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Form **1040-SR** Department of the Treasury—Internal Revenue Service (99) **U.S. Tax Return for Seniors** | **2019** | OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.

☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS)
☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

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	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 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. ☐ **You** ☐ **Spouse**
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).		
Foreign country name	Foreign province/state/county / Foreign postal code	If more than four dependents, see inst. and ✓ here ▶ ☐

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): **(1)** First name Last name	**(2)** Social security number	**(3)** Relationship to you	**(4)** ✓ if qualifies for (see inst.): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Attach Schedule B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2				**1**	
2a	Tax-exempt interest	**2a**		**b** Taxable interest	**2b**	
3a	Qualified dividends	**3a**		**b** Ordinary dividends	**3b**	
4a	IRA distributions	**4a**		**b** Taxable amount	**4b**	
c	Pensions and annuities	**4c**		**d** Taxable amount	**4d**	
5a	Social security benefits	**5a**		**b** Taxable amount	**5b**	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐				**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**	
8a	Adjustments to income from Schedule 1, line 22				**8a**	
b	Subtract line 8a from line 7b. This is your **adjusted gross income** ▶				**8b**	

Standard Deduction See *Standard Deduction Chart* below.

9	**Standard deduction or itemized deductions** (from Schedule A)	**9**	
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	**10**	
11a	Add lines 9 and 10		**11a**
b	**Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0-		**11b**

Standard Deduction Chart*

Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* ▶

IF your filing status is. . .	AND the number of boxes checked is. . .	THEN your standard deduction is. . .	IF your filing status is. . .	AND the number of boxes checked is. . .	THEN your standard deduction is. . .
Single	1	13,850	Head of household	1	20,000
	2	15,500		2	21,650
Married filing jointly or Qualifying widow(er)	1	25,700	Married filing separately	1	13,500
	2	27,000		2	14,800
	3	28,300		3	16,100
	4	29,600		4	17,400

*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

	12a	**Tax** (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐ _____	12a	
	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	
	14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	
	15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	
	16	Add lines 14 and 15. This is your **total tax** ▶	16	
	17	Federal income tax withheld from Forms W-2 and 1099	17	
• 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	
	19	Add lines 17 and 18e. These are your **total payments** ▶	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 **refunded to you.** If Form 8888 is attached, check here ▶ ☐	21a	
Direct deposit? See instructions.	b	Routing number ▶ c Type: ☐ Checking ☐ 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	
	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. ☐ **Yes.** Complete below. ☐ **No**

Designee's name ▶ | Phone no. ▶ | Personal identification number (PIN) ▶

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.

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 your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ 3rd Party Designee ☐ Self-employed
Firm's name ▶				Phone no.
Firm's address ▶				Firm's EIN ▶