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|--|--|---|--|---|---|--|
| Filing Status | <input type="checkbox"/> Single | <input type="checkbox"/> Married filing jointly | <input type="checkbox"/> Married filing separately (MFS) | | | |
| Check only one box. | <input type="checkbox"/> Head of household (HOH) | <input type="checkbox"/> 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 | | | | |
| If joint return, spouse's first name and middle initial | | Last name | | | | |
| Home address (number and street). If you have a P.O. box, see instructions. | | | Apt. no. | | | |
| 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 ► <input type="checkbox"/> | | | | | | |
| Standard Deduction | Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien | | | | | |
| Age/Blindness | You: <input type="checkbox"/> Were born before January 2, 1955 <input type="checkbox"/> Are blind Spouse: <input type="checkbox"/> Was born before January 2, 1955 <input type="checkbox"/> 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 | | | |
| | | | <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 | | | |
| 2a Tax-exempt interest . . . | | 2a | 2b | | | |
| 3a Qualified dividends . . . | | 3a | 3b | | | |
| 4a IRA distributions | | 4a | 4b | | | |
| c Pensions and annuities . | | 4c | 4d | | | |
| 5a Social security benefits . | | 5a | 5b | | | |
| 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 | | | |
| 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 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 ► | | | | | |
| See Standard Deduction Chart below. | IF your filing status is... Single Married filing jointly or Qualifying widow(er) | AND the number of boxes checked is... 1 2 1 2 3 4 | THEN your standard deduction is... 13,850 15,500 25,700 27,000 28,300 29,600 | IF your filing status is... Head of household Married filing separately | AND the number of boxes checked is... 1 2 1 2 3 4 | THEN your standard deduction is... 20,000 21,650 13,500 14,800 16,100 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.