindness	You:	Were born before January 2, 19	5		blind	Spouse:	Was born befor	re Jar	uary 2, 1955	Is	blind	i		
Dependents (see ins	,		(2) So	ocial sec	curity number	(3) Relationship to yo	u	(4) ✓ if Child tax cre			see instructions): Credit for other dependents		
(1) First name		Last name	_		1	1				uit				
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	1 2a	Wages, salaries, tips, etc. Attach For	n(s) v 2a	V-2 .		· · · ·	· · · · · · ·	· ·		`. ⊨	2b			
	2a 3a	Tax-exempt interest	2a 3a	-			b Taxable interest.			· E	20 3b			
Standard Deduction for –	- 3a 4a	Qualified dividends	3a 4a	-			 b Ordinary dividends b Taxable amount 	. Alla	un aun, a il require		3D 4b			
Single or Married	4a C	Pensions and annuities	4a 4c	-			d Taxable amount			-	40 4d			
filing separately, \$12,200	с 5а	Social security benefits	4c 5a				b Taxable amount	•			40 5b			
Married filing	6	Capital gain or (loss). Attach Schedul		roquire	d If n	at required of				h F	6			
jointly or Qualifying widow(er),	0 7a	Other income from Schedule 1, line 9		require		or required, c				- F	7a			
\$24,400	/a b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and		This is						.	7b			
 Head of household, 	8a	Adjustments to income from Schedu			,001 00					F	8a			
\$18,350 If you checked	b	Subtract line 8a from line 7b. This is			d aros	s income					8b			
any box under	9	Standard deduction or itemized de		-	-									
Standard Deduction,	10	Qualified business income deduction				,								
see instructions.	11a	Add lines 9 and 10	.,					•			11a			
	b	Taxable income. Subtract line 11a fi	om lii	ne 8b. I	f zero	or less, enter	-0-			-	11b			
For Disclosure.		Act, and Paperwork Reduction Act						Cat. 1	No. 11320B			Form 1040 (2019)		

Form 1040 (201	9)								Page 2
	12a	Tax (see inst.) Check if any from F	orm(s): 1 📃 8814	1 2 🗌 4972	3 🗌	12a			
	b	Add Schedule 2, line 3, and line	12a and enter the	total	 .		. •	12b	
	13a	Child tax credit or credit for othe	er dependents .			13a			
	b	Add Schedule 3, line 7, and line	13a and enter the	total			. 🕨	13b	
	14	Subtract line 13b from line 12b.	If zero or less, ente	er-0				14	
	15	Other taxes, including self-empl	oyment tax, from S	Schedule 2, line 1				15	
	16	Add lines 14 and 15. This is you	r total tax				. F	16	
	17	Federal income tax withheld from	m Forms W-2 and	1099				17	
If you have a	18	Other payments and refundable	credits:						
qualifying child, attach Sch. EIC.	а	Earned income credit (EIC) .				18a			
If you have	b	Additional child tax credit. Attac	h Schedule 8812			18b			
nontaxable combat pay, see	с	American opportunity credit from	n Form 8863, line 8	3		18c			
instructions.	d	Schedule 3, line 14				18d			
	е	Add lines 18a through 18d. The	se are your total o f	ther payments a	and refundable cred	its	. 🕨	18e	
	19	Add lines 17 and 18e. These are	e your total payme	nts			. ►	19	
Refund	20	If line 19 is more than line 16, su	ubtract line 16 from	line 19. This is t	he amount you over	paid		20	
	21a	Amount of line 20 you want refu	inded to you. If Fo	rm 8888 is attac	hed, check here .		► 🗌	21a	
Direct deposit? See instructions.	►b	Routing number			► c Type:	Checking	Savings		
See manucuona.	►d	Account number							
	22	Amount of line 20 you want app	lied to your 2020	estimated tax	🕨	22			
Amount	23	Amount you owe. Subtract line	19 from line 16. For	or details on how	/ to pay, see instructi	ons	. • •	23	
You Owe	24	Estimated tax penalty (see instru	uctions)			24			
Third Party	Do	o you want to allow another persor	i (other than your p	aid preparer) to	discuss this return w	ith the IRS? See in	structions.		Yes. Complete below.
Other than	D,	esianee's		Phone		Bomon	al identific		No
paid preparer)		ame ►		no.		numbe			
Sign Here		nder penalties of perjury, I declare that I prrect, and complete. Declaration of prep						knowledg	e and belief, they are true
nere	Y	'our signature		Date	Your occupation				nt you an Identity
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Joint return? See instructions.		ipouse's signature. If a joint return,	hoth must sign	Date	Spouse's occupation	00	If the		nt your spouse an
Keep a copy for	y 9	pouse a signature. Il a joint return,	bour muat aign.	Date	opouse a occupan	211	Iden	tity Prote	ection PIN, enter it here
your records.				(s					
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Preparer									3rd Party Designee
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USC Only	Fi	irm's address 🕨	n's EIN 🕨						

