## FreeTaxUSA == "

Prepare, Print, and E-File
Your Federal Tax Return for
FREE!!

| ٤١ | 1 | $\Omega$ | Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Retu | (99) |
|----|---|----------|---|------|
| ß  |   | UTU      | U.S. Individual Income Tax Retu   | rn   |

2019

OMB No. 1545-0074

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

| Filing Status Check only one box.                            | If yo  | Single   | _      |                        | •                                | arately (MFS  | _           | Head of house<br>or QW box, en | ,            | , <u> </u>  |                                 | ow(er) (QW)<br>ving person is  |  |
|--|--|--|--------|------------------------|----------------------------------|---------------|-------------|--------------------------------|--------------|---|---------------------------------|--|--|
| Your first name and middle initial                           |  |  |        | ast name               | Э                                |               |             |                                |              |   | Your social security number     |  |  |
|  |  |  |        |                        |                                  |               |             |                                |              |   |                                 |  |  |
| If joint return, spouse's first name and middle initial      |  |  |        |                        | Last name                        |               |             |                                |              |   | Spouse's social security number |  |  |
| Home address   | (numbe   | er and street). If you have a P.O. box, so                                   | ee ins | instructions. Apt. no. |                                  |               |             |                                |              | Presidential Election Campaign<br>Check here if you, or your spouse if filing |                                 |  |  |
| City, town or p  | ost offic  | ce, state, and ZIP code. If you have a fo                                    | reign  | address                | s, also                          | complete s    | paces b     | elow (see instr                | uctions      | ·).   |                                 | it \$3 to go to this fund. box below will not change you d. You Spouse |  |
| Foreign country name   |  |  |        |                        | Foreign province/state/county Fo |               |             |                                | Fore         | gn postal code If more than four dependents, see instructions and ✓ here ►    |                                 | · · · · · · · · · · · · · · · · · · ·                                  |  |
| Standard<br>Deduction  | <del>-</del>   |  |        |                        |                                  |               |             |                                |              |   |                                 |  |  |
| Age/Blindness  | You:   | Were born before January 2, 195  | 55     | Are                    | blind                            | Spouse        | :           | Was born befo                  | re Janı      | uary 2, 1955  | Is blir                         | nd   |  |
| Dependents (   | see ins  | structions):   |        | <b>(2)</b> Soc         | cial sec                         | urity number  | (3)         | Relationship to y              | ou           | (4) ✓ if  | qualifies for                   | r (see instructions):  |  |
| (1) First name   |  | Last name  |        |                        |                                  |               |             |                                | Child tax cr | edit  | Credit for other dependents     |  |  |
|  |  |  |        |                        |                                  |               |             |                                |              |   |                                 |  |  |
|  |  |  |        |                        |                                  |               |             |                                |              |   |                                 |  |  |
|  |  |  |        |                        |                                  |               |             |                                |              |   |                                 |  |  |
|  |  |  |        |                        |                                  |               |             |                                |              |   |                                 |  |  |
|  | 1  | Wages, salaries, tips, etc. Attach For                                       | m(s) \ | V-2 .                  |                                  |               |             |                                |              |   | . 1                             |  |  |
|  | 2a   | Tax-exempt interest  | 2a     |                        |                                  |               | <b>b</b> Ta | xable interest.                | Attach       | Sch. B if requir  | ed 2b                           |  |  |
| Standard   | 3a   | Qualified dividends  | 3a     |                        |                                  |               | <b>b</b> Or | dinary dividend                | s. Attac     | h Sch. B if requir  | red 3b                          |  |  |
| Deduction for—   | 4a   | IRA distributions  | 4a     |                        |                                  |               | <b>b</b> Ta | xable amount                   | -            |   | . 4b                            |  |  |
| Single or Married filing separately,                         | С  | Pensions and annuities   | 4c     |                        |                                  |               | <b>d</b> Ta | xable amount                   | -            |   | . 4d                            |  |  |
| \$12,200   | 5a   | Social security benefits   | 5a     |                        |                                  |               | <b>b</b> Ta | xable amount                   |              |   | . 5b                            |  |  |
| <ul> <li>Married filing<br/>jointly or Qualifying</li> </ul> | 6 Capital gain or (loss). Attach Schedule D if required. If not required, check here . |  |        |                        |                                  |               | ere         |                                | ▶[           | 6   |                                 |  |  |
| widow(er),<br>\$24,400                                       | 7a   | Other income from Schedule 1, line 9   |        |                        |                                  |               |             |                                |              | . 7a  |                                 |  |  |
| Head of  | b  | Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> |        |                        |                                  |               |             |                                |              | ▶ 7b  |                                 |  |  |
| household,<br>\$18,350                                       | 8a   | Adjustments to income from Schedule 1, line 22                               |        |                        |                                  |               |             |                                |              | . 8a  |                                 |  |  |
| If you checked   | b  | Subtract line 8a from line 7b. This is your adjusted gross income            |        |                        |                                  |               |             |                                |              | ▶ 8b  |                                 |  |  |
| any box under<br>Standard                                    | 9  | Standard deduction or itemized deductions (from Schedule A) 9                |        |                        |                                  |               |             |                                |              |   |                                 |  |  |
| Deduction, see instructions.                                 | 10   | Qualified business income deduction. Attach Form 8995 or Form 8995-A         |        |                        |                                  |               |             |                                |              |   |                                 |  |  |
|  | 11a  | Add lines 9 and 10   |        |                        |                                  |               |             |                                |              |   | . 11a                           | 1  |  |
|  | b  | Taxable income. Subtract line 11a fr   | om li  | ne 8b. If              | zero                             | or less, ente | r-0         |                                |              |   | . 11b                           | )  |  |
|  |  |  |        |                        |                                  |               |             |                                |              |   |                                 | 1010   |  |

