

Filing status: ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial Jonathan	Last name Hales	Your social security number 546-87-9876
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. 123 Spring Lane City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Willow, TX 77524	Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
		If more than four dependents, see inst. and check here ▶ <input type="checkbox"/>

Standard Deduction ☐ **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) check 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"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	9,700.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
c	Pensions and annuities	4c	
5a	Social security benefits	5a	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	6	
7a	Other income from Schedule 1, line 9	7a	
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income	7b	9,712.
8a	Adjustments to income from Schedule 1, line 22	8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income	8b	9,712.
9	Standard deduction or itemized deductions (from Schedule A)	9	12,200.
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a	Add lines 9 and 10	11a	12,200.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	0.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> 12a	0.
b	Add Schedule 2, line 3, and line 12a and enter the total	12b
13a	Child tax credit or credit for other dependents	13a
b	Add Schedule 3, line 7, and line 13a and enter the total	13b 0.
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14 0.
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15 0.
16	Add lines 14 and 15. This is your total tax	16 0.
17	Federal income tax withheld from Forms W-2 and 1099	17 405.

- If you have a qualifying child, attach Sch. EIC.
- If you have nontaxable combat pay, see instructions.

18	Other payments and refundable credits:	
a	Earned income credit (EIC)	18a
b	Additional child tax credit. Attach Schedule 8812	18b
c	American opportunity credit from Form 8863, line 8	18c
d	Schedule 3, line 14	18d
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e 0.
19	Add lines 17 and 18e. These are your total payments	19 405.

RefundDirect deposit?
See instructions.

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20 405.
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a 405.
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number	
22	Amount of line 20 you want applied to your 2020 estimated tax	22

Amount you owe

23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23 0.
24	Estimated tax penalty (see instructions)	24

Third Party Designee
(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.			<input type="checkbox"/> Yes. Complete below.
Designee's name	Phone no.	Personal identification number (PIN)	<input checked="" type="checkbox"/> No

Sign HereJoint 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.)
Phone no.		Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2019)

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