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2019)

104		rtment of the Treasury—Internal Revenue Se 5. Individual Income Ta		Retu	(99) rn	201	19 OMB No. 154	5-007	4 IRS Use Only	—Do n	ot writ	e or staple in this space.		
Filing Status Check only one box.	If you	Single Married filing jointly u checked the MFS box, enter the nan Id but not your dependent.	-		• •	arately (MFS) u checked the	_	· ·	iOH) 🗌 Quali	fying	wido	w(er) (QW)		
Your first name	e and mi	ddle initial	La	ast nam	ne					You	Your social security number			
If joint return, s	pouse's	first name and middle initial	Lá	ast nam	ie					Spouse's social security number				
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.										Presidential Election Campaign Check here if you, or your spouse if filing				
City, town or p	ost offic	e, state, and ZIP code. If you have a fo	reign	addres	ss, also	o complete s	paces below (see instru	uction	s).		ing a b	\$3 to go to this fund. ox below will not change your You Spouse		
Foreign country	Foreign country name Foreign province/state/county Foreign postal code Immore than four dependents, see instructions and / here ►													
Standard Deduction	<u> </u>	cone can claim: You as a dependence on a separate return o	r you	_	dual-s									
Age/Blindness	You:	Were born before January 2, 19	5		blind	Spouse:	Was born befor	re Jar	uary 2, 1955	Is	blind	i		
Dependents (see ins	,		(2) So	ocial sec	curity number	(3) Relationship to yo	u	(4) ✓ if Child tax cre			see instructions): Credit for other dependents		
(1) First name		Last name	_		1	1				uit				
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	1 2a	Wages, salaries, tips, etc. Attach For	n(s) v 2a	V-2 .		· · · ·	· · · · · · ·	· ·		`. ⊨	2b			
	2a 3a	Tax-exempt interest	2a 3a	-			b Taxable interest.			· E	20 3b			
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jointly or Qualifying widow(er),	0 7a	Other income from Schedule 1, line 9		require		or required, c				- F	7a			
\$24,400	/a b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and		This is						.	7b			
 Head of household, 	8a	Adjustments to income from Schedu			,001 00					F	8a			
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any box under	9	Standard deduction or itemized de		-	-									
Standard Deduction,	10	Qualified business income deduction				,								
see instructions.	11a	Add lines 9 and 10	.,					•			11a			
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See manucuona.	►d	Account number							
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Amount	23	Amount you owe. Subtract line	19 from line 16. For	or details on how	/ to pay, see instructi	ons	. • •	23	
You Owe	24	Estimated tax penalty (see instru	uctions)			24			
Third Party	Do	o you want to allow another persor	i (other than your p	aid preparer) to	discuss this return w	ith the IRS? See in	structions.		Yes. Complete below.
Other than	D,	esianee's		Phone		Bomon	al identific		No
paid preparer)		ame ►		no.		numbe			
Sign Here		nder penalties of perjury, I declare that I prrect, and complete. Declaration of prep						knowledg	e and belief, they are true
nere	Y	'our signature		Date	Your occupation				nt you an Identity
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Joint return? See instructions.		ipouse's signature. If a joint return,	hoth must sign	Date	Spouse's occupation	00	If the		nt your spouse an
Keep a copy for	y 9	pouse a signature. Il a joint return,	bour muat aign.	Date	opouse a occupan	211	Iden	tity Prote	ection PIN, enter it here
your records.				(s					
	PI	hone no.		Email address					
Paid	P	reparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer									3rd Party Designee
Use Only	Fi	irm's name 🕨				Phone no.			Self-employed
USC Only	Fi	irm's address 🕨	n's EIN 🕨						

