£1040	U.	S. Individual Income	e lax K	etur	n	20		OMB No.	1545-007	4 RS Use	Only-D	o not writ	te or staple in thi	s space.
Filing status:		Single Married filing jointly	Married		2727	tely	Head of h	ousehold	Qual	ifying widow	(er)			
Your first name	Last	Last name								Your social security number				
Your standard o	deducti	on: Someone can claim yo	ou as a deper	ndent		You were	born bef	ore January	2, 1954	☐ Yo	u are b	lind	<u> </u>	
		first name and initial		t name									social securit	y number
Spouse standard		on: Someone can claim your	MA					born befo	re Januar	y 2, 1954	7		ear health care mpt (see inst.)	coverage
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 po	st offic	e, state, and ZIP code. If you have	e a foreign a	ddress	, atta	ch Schedu	le 6.						an four depen	
Dependents	(see ir			(2) Soci	ial secu	urity number	(3)	Relationship	to you	Child t	(4) ✓ if		for (see inst.): Credit for other de	pondente
(1) First name		Last name								Offind 6	ax credit		orealt for other at	penuenta
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				-			+-				=	_		
<u>te</u>				-										
		enalties of perjury, I declare that I have and complete. Declaration of preparer									knowle	dge and b	belief, they are tr	ue,
Here		our signature	(Other than tax	(payer)	Date		Your occ		i ilas ariy i	diowieage.	If the	IRS sent	t you an Identity	Protection
Joint return?	\ '	rui signature			Date		Tour occ	Jupation			PIN,	enter it	t you arridentity	riotection
See instructions.			L - 11		D-1-		0					(see inst.)		Destruction
Keep a copy for your records.	S	oouse's signature. If a joint return	, both must s	must sign. Date Sp				Spouse's occupation				enter it	t you an Identity	Protection
your records.												(see inst.)		
Paid	Р	eparer's name	Preparer's	signati	ure				PTIN		Firm's	EIN	Check if:	
													3rd Party	Designee
Preparer	F	rm's name ▶						Phone no.				Self-em	ployed	
Use Only	- 10	rm's address ▶												
Form 1040 (2018)											_		Page 2
	1	Wages, salaries, tips, etc. Attac	h Form(s) W-	2 .							1			
Attack F(-)	2a	Tax-exempt interest	2a				b	Taxable in	nterest		2b			
Attach Form(s) W-2. Also attach	За	Qualified dividends	3a								_			
Form(s) W-2G and 1099-R if tax was withheld.	4a	IRAs, pensions, and annuities .	4a				b	Ordinary	dividends		3b			
	5a	Social security benefits	5a				- 1	Ordinary of Taxable a			3b 4b			
	6	Total income. Add lines 1 through 5.	A DESCRIPTION OF THE PERSON OF			$\overline{}$	b		mount					
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise,									4b			
Standard	7	Adjusted gross income. If you					b b	Taxable a	mount mount		4b 5b			
Single or married	8	subtract Schedule 1, line 36, fro	have no adj m line 6	ustmer	nts to	income, e	b b	Taxable a	mount mount		4b 5b 6			
filing separately,			have no adj m line 6	ustmer	nts to	income, e	b b	Taxable a	mount mount		4b 5b			
	9	subtract Schedule 1, line 36, fro	have no adj om line 6 deductions (ustmer (from S	nts to	income, e	b b	Taxable a	mount mount		4b 5b 6			
\$12,000	9	subtract Schedule 1, line 36, fro Standard deduction or itemized	have no adj om line 6 deductions (action (see ins	ustmer from So struction	nts to chedu ons) .	income, e	b b	Taxable a	mount mount		4b 5b 6 7			
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