

Tax, credits,  
and  
paymentsStandard  
Deduction  
for—

• People who check any box on line 23a or 23b or who can be claimed as a dependent: see instructions.

• All others:

Single or Married filing separately, \$6,350

Married filing jointly or Qualifying widow(er), \$12,700

Head of household, \$9,350

If you have a qualifying child, attach Schedule EIC.

## Refund

Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.

Amount  
you oweThird party  
designeeSign  
here

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

Paid  
preparer  
use only

<b>22</b>	Enter the amount from line 21 (adjusted gross income).	22	
<b>23a</b>	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind <b>Total boxes checked</b> <input type="checkbox"/> <b>23a</b>		
<b>b</b>	If you are married filing separately and your spouse itemizes deductions, check here <b>23b</b> <input type="checkbox"/>		
<b>24</b>	Enter your <b>standard deduction</b> .	24	
<b>25</b>	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	
<b>26</b>	<b>Exemptions.</b> Multiply \$4,050 by the number on line 6d.	26	
<b>27</b>	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your <b>taxable income</b> .	27	
<b>28</b>	<b>Tax</b> , including any alternative minimum tax (see instructions).	28	
<b>29</b>	Excess advance premium tax credit repayment. Attach Form 8962.	29	
<b>30</b>	Add lines 28 and 29.	30	
<b>31</b>	Credit for child and dependent care expenses. Attach Form 2441.	31	
<b>32</b>	Credit for the elderly or the disabled. Attach Schedule R.	32	
<b>33</b>	Education credits from Form 8863, line 19.	33	
<b>34</b>	Retirement savings contributions credit. Attach Form 8880.	34	
<b>35</b>	Child tax credit. Attach Schedule 8812, if required.	35	
<b>36</b>	Add lines 31 through 35. These are your <b>total credits</b> .	36	
<b>37</b>	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.	37	
<b>38</b>	Health care: individual responsibility (see instructions). Full-year coverage <input type="checkbox"/>	38	
<b>39</b>	Add line 37 and line 38. This is your <b>total tax</b> .	39	
<b>40</b>	Federal income tax withheld from Forms W-2 and 1099.	40	
<b>41</b>	2017 estimated tax payments and amount applied from 2016 return.	41	
<b>42a</b>	<b>Earned income credit (EIC).</b>	42a	
<b>b</b>	Nontaxable combat pay election. <b>42b</b>		
<b>43</b>	Additional child tax credit. Attach Schedule 8812.	43	
<b>44</b>	American opportunity credit from Form 8863, line 8.	44	
<b>45</b>	Net premium tax credit. Attach Form 8962.	45	
<b>46</b>	Add lines 40, 41, 42a, 43, 44, and 45. These are your <b>total payments</b> .	46	
<b>47</b>	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you <b>overpaid</b> .	47	
<b>48a</b>	Amount of line 47 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	48a	
<b>b</b>	Routing number <input type="text"/>	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number <input type="text"/>		
<b>49</b>	Amount of line 47 you want <b>applied to your 2018 estimated tax</b> .	49	
<b>50</b>	<b>Amount you owe.</b> Subtract line 46 from line 39. For details on how to pay, see instructions.	50	
<b>51</b>	Estimated tax penalty (see instructions).	51	
Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
Designee's name <input type="text"/>		Phone no. <input type="text"/>	Personal identification number (PIN) <input type="text"/>
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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.			
Your signature <i>Mary Doe</i>		Date <i>05/06/20</i>	Your occupation <input type="text"/>
Spouse's signature. If a joint return, <b>both</b> must sign.		Date <input type="text"/>	Spouse's occupation <input type="text"/>
Print/Type preparer's name <input type="text"/>		Preparer's signature <input type="text"/>	Date <input type="text"/>
Firm's name <input type="text"/>		Firm's EIN <input type="text"/>	
Firm's address <input type="text"/>		Phone no. <input type="text"/>	