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Your first name	e and mi	ddle initial	La	ast nam	ne					You	Your social security number			
If joint return, s	pouse's	first name and middle initial	Lá	ast nam	ie					Spouse's social security number				
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.										Presidential Election Campaign Check here if you, or your spouse if filing				
City, town or p	ost offic	e, state, and ZIP code. If you have a fo	reign	addres	ss, also	o complete s	paces below (see instru	uction	s).		ing a b	\$3 to go to this fund. ox below will not change your You Spouse		
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Standard Deduction	<u> </u>	cone can claim: You as a dependence on a separate return o	r you	_	dual-s									
Age/Blindness	You:	Were born before January 2, 19	5		blind	Spouse:	Was born befor	re Jar	uary 2, 1955	Is	blind	i		
Dependents (see ins	,		(2) So	ocial sec	curity number	(3) Relationship to yo	u	(4) ✓ if Child tax cre			see instructions): Credit for other dependents		
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	1		())		I					_	1			
	1 2a	Wages, salaries, tips, etc. Attach For	n(s) v 2a	V-2 .		· · · ·	· · · · · · ·	· ·		`. ⊨	2b			
	2a 3a	Tax-exempt interest	2a 3a	-			b Taxable interest.			· E	20 3b			
Standard Deduction for –	- 3a 4a	Qualified dividends	3a 4a	-			 b Ordinary dividends b Taxable amount 	. Alla	un aun, a il require		3D 4b			
Single or Married	4a C	Pensions and annuities	4a 4c	-			d Taxable amount			-	40 4d			
filing separately, \$12,200	с 5а	Social security benefits	4c 5a				b Taxable amount	•			40 5b			
Married filing	6	Capital gain or (loss). Attach Schedul		roquire	d If n	at required of				h F	6			
jointly or Qualifying widow(er),	0 7a	Other income from Schedule 1, line 9		require		or required, c				- F	7a			
\$24,400	/a b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and		This is						.	7b			
 Head of household, 	8a	Adjustments to income from Schedu			,001 00					F	8a			
\$18,350 If you checked	b	Subtract line 8a from line 7b. This is			d aros	s income					8b			
any box under	9	Standard deduction or itemized de		-	-									
Standard Deduction,	10	Qualified business income deduction				,								
see instructions.	11a	Add lines 9 and 10	.,					•			11a			
	b	Taxable income. Subtract line 11a fi	om lii	ne 8b. I	f zero	or less, enter	-0-			-	11b			
For Disclosure.		Act, and Paperwork Reduction Act						Cat. 1	No. 11320B			Form 1040 (2019)		