| Form 1040 (2019                      | )  |   |                           |                              |                       |            |                                |  | Page <b>2</b>        |  |
|--------------------------------------|--|---|---------------------------|------------------------------|-----------------------|------------|--------------------------------|--|----------------------|--|
|                                      | 12a  | Tax (see inst.) Check if any from Fo  | orm(s): <b>1</b> 8814     | 4 <b>2</b> 4972              | з 🗌                   | 12a        |                                |  |                      |  |
|                                      | b  | Add Schedule 2, line 3, and line  | 12a and enter the         | total                        |                       |            | . •                            | 12b  |                      |  |
|                                      | 13a  | Child tax credit or credit for other  | 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-emplo   | oyment tax, from S        | Schedule 2, line 1           | 10                    |            |                                | 15   |                      |  |
|                                      | 16   | Add lines 14 and 15. This is your   | total tax                 |                              |                       |            | . •                            | 16   |                      |  |
|                                      | 17   | Federal income tax withheld from  | n Forms W-2 and           | 1099                         |                       |            |                                | 17   |                      |  |
| • If you have a                      | 18   | Other payments and refundable   | credits:                  |                              |                       |            |                                |  |                      |  |
| qualifying child,                    | <u>a</u>   | Earned income credit (EIC) .  |                           |                              |                       | 18a        |                                |  |                      |  |
| attach Sch. EIC.  If you have        | b  | Additional child tax credit. Attacl   | h Schedule 8812           |                              |                       | 18b        |                                |  |                      |  |
| nontaxable combat pay, see           | С  | American opportunity credit from  | n Form 8863, line 8       | 8                            |                       | 18c        |                                |  |                      |  |
| instructions.                        | d  | Schedule 3, line 14   |                           |                              |                       | 18d        |                                |  |                      |  |
|                                      | е  | Add lines 18a through 18d. Thes   | 18e                       |                              |                       |            |                                |  |                      |  |
|                                      | 19   | Add lines 17 and 18e. These are   | your total payme          | ents                         |                       |            | . ▶                            | 19   |                      |  |
| Refund                               | 20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid |   |                           |                              |                       |            |                                | 20   |                      |  |
|                                      | 21a  | Amount of line 20 you want refu   | <b>nded to you.</b> If Fo | orm 8888 is attac            | hed, check here .     |            | ▶ □                            | 21a  |                      |  |
| Direct deposit?<br>See instructions. | ►b   | Routing number  |                           |                              | <b>▶ c</b> Type:      | Checking : | Savings                        |  |                      |  |
| See instructions.                    | ►d   | Account number  |                           |                              |                       |            |                                |  |                      |  |
|                                      | 22   | Amount of line 20 you want appl   |                           |                              |                       |            |                                |  |                      |  |
| Amount                               | 23   | Amount you owe. Subtract line   | 19 from line 16. Fo       | or details on how            | to pay, see instructi | ions       | . ▶                            | 23   |                      |  |
| You Owe                              | 24   | Estimated tax penalty (see instru   | ıctions)                  |                              | 🕨                     | 24         |                                |  |                      |  |
| Third Party Designee                 |  |   |                           |                              |                       |            |                                |  | Yes. Complete below. |  |
| (Other than Designee's               |  | signee's  |                           | Phone                        |                       | Person     | al identific                   | ation  |                      |  |
| paid preparer)                       | nar  | me ▶  |                           | no. number (PIN)             |                       |            |                                |  |                      |  |
| Sign<br>Here                         |  | der penalties of perjury, I declare that I rect, and complete. Declaration of prepare | knowledg                  | e and belief, they are true, |                       |            |                                |  |                      |  |
| пеге                                 | Yo   | ur signature  |                           |                              |                       |            |                                | If the IRS sent you an Identity                |                      |  |
|                                      | Prot   |   |                           |                              |                       |            |                                |  | IN, enter it here    |  |
| Joint return?<br>See instructions.   | - Sn   | ouso's signature. If a joint roturn.  | Date Spouse's occ         |                              | unation               |            | If the IRS sent your spouse an |  |                      |  |
| Keep a copy for your records.        | Spouse's signature. If a joint return, <b>both</b> must sign.                                      |   |                           | Ide                          |                       |            | Iden                           | entity Protection PIN, enter it here ee inst.) |                      |  |
|                                      | Ph   | one no.   |                           | Email address                | 1                     |            |                                |  |                      |  |
| D-:-!                                | Pre  | eparer's name   | Preparer's signat         | ture                         |                       | Date       | PTIN                           |  | Check if:            |  |
| Paid                                 |  |   |                           |                              |                       |            |                                |  | 3rd Party Designee   |  |
| Preparer                             | Fir  | m's name ▶  |                           |                              |                       | Phone no.  |                                |  | Self-employed        |  |
| Use Only                             | Fin  | m's address ▶   |                           |                              |                       |            | Firm                           | 's EIN ▶                                       | •                    |  |

Go to  $\ensuremath{\textit{www.irs.gov/Form1040}}$  for instructions and the latest information.

Form **1040** (2019)