

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. 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 MARK D	Last name AUSTIN	Your social security number 213-00-5873
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 1234 GREENLEAF AVE		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). LEESBURG, FL 34748		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>		

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			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"/>

Standard Deduction for—
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under Standard Deduction, see instructions.

1 Wages, salaries, tips, etc. Attach Form(s) W-2					1	18765
2a Tax-exempt interest	2a		b Taxable interest. Attach Sch. B if required		2b	
3a Qualified dividends	3a	159	b Ordinary dividends. Attach Sch. B if required		3b	159
4a IRA distributions	4a		b Taxable amount		4b	1680
c Pensions and annuities	4c	12397	d Taxable amount		4d	11456
5a Social security benefits	5a	10368	b Taxable amount		5b	7383
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here				<input checked="" type="checkbox"/>	6	75
7a Other income from Schedule 1, line 9					7a	73
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income					7b	39591
8a Adjustments to income from Schedule 1, line 22					8a	
b Subtract line 8a from line 7b. This is your adjusted gross income					8b	39591
9 Standard deduction or itemized deductions (from Schedule A)	9	16999				
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10					
11a Add lines 9 and 10					11a	16999
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-					11b	22592

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

QNA

Table with 12 columns and 18 rows. Rows include: 12a Tax (2491), 12b Add Schedule 2, line 3, and line 12a and enter the total (2491), 13a Child tax credit or credit for other dependents, 13b Add Schedule 3, line 7, and line 13a and enter the total, 14 Subtract line 13b from line 12b. If zero or less, enter -0- (0), 15 Other taxes, including self-employment tax, from Schedule 2, line 10 (0), 16 Add lines 14 and 15. This is your total tax (2491), 17 Federal income tax withheld from Forms W-2 and 1099 (FORM 1099) (4935), 18 Other payments and refundable credits: 18a Earned income credit (EIC), 18b Additional child tax credit. Attach Schedule 8812, 18c American opportunity credit from Form 8863, line 8, 18d Schedule 3, line 14, 18e Add lines 18a through 18d. These are your total other payments and refundable credits, 19 Add lines 17 and 18e. These are your total payments (4935).

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

Table with 12 columns and 4 rows. Rows include: 20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid (2444), 21a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here (2444), 21b Routing number (XXXXXXXXXX) and Type: Checking Savings, 21d Account number (XXXXXXXXXXXXXXXXXXXXXXXXXX), 22 Amount of line 20 you want applied to your 2020 estimated tax (22).

Amount You Owe

Table with 12 columns and 2 rows. Rows include: 23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions (23), 24 Estimated tax penalty (see instructions) (24).

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. [] Yes. Complete below. [X] No
Designee's name, Phone no., Personal identification number (PIN)

Sign Here

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, Spouse's signature, Date, Spouse's occupation, Identity Protection PIN (874563), Phone no. (352) 123-4567, Email address

Paid Preparer Use Only

Preparer's name, Preparer's signature, Date, PTIN (S12345678), Check if: [] 3rd Party Designee, [] Self-employed, Firm's name (PRACTICE LAB), Phone no. (202-202-2022), Firm's address (15 PRACTICE LAB WAY WASHINGTON DC 20005), Firm's EIN (-)

Go to www.irs.gov/Form1040 for instructions and the latest information.

QNA

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040 or 1040-SR.**

▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

AUSTIN

Your social security number

213-00-5873

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	73
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	73

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Reserved for future use	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040 or 1040-SR) 2019

QNA

SCHEDULE A
(Form 1040 or 1040-SR)

Itemized Deductions

OMB No. 1545-0074

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

▶ Attach to Form 1040 or 1040-SR.

2019

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

Your social security number

MARK AUSTIN

213-00-5873

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1	8470		
	2 Enter amount from Form 1040 or 1040-SR, line 8b	2	39591		
	3 Multiply line 2 by 10% (0.10)	3	3959		
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			4511
Taxes You Paid	5 State and local taxes.				
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box	5a	736	<input checked="" type="checkbox"/>	
	b State and local real estate taxes (see instructions)	5b	2875		
	c State and local personal property taxes	5c	375		
	d Add lines 5a through 5c	5d	3986		
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	3986		
	6 Other taxes. List type and amount ▶ _____	6			
	7 Add lines 5e and 6	7			3986
Interest You Paid	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box				
	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	6677	<input type="checkbox"/>	
	b Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b			
	c Points not reported to you on Form 1098. See instructions for special rules	8c			
	d Reserved	8d			
	e Add lines 8a through 8c	8e	6677		
	9 Investment interest. Attach Form 4952 if required. See instructions	9			
10 Add lines 8e and 9	10			6677	
Gifts to Charity	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	1450		
	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	12	375		
	13 Carryover from prior year	13			
	14 Add lines 11 through 13	14			1825
Casualty and Theft Losses	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15			
Other Itemized Deductions	16 Other—from list in instructions. List type and amount ▶ _____	16			
Total Itemized Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9	17			16999
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box				<input type="checkbox"/>

Medical and Dental Expenses

<u>Description of Expense</u>	<u>Amount</u>
Medical and Dental Insurance	5878
Amount Paid to Doctors, Dentists, Eye Doctors, etc.	798
Prescription Medicine, Drugs, or Insulin	897
Medical Aids (Crutches, Hearing Aids, Wheelchairs, etc.)	<u>897</u>
TOTALS:	8470