Form 1040 (201	9)								Page 2
	12a	Tax (see inst.) Check if any from F	orm(s): 1 📃 8814	1 2 🗌 4972	3 🗌	12a			
	b	Add Schedule 2, line 3, and line	12a and enter the	total	 .		. •	12b	
	13a	Child tax credit or credit for othe	er dependents .			13a			
	b	Add Schedule 3, line 7, and line	13a and enter the	total			. 🕨	13b	
	14	Subtract line 13b from line 12b.	If zero or less, ente	er-0				14	
	15	Other taxes, including self-empl	oyment tax, from S	Schedule 2, line 1				15	
	16	Add lines 14 and 15. This is you	r total tax				. F	16	
	17	Federal income tax withheld from	m Forms W-2 and	1099				17	
If you have a	18	Other payments and refundable	credits:						
qualifying child, attach Sch. EIC.	а	Earned income credit (EIC) .				18a			
If you have	b	Additional child tax credit. Attac	h Schedule 8812			18b			
nontaxable combat pay, see	с	American opportunity credit from	n Form 8863, line 8	3		18c			
instructions.	d	Schedule 3, line 14				18d			
	е	Add lines 18a through 18d. The	se are your total o f	ther payments a	and refundable cred	its	. 🕨	18e	
	19	Add lines 17 and 18e. These are	e your total payme	nts			. ►	19	
Refund	20	If line 19 is more than line 16, su	ubtract line 16 from	line 19. This is t	he amount you over	paid		20	
	21a	Amount of line 20 you want refu	inded to you. If Fo	rm 8888 is attac	hed, check here .		► 🗌	21a	
Direct deposit? See instructions.	►b	Routing number			► c Type:	Checking	Savings		
See manucuona.	►d	Account number							
	22	Amount of line 20 you want app	lied to your 2020	estimated tax	🕨	22			
Amount	23	Amount you owe. Subtract line	19 from line 16. For	or details on how	/ to pay, see instructi	ons	. • •	23	
You Owe	24	Estimated tax penalty (see instru	uctions)			24			
Third Party	Do	o you want to allow another persor	i (other than your p	aid preparer) to	discuss this return w	ith the IRS? See in	structions.		Yes. Complete below.
Other than	D,	esianee's		Phone		Bomon	al identific		No
paid preparer)		ame ►		no.		numbe			
Sign Here		nder penalties of perjury, I declare that I prrect, and complete. Declaration of prep						knowledg	e and belief, they are true
nere	Y	'our signature		Date	Your occupation				nt you an Identity
	Ν.							inst.)	IN, enter it here
Joint return? See instructions.		ipouse's signature. If a joint return,	hoth must sign	Date	Spouse's occupation	00	If the		nt your spouse an
Keep a copy for	y 9	pouse a signature. Il a joint return,	bour muat aign.	Date	opouse a occupan	211	Iden	tity Prote	ection PIN, enter it here
your records.				(s					
	PI	hone no.		Email address					
Paid	P	reparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer									3rd Party Designee
Use Only	Fi	irm's name 🕨				Phone no.			Self-employed
USC Only	Fi	irm's address 🕨	n's EIN 🕨						

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2019)

104		rtment of the Treasury—Internal Revenue Se 5. Individual Income Ta		Retu	(99) rn	201	19 OMB No. 154	5-007	4 IRS Use Only	—Do n	ot writ	e or staple in this space.		
Filing Status Check only one box.	If you	Single Married filing jointly u checked the MFS box, enter the nan Id but not your dependent.	-		• •	arately (MFS) u checked the	_	· ·	iOH) 🗌 Quali	fying	wido	w(er) (QW)		
Your first name	e and mi	ddle initial	La	ast nam	ne					You	Your social security number			
If joint return, s	pouse's	first name and middle initial	Lá	ast nam	ie					Spouse's social security number				
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.										Presidential Election Campaign Check here if you, or your spouse if filing				
City, town or p	ost offic	e, state, and ZIP code. If you have a fo	reign	addres	ss, also	o complete s	paces below (see instru	uction	s).		ing a b	\$3 to go to this fund. ox below will not change your You Spouse		
Foreign country	Foreign country name Foreign province/state/county Foreign postal code Immore than four dependents, see instructions and / here ►													
Standard Deduction	<u> </u>	cone can claim: You as a dependence on a separate return o	r you	_	dual-s									
Age/Blindness	You:	Were born before January 2, 19	5		blind	Spouse:	Was born befor	re Jar	uary 2, 1955	Is	blind	i		
Dependents (see ins	,		(2) So	ocial sec	curity number	(3) Relationship to yo	u	(4) ✓ if Child tax cre			see instructions): Credit for other dependents		
(1) First name		Last name	_		1	1				uit				
			-		-						-	<u> </u>		
			-								+	<u> </u>		
			-		-						-	<u> </u>		
	1		())		I					_	1			
	1 2a	Wages, salaries, tips, etc. Attach For	n(s) v 2a	V-2 .		· · · ·	· · · · · · ·	· ·		`. ⊨	2b			
	2a 3a	Tax-exempt interest	2a 3a	-			b Taxable interest.			· E	20 3b			
Standard Deduction for –	- 3a 4a	Qualified dividends	3a 4a	-			 b Ordinary dividends b Taxable amount 	. Alla	un aun, a il require		3D 4b			
Single or Married	4a C	Pensions and annuities	4a 4c	-			d Taxable amount			-	40 4d			
filing separately, \$12,200	с 5а	Social security benefits	4c 5a				b Taxable amount	•			40 5b			
Married filing	6	Capital gain or (loss). Attach Schedul		roquire	d If n	at required of				h F	6			
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\$24,400	/a b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and		This is						.	7b			
 Head of household, 	8a	Adjustments to income from Schedu			,001 00					F	8a			
\$18,350 If you checked	b	Subtract line 8a from line 7b. This is			d aros	s income					8b			
any box under	9	Standard deduction or itemized de		-	-									
Standard Deduction,	10	Qualified business income deduction				,								
see instructions.	11a	Add lines 9 and 10	.,					•			11a			
	b	Taxable income. Subtract line 11a fi	om lii	ne 8b. I	f zero	or less, enter	-0-			-	11b			
For Disclosure.		Act, and Paperwork Reduction Act						Cat. 1	No. 11320B			Form 1040 (2019)		

