	Department of the Treasury—Internal Revenues. Individual Income		(99) m 20	18 OMB No.	1545-0074	IRS Use Only	/—Do not write	e or staple in this space.		
Filing status:	Single Married filing jointly	/ Married fi	iling separately	Qualifying wid	low(er)	Head of hor	usehold			
Your first name and initial			Last name			Your social security number		al security number		
Your standard ded			e born before January	2, 1954	You ar	e blind				
Spouse or qualifying person's first name and initial (see inst.)			Last name				Spouse's s	social security number		
Spouse standard de	duction: Someone can claim yo	ur spouse as a de	pendent	Your spouse was bo	rn before Ja	nuary 2, 1954	1			
Your spouse is blind Your 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.							Full-year health care coverage (see instructions)			
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.								If more than four dependents, see instructions and check here ▶ □		
Dependents (see instructions): (1) First name Last name			(2) Social security number (3) Relationship			(4) Child tax cr	✓ if qualifies for	or (see inst.): redit for other dependents		
Sigii cor	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.									
Here Joint return? See instructions.	Your signature	Date Your occupation		F	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)					
Keep a copy for your records.	Spouse's signature. If a joint return,	Date	Spouse's occupation		If the IRS sent you an Identity Protection PIN, enter it here (see inst.)					
Paid	Print/Type preparer's name	Preparer's signat	ırer's signature			PTIN		Check if:		
Preparers								3rd Party Designee		
	Firm's name ▶				Firm's EIN	>		Self-employed		
For Disclosure, Pri	ivacy Act, and Paperwork Reduction	Act Notice, see	separate instru	ctions.	Cat. No.	11320B		Form 1040 (2018)		

Form 1040 (2018)						Page 2
	1	Wages, salaries, tips, etc. Attach F	1			
 Married filing jointly or Qualifying widow(er), \$24,000 Head of household, 	2a	Tax-exempt interest	2a	b Taxable interest	2b	
	За	Qualified dividends	3a	b Ordinary dividends	3b	
	4a	IRAs, pensions, and annuities .	4a	b Taxable amount	4b	
	5a	Social security benefits	5a	b Taxable amount	5b	
	6	Total income. Add lines 1 through 5. Ad	6			
	7	Adjusted gross income. If you have subtract Schedule 1 line 36, from	7			
	8	Standard deduction or itemized de	8			
	9	Qualified business income deduct	9			
	10	Taxable income. Subtract lines 8 a	10			
		Tax (see inst) (check if	-10			
		Add any amount from Schedule 2	11			
	12			nount from Schedule 3 and check here	12	
	13			iodite irom contoade o dita oncok noto?	13	
If you checked any box under	14	Other taxes. Attach Schedule 4.			14	
	15	Total tax. Add lines 13 and 14	15			
	16	Federal income tax withheld from	16			
	17		b Sch 8812			
				· · · · · · · · · · ·	17	
	18				18	
Reluna	19			e amount you overpaid	19	
	20a	Amount of line 19 you want refund	20a			
Direct deposit?	b	Routing number	 	Type: Checking Savings		
See instructions.	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 1	8 from line 15. For details on how t	o pay, see instructions	22	
	23	Estimated tax penalty (see instruc	tions)	▶ 23		
						Form 1040 (2018)