1040	-S	Department of the U.S. Tax	Treasury—Internal Reverence Return for Section 1	nue Serv enio l	rice (99)	2	020		OMB No. 154	45-007 <i>4</i>	IRS Use Onl	y—Do not	write or st	aple in tł	nis space.	
Filing		Single	I - I / I / I / O I I)				filing jo				Married fil	ing se	parate	ly (N	IFS)	
Status		☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)														
Check only one box.		bu checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's ne if the qualifying person is a child but not your dependent														
Your first name and middle initial					ame	our (аоронас	,,,,,				Your	Your social security number			
If joint return, spouse's first name and middle initial Last name S								Spouse	Spouse's social security number							
in joint return, spouse's mot name and middle midal Last hame																
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Pre									Preside	Presidential Election Campaign						
City town or	noot of	ffice If you have a f	faraina addraga ala		nloto on		2010111	Ctoto		I ZID	anda	-	here if y		,	
City, town, or	post of	ilice. Il you have a i	foreign address, als	o com	piete spa	aces i	below.	State		ZIP	code	\$3 to g	spouse if filing jointly, want 33 to go to this fund.			
Foreign coun	try nan	ne		Foreign province/state/county Fo					Foreig	Foreign postal code		Checking a box below will not change your tax or				
-												l — —			Spouse	
•		ing 2020, did st in any virtua	you receive, sal currency?				-				cquire any	, . ►	☐ Ye:	s 🗆	No	
Standard			aim: ☐ You									ndent				
Deduction			zes on a sepa													
		/DI: 1	You:	□ We	ere bo	rn b	efore .	Jan	uary 2,	1956	☐ Are	blind				
	Age	e/Blindness							ary 2, 1							
Dependent	·S				(2) Soci	ial sec	urity numb	er (3) Relationsl	nip to	(4) ✓ if c	ualifies f	or (see in		 ons):	
(see instructions): (1) F	First name	Last name		.,			`	you	<u>'</u>	Child tax of		1 `		dependents	
If more than fou														-		
dependents, see instructions and											井					
check here ►														ᅢ		
	1	Wages, sala	ries, tips, etc.	Atta	ch Fo	rm(s	s) W-2					. 1	ı			
Attach	2 a	Tax-exempt	interest .	2a				b	Taxab	le int	erest .	. 2	b			
Schedule B if required.	3a	Qualified div	idends	3a				b	Ordina	ıry di	vidends	. 3	b			
	4a	IRA distribut	ions	4a				b	Taxab	-		. 4	b			
	5a	Pensions and	d annuities	5a				b	Taxab	le an	nount .	. 5	b			
	6a	Social security benefits .		6a	6a b Taxable amount .					. 6	b					
	7	Capital gain	Capital gain or (loss). Attach Schedule D if required. If not required,													
		check here										7	7			
	8	Other incom	e from Sched	ule 1	, line	9.						. [3			
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income							▶ [9	9						
	10	Adjustments to income:														
	а	From Schedule 1, line 22														
	b Charitable contributions if you take the standard															
		deduction. See instructions														
	С	Add lines 10	a and 10b. Th	nese	are yo	our t	otal ac	djus	stments	to i	ncome	▶ 10)c			
	11	Subtract line	10c from line	9. T	his is	you	r adiu s	ste	d gross	inco	me	▶ 1	1			
11 Subtract line 10c from line 9. This is your adjusted gross income ▶ 11								_	040	<u> </u>						

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`)			
Standard Deduction	12	Standard deduction or itemized deductions (from Schedule A)	12	
See Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
Deduction Chart on the last page	14	Add lines 12 and 13	14	
of this form.	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0	15	
	16	Tax (see instructions). Check if any from:		
		1 □ Form(s) 8814 2 □ Form 4972 3 □	16	
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	
	19	Child tax credit or credit for other dependents	19	
	20	Amount from Schedule 3, line 7	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0	22	
	23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
	24	Add lines 22 and 23. This is your total tax ▶	24	
	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	
	26	2020 estimated tax payments and amount applied from 2019 return	26	
 If you have a qualifying 	27	Earned income credit (EIC)		
child, attach Sch. EIC.	28	Additional child tax credit. Attach Schedule 8812 28		
 If you have nontaxable combat pay, see 	29	American opportunity credit from Form 8863, line 8 . 29		
	30	Recovery rebate credit. See instructions		
instructions.	31	Amount from Schedule 3, line 13		
	32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d 26 and 32 These are your total navments	33	

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Refund	34	If line 33 is more tha amount you overpaid	-			ne 33. This	is the	34				
	35a	Amount of line 34 you check here	u want ref	unded to	you. If Form 	8888 is atta	ched, ▶ □	35a	ļ			
Direct deposit? See	▶b	Routing number			▶ c Type: □	Checking	Savings					
instructions.	►d	Account number										
	36	Amount of line 34 yeestimated tax			-	36						
Amount	37	Subtract line 33 from	line 24. Th	is is the ar	nount you ov	we now	. ▶	37				
You Owe		Note: Schedule H and	d Schedule	SE filers,	line 37 may n	ot represen	t all of					
For details on how to pay,		the taxes you owe	for 2020	. See Sc	hedule 3, li	ne 12e, ar	nd its					
see instructions.		instructions for details	S.									
	38	Estimated tax penalty	(see instru	uctions) .	🕨	38						
Third Party Designee	ins	you want to allow another structions	person to dis	scuss this ret	urn with the IRS	. ▶ 🗌 Yes	. Complet		w. [☐ No		
	nar	me ▶		no. 🕨		numbe	r (PIN)	>				
Sign Here	my kn	penalties of perjury, I declare to owledge and belief, they are truch ch preparer has any knowledge	ue, correct, and			, ,		,				
	Yo	ur signature		Date	Your occupation			e IRS ser ection PI				
Joint return?								inst.)	IN, EITE	THE HERE	\Box	
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.		Date	Iden:			e IRS sent your spouse an tity Protection PIN, enter it here inst.)					
	Ph	one no.		Email address								
Paid	Pre	eparer's name	Preparer's si	gnature		Date	PTIN		Chec	k if:	_	
Preparer									S	elf-em	ployed	
Use Only									ne no.			
	Live	m'e addroec b					I Lirm	. c ⊢ II\ I	_			

Go to www.irs.gov/Form1040SR for instructions and the latest information.

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Standard Deduction Chart*

Add the number of boxes checked in the "Age/Blindness" section of Standard Deduction on page 1 ▶

IF your filing status is	AND the number of boxes checked is	THEN your standard deduction is
Single	1	\$14,050
Sirigie	2	15,700
	1	\$26,100
Married	2	27,400
filing jointly	3	28,700
	4	30,000
Qualifying	1	\$26,100
widow(er)	2	27,400
Head of	1	\$20,300
household	2	21,950
	1	\$13,700
Married filing	2	15,000
separately**	3	16,300
	4	17,600

^{*}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.

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^{**}You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.