Form 1040 (201	9)								Page 2
	12a	Tax (see inst.) Check if any from F	orm(s): 1 📃 8814	1 2 🗌 4972	3 🗌	12a			
	b	Add Schedule 2, line 3, and line	12a and enter the	total	 .		. •	12b	
	13a	Child tax credit or credit for othe	er dependents .			13a			
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	14	Subtract line 13b from line 12b.	If zero or less, ente	er-0				14	
	15	Other taxes, including self-empl	oyment tax, from S	Schedule 2, line 1				15	
	16	Add lines 14 and 15. This is you	r total tax				. 🕨	16	
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If you have a	18	Other payments and refundable	credits:						
qualifying child, attach Sch. EIC.	а	Earned income credit (EIC) .				18a			
If you have	b	Additional child tax credit. Attac	h Schedule 8812			18b			
nontaxable combat pay, see	с	American opportunity credit from	n Form 8863, line 8	3		18c			
instructions.	d	Schedule 3, line 14				18d			
	е	Add lines 18a through 18d. The	se are your total o f	ther payments a	and refundable cred	its	. 🕨	18e	
	19	Add lines 17 and 18e. These are	e your total payme	nts			. ►	19	
Refund	20	If line 19 is more than line 16, su	ubtract line 16 from	line 19. This is t	he amount you over	paid		20	
	21a	Amount of line 20 you want refu	inded to you. If Fo	rm 8888 is attac	hed, check here .		► 🗌	21a	
Direct deposit? See instructions.	►b	Routing number			► c Type:	Checking	Savings		
See manucuona.	►d	Account number							
	22	Amount of line 20 you want app	lied to your 2020	estimated tax	🕨	22			
Amount	23	Amount you owe. Subtract line	19 from line 16. For	or details on how	/ to pay, see instructi	ons	. • •	23	
You Owe	24	Estimated tax penalty (see instru	uctions)		🕨	24			
Third Party	Do	o you want to allow another persor	i (other than your p	aid preparer) to	discuss this return w	ith the IRS? See in	structions.		Yes. Complete below.
Other than	D,	esianee's		Phone		Bomon	al identific		No
paid preparer)		ame ►		no.		numbe			
Sign Here		nder penalties of perjury, I declare that I prrect, and complete. Declaration of prep						knowledg	e and belief, they are true
nere	Y	'our signature		Date	Your occupation				nt you an Identity
	Ν.							inst.)	IN, enter it here
Joint return? See instructions.		ipouse's signature. If a joint return,	hoth must sign	Date	Spouse's occupation	00	If the		nt your spouse an
Keep a copy for	y 9	pouse a signature. Il a joint return,	bour muat aign.	Date	opouse a occupan	211	Iden	tity Prote	ection PIN, enter it here
your records.				(s					
	PI	hone no.		Email address					
Paid	P	reparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer									3rd Party Designee
Use Only	Fi	irm's name 🕨				Phone no.			Self-employed
USC Only	Fi	irm's address 🕨	's EIN 🕨						

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