

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

Your first name and initial: **Leland** Last name: **Woods** Your social security number: **2 5 6 9 8 4 5 1 9**

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: **Vivian** Last name: **Woods** Spouse's social security number: **1 4 5 4 5 1 6 5 1**

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. **9499 Linden St.** 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. **Hobart, IN 46342** 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
Robin	Coh	2 5 5 4 1 6 5 1 6	aunt	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Valerie	Chapman	1 5 8 4 1 6 5 6 4	uncle	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shane	Woods	1 4 5 1 6 5 2 6 4	son	<input checked="" 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 <i>Leland Woods</i>	Date 03/08/2018	Your occupation chef	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) 2 8 9 4 4 6
Spouse's signature. If a joint return, both must sign. <i>Vivian Woods</i>	Date 03/08/2018	Spouse's occupation nurse	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) 2 6 4 6 4 5

Paid Preparer Use Only

Preparer's name Joann Malone	Preparer's signature <i>Joann Malone</i>	PTIN 490114701	Firm's EIN 516872667	Check if: <input checked="" type="checkbox"/> 3rd Party Designee
Firm's name ▶ Percy Houston	Phone no. 419076269	<input type="checkbox"/> Self-employed		
Firm's address ▶ 48 Ann StreetRolla, MO 65401				

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	\$20,139	1
2a	Tax-exempt interest	2a	\$6,455	1
3a	Qualified dividends	3a	\$25,234	1
4a	IRAs, pensions, and annuities	4a	\$10,627	1
5a	Social security benefits	5a	\$12,725	1
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	\$12,725	1
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	\$20,139	1
8	Standard deduction or itemized deductions (from Schedule A)	8	\$10,627	1
9	Qualified business income deduction (see instructions)	9	\$6,455	1
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	\$25,234	1
11	a Tax (see inst.) \$12,725 (check if any from: 1 <input checked="" type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	\$20,139	1
12	a Child tax credit/credit for other dependents \$6,455 b Add any amount from Schedule 3 and check here <input checked="" type="checkbox"/>	12	\$43,453	1
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	\$12,725	1
14	Other taxes. Attach Schedule 4	14	\$6,455	1
15	Total tax. Add lines 13 and 14	15	\$25,234	1
16	Federal income tax withheld from Forms W-2 and 1099	16	\$10,627	1
17	Refundable credits: a EIC (see inst.) \$12,725 b Sch. 8812 \$43,453 c Form 8863 \$25,234	17	\$43,453	1
18	Add lines 16 and 17. These are your total payments	18	\$25,234	1
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	\$6,455	1
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input checked="" type="checkbox"/>	20a	\$20,139	1
21	Amount of line 19 you want applied to your 2019 estimated tax	21	\$43,453	1
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	\$10,627	1
23	Estimated tax penalty (see instructions)	23	\$6,455	1

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.

Refund

Direct deposit? See instructions.

▶ b Routing number 1 4 5 8 7 4 1 5 4 ▶ c Type: Checking Savings

▶ d Account number 2 5 6 1 2 6 4 0 6 5 1 6 4 1 0 0 3

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2020** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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 your 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 ▶ N/A

Your first name and middle initial Brandon	Last name Martin	Your social security number 2 4 4 3 2 5 6 9 0 0
If joint return, spouse's first name and middle initial Rachael	Last name Johnson	Spouse's social security number 3 6 7 8 7 7 7 0 0 1
Home address (number and street). If you have a P.O. box, see instructions. 401 E FLORENCE LOS ANGELES CA 90003-2233 USA	Apt. no. 401	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
City, town, or post office. If you have a foreign address, also complete spaces below. LOS ANGELES	State CA	
Foreign country name Canada	Foreign province/state/county Toronto	
Foreign postal code 451245	ZIP code 90003-2233	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

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, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
		Anne	Smith	9 2 1 2 2 2 1 3 4	Sister		<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	4000
2a	Tax-exempt interest	2a	1000
3a	Qualified dividends	3a	1500
4a	IRA distributions	4a	2500
5a	Pensions and annuities	5a	1000
6a	Social security benefits	6a	450
b	Taxable interest	2b	500
b	Ordinary dividends	3b	1500
b	Taxable amount	4b	1200
b	Taxable amount	5b	125
b	Taxable amount	6b	52

Attach Sch. B if required.

Standard