

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: **JACK** Last name: **JONES** Your social security number: **1 1 1 1 1 1 1 1 1**

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind 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. Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. If more than four dependents, see inst. and here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(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"/>

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 BARBER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Preparer's name STUDENT NAME GOES HERE	Preparer's signature	PTIN	Firm's EIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶	Phone no.			
Firm's address ▶				

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

Standard Deduction for —
 • Single or married filing separately, \$12,000
 • Married filing jointly or Qualifying widow(er), \$24,000
 • Head of household, \$18,000
 • If you checked any box under Standard deduction, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	29800	00
2a	Tax-exempt interest	2a 0 00	b	Taxable interest	2b 0 00
3a	Qualified dividends	3a 0 00	b	Ordinary dividends	3b 0 00
4a	IRAs, pensions, and annuities	4a 0 00	b	Taxable amount	4b 0 00
5a	Social security benefits	5a 0 00	b	Taxable amount	5b 0 00
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	29800.00	6	29800	00
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7	29800	00
8	Standard deduction or itemized deductions (from Schedule A)		8	12000	00
9	Qualified business income deduction (see instructions)		9	0	00
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	17800	00
11	a Tax (see inst.) 1949.00 (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)		11	1949	00
	b Add any amount from Schedule 2 and check here <input type="checkbox"/>		12	0	00
12	a Child tax credit/credit for other dependents 0.00 b Add any amount from Schedule 3 and check here <input type="checkbox"/>		13	1949	00
13	Subtract line 12 from line 11. If zero or less, enter -0-		14	0	00
14	Other taxes. Attach Schedule 4		15	1949	00
15	Total tax. Add lines 13 and 14		16	1811	00
16	Federal income tax withheld from Forms W-2 and 1099		17	0	00
17	Refundable credits: a EIC (see inst.) 0.00 b Sch. 8812 0.00 c Form 8863 0.00		18	1811	00
	Add any amount from Schedule 5 0.00		19	0	00
18	Add lines 16 and 17. These are your total payments		20a	0	00
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid				
20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>				
b	Routing number				
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
d	Account number				
21	Amount of line 19 you want applied to your 2019 estimated tax	21			
22	Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions		22	138	00
23	Estimated tax penalty (see instructions)	23 0 00			

Refund

Direct deposit?
See instructions.