<b>1040</b>		artment of the Treasury—Internal Revenue Ser S. Individual Income Ta		etı	(99) J <b>rn</b>	2	<b>02</b>	0	OMB No. 1	545-007	74 IRSUs	e Only	—Do not s	write or stapi	le in this space.	
Filing Status Check only one box.	heck only  If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying															
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	e instn	instructions.							Apt. no.			Presidential Election Campaign Check here if you, or your				
City, town, or post office. If you have a foreign address, also co					mplete spaces below.					ate ZIP coo		to			intly, want \$3 d. Checking a	
Foreign country name					Foreign province/state/o				y				x or refun	d		
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?														. □ No		
Standard Deduction		neone can claim:	-		_				a depende	nt						
Age/Blindness	You	: Were born before January 2,	1956		Are b	lind	Spo	use	: Was	born b	efore Jan	uary 2	2, 1956	☐ Is i	blind	
-	-	ee instructions): 1) First name Last name			(2) Social security number				(-)			if qu tax cr		ructions): other dependents		
If more than four																
dependents, see instructions	_															
and check here ▶ □	$\vdash$															
	1	Wages, salaries, tips, etc. Attach	Form	(e) V	V-2								. 1			
Attach Sch. B if	2a	Tax-exempt interest	2a	(S) V	v=2 .	•	' i '	ь т	axable inte	roet			21:			
	3a	Qualified dividends	3a				_	b Ordinary dividend								
required.	4a	IRA distributions	4a				b Taxable amount .									
	5a	Pensions and annuities	5a	5a				b Taxable amount .								
Standard Deduction for—	6a	Social security benefits	6a				_	ь Т	axable amo	ount .			. 6t			
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □ 7  Other income from Schedule 1, line 9														
Single or Married fling	8															
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income														
Married fling	10	Adjustments to income:														
jointly or Qualifying widow(er), \$24,800	а	From Schedule 1, line 22														
	b	Charitable contributions if you take	the s	stan	dard de	ducti	on. See	instr	ructions	10b						
Head of household, \$18,650	С	Add lines 10a and 10b. These are	your	tota	al adjus	stme	nts to in	cor	me			. 1	▶ 10	lc		
	11	Subtract line 10c from line 9. This is your adjusted gross income														
If you checked     any box under	12	Standard deduction or itemized											. 12	2		
any box under Standard	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A														
Deduction, see instructions.	14											. 14	4			
	45	Tavable income Subtract line 1/	from	line	44 IF-	7000 /	r lace	anta	r - 0				41	-		