

**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 <b>CATHY</b>	Last name <b>SANDERS</b>	Your social security number <b>142-100-6789</b>
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. <b>123 MORGAN LANE</b>		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>LABELLE, FL 33935</b>		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 checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/country	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

(1) Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ If qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
(1) First name	Last name			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2			<b>1</b>	36240
<b>2a</b> Tax-exempt interest	<b>2a</b>		<b>2b</b>	
<b>3a</b> Qualified dividends	<b>3a</b>		<b>3b</b>	
<b>4a</b> IRA distributions	<b>4a</b>		<b>4b</b>	
<b>c</b> Pensions and annuities	<b>4c</b>		<b>4d</b>	
<b>5a</b> Social security benefits	<b>5a</b>		<b>5b</b>	
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			<b>6</b>	
<b>7a</b> Other income from Schedule 1, line 9			<b>7a</b>	
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> ▶			<b>7b</b>	36240
<b>8a</b> Adjustments to income from Schedule 1, line 22			<b>8a</b>	
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> ▶			<b>8b</b>	36240
<b>9</b> Standard deduction or itemized deductions (from Schedule A)	<b>9</b>	12200		
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A	<b>10</b>			
<b>11a</b> Add lines 9 and 10			<b>11a</b>	12200
<b>b</b> Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			<b>11b</b>	24040

**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.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	2689
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	2689
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	2689
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0
16	Add lines 14 and 15. This is your <b>total tax</b>	16	2689
17	Federal income tax withheld from Forms W-2 and 1099	17	3531

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

18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>	18e	
19	Add lines 17 and 18e. These are your <b>total payments</b>	19	3531

**Refund**

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>	20	842
21a	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	21a	842

Direct deposit? See instructions.

▶ b	Routing number	X X X X X X X X X X	▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
▶ d	Account number	X X X X X X X X X X X X X X X X X X	

22	Amount of line 20 you want <b>applied to your 2020 estimated tax</b>	22	
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**Amount You Owe**

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.  No

(Other than paid preparer)	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
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**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.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
11/04/19	ASSEMBLY WORKER		
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (863) 555-5555	Email address	NONE@TAXSLAYERPRO.COM	

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if:
			S12345678	<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ PRACTICE LAB	Phone no. 202-202-2022	<input type="checkbox"/> Self-employed		
Firm's address ▶ 15 PRACTICE LAB WAY WASHINGTON DC 20005	Firm's EIN ▶	-		

QNA

Name(s) shown on return

Your social security number

CATHY SANDERS

142-00-6789

You **cannot** take this credit if **either** of the following applies.



- The amount on Form 1040 or 1040-SR, line 8b; or Form 1040-NR, line 35, is more than \$32,000 (\$48,000 if head of household; \$64,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2002; (b) is claimed as a dependent on someone else's 2019 tax return; or (c) was a student (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2019. **Do not** include rollover contributions . . . . .
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2019 (see instructions) . . . . .
- Add lines 1 and 2 . . . . .
- Certain distributions received **after** 2016 and **before** the due date (including extensions) of your 2019 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception . . . . .
- Subtract line 4 from line 3. If zero or less, enter -0- . . . . .
- In each column, enter the **smaller** of line 5 or \$2,000 . . . . .
- Add the amounts on line 6. If zero, **stop**; you can't take this credit . . . . .
- Enter the amount from Form 1040 or 1040-SR, line 8b;\* or Form 1040-NR, line 35 . . . . .
- Enter the applicable decimal amount from the table below.

	(a) You	(b) Your spouse
1		
2	4000	
3	4000	
4		
5	4000	
6	2000	
7		2000
8	36240	

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying widow(er)
Enter on line 9—				
---	\$19,250	0.5	0.5	0.5
\$19,250	\$20,750	0.5	0.5	0.2
\$20,750	\$28,875	0.5	0.5	0.1
\$28,875	\$31,125	0.5	0.2	0.1
\$31,125	\$32,000	0.5	0.1	0.1
\$32,000	\$38,500	0.5	0.1	<b>0.0</b>
\$38,500	\$41,500	0.2	0.1	0.0
\$41,500	\$48,000	0.1	0.1	0.0
\$48,000	\$64,000	0.1	0.0	0.0
\$64,000	---	0.0	0.0	0.0

**Note:** If line 9 is zero, **stop**; you can't take this credit.

- Multiply line 7 by line 9 . . . . .
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions . . . . .
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040 or 1040-SR), line 4; or Form 1040-NR, line 48 . . . . .

9	x
10	
11	
12	

\* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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

QNA

*While she put money in a retirement account, Her income was too high to qualify for a credit.*

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