

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial	Last name	Your social security number
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Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial	Last name	Spouse's social security number
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Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. If more than four dependents, see inst. and ✓ here ►

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
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Sign Here

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

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.)
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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.)
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Paid Preparer Use Only

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

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form 1040 (2018)

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Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1		
	2a	Tax-exempt interest	2a		
	3a	Qualified dividends	3a		
	4a	IRAs, pensions, and annuities	4a		
	5a	Social security benefits	5a		
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		6	
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7	
	8	Standard deduction or itemized deductions (from Schedule A)		8	
	9	Qualified business income deduction (see instructions)		9	
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	
11	a Tax (see inst.) (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>) b Add any amount from Schedule 2 and check here ► <input type="checkbox"/>		11		
12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here ► <input type="checkbox"/>		12		
13	Subtract line 12 from line 11. If zero or less, enter -0-		13		
14	Other taxes. Attach Schedule 4		14		
15	Total tax. Add lines 13 and 14		15		
16	Federal income tax withheld from Forms W-2 and 1099		16		
17	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863 Add any amount from Schedule 5		17		
18	Add lines 16 and 17. These are your total payments		18		
Refund Direct deposit? See instructions.	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19		
	20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	20a		
	► b	Routing number	► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	► d	Account number			
21	Amount of line 19 you want applied to your 2019 estimated tax ► 21				
Amount You Owe	22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ► 22			
	23	Estimated tax penalty (see instructions) ► 23			