

**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 JESSE J	Last name CASH	Your social security number 345-00-8413
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. 171 TUDOR 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		<b>Presidential Election Campaign</b> 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 . . . . .					1023
2a Tax-exempt interest . . . . .	2a		b Taxable interest. Attach Sch. B if required	2b	
3a Qualified dividends . . . . .	3a		b Ordinary dividends. Attach Sch. B if required	3b	
4a IRA distributions . . . . .	4a		b Taxable amount . . . . .	4b	
c Pensions and annuities . . . . .	4c		d Taxable amount . . . . .	4d	
5a Social security benefits . . . . .	5a		b Taxable amount . . . . .	5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .				6	
7a Other income from Schedule 1, line 9 . . . . .				7a	1000
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . .				7b	2023
8a Adjustments to income from Schedule 1, line 22 . . . . .				8a	
b Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .				8b	2023
9 <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	9	1373			
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	10				
11a Add lines 9 and 10 . . . . .				11a	1373
b <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .				11b	650

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

QNA

Table with 18 rows (12a-18e) and 2 columns (Description, Amount). Total amount for line 19 is 296.

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

Refund

Table with 4 rows (20-22) and 2 columns (Description, Amount). Total amount for line 20 is 230.

Amount You Owe

Table with 2 rows (23-24) and 2 columns (Description, Amount). Total amount for line 23 is 0.

Third Party Designee

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. [X] No

Form fields for Designee's name, Phone no., and 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.

Signature and occupation fields for taxpayer and spouse, including dates and PINs.

Paid Preparer Use Only

Form fields for Preparer's name, signature, date, PTIN, firm's name, address, phone, and EIN.

**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](http://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

Your social security number

CASH

345-00-8413

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**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ <u>GAMBLING WINNINGS</u>	<b>8</b>	1000
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .	<b>9</b>	1000

**Part II Adjustments to Income**

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

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](http://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

JESSE CASH

345-00-8413

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.		
	<b>1</b> Medical and dental expenses (see instructions) . . . . .	<b>1</b>	
	<b>2</b> Enter amount from Form 1040 or 1040-SR, line 8b . . . . .	<b>2</b>	
	<b>3</b> Multiply line 2 by 10% (0.10) . . . . .	<b>3</b>	
	<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .		<b>4</b>
<b>Taxes You Paid</b>	<b>5</b> State and local taxes.		
	<b>a</b> 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 . . . . . ▶ <input type="checkbox"/>	<b>5a</b>	
	<b>b</b> State and local real estate taxes (see instructions) . . . . .	<b>5b</b>	
	<b>c</b> State and local personal property taxes . . . . .	<b>5c</b>	
	<b>d</b> Add lines 5a through 5c . . . . .	<b>5d</b>	
	<b>e</b> Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) . . . . .	<b>5e</b>	
	<b>6</b> Other taxes. List type and amount ▶ _____	<b>6</b>	
	<b>7</b> Add lines 5e and 6 . . . . .		<b>7</b>
<b>Interest You Paid</b>	<b>8</b> 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 . . . . . ▶ <input type="checkbox"/>		
	<b>a</b> Home mortgage interest and points reported to you on Form 1098. See instructions if limited . . . . .	<b>8a</b>	
	<b>b</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 . . . . . ▶ _____	<b>8b</b>	
	<b>c</b> Points not reported to you on Form 1098. See instructions for special rules . . . . .	<b>8c</b>	
	<b>d</b> Reserved . . . . .	<b>8d</b>	
	<b>e</b> Add lines 8a through 8c . . . . .	<b>8e</b>	
	<b>9</b> Investment interest. Attach Form 4952 if required. See instructions	<b>9</b>	
	<b>10</b> Add lines 8e and 9 . . . . .		<b>10</b>
<b>Gifts to Charity</b>	<b>11</b> Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	<b>11</b>	
	<b>12</b> Other than by cash or check. If you made any gift of \$250 or more, see instructions. You <b>must</b> attach Form 8283 if over \$500. . . . .	<b>12</b>	
	<b>13</b> Carryover from prior year . . . . .	<b>13</b>	
	<b>14</b> Add lines 11 through 13 . . . . .		<b>14</b>
<b>Casualty and Theft Losses</b>	<b>15</b> 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 . . . . .		<b>15</b>
<b>Other Itemized Deductions</b>	<b>16</b> Other—from list in instructions. List type and amount ▶ _____ <b>GAMBLING LOSSES TO AMOUNT WON</b> <b>240</b>		<b>16</b> 240
<b>Total Itemized Deductions</b>	<b>17</b> 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 . . . . .		<b>17</b> 240
<b>18</b> If you elect to itemize deductions even though they are less than your standard deduction, check this box . . . . . ▶ <input type="checkbox"/>			