

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 Ryan D. Work		Last name Work	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial Sarah E. Work		Last name Work	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 6401 Charlotte Hwy		Apt. no.	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, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). York, SC 29745			
Foreign country name	Foreign province/state/county	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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
M [REDACTED]	Work	[REDACTED]	Daughter	X	
I [REDACTED]	Work	[REDACTED]	Daughter	X	
T [REDACTED]	Work	[REDACTED]	Daughter	X	
S [REDACTED]	Work	[REDACTED]	Daughter	X	

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	92,084.
2a	Tax-exempt interest	2a	
		b	Taxable int. Att. Sch. B if reqd.
2b		2b	311.
3a	Qualified dividends	3a	81.
		b	Ordinary div. Att. Sch. B if reqd.
3b		3b	81.
4a	IRA distributions	4a	
		b	Taxable amount
4b		4b	
c	Pensions and annuities	4c	
		d	Taxable amount
4d		4d	
5a	Social security benefits	5a	
		b	Taxable amount
5b		5b	
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here	6	5.
7a	Other income from Schedule 1, line 9	7a	56,081.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income	7b	148,562.
8a	Adjustments to income from Schedule 1, line 22	8a	15,800.
b	Subtract line 8a from line 7b. This is your adjusted gross income	8b	132,762.
9	Standard deduction or itemized deductions (from Schedule A)	9	24,400.
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	8,056.
11a	Add lines 9 and 10	11a	32,456.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	100,306.

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	13,778.
b Add Schedule 2, line 3, and line 12a and enter the total	12b	13,778.
13a Child tax credit or credit for other dependents	13a	8,000.
b Add Schedule 3, line 7, and line 13a and enter the total	13b	8,213.
14 Subtract line 13b from line 12b. If zero or less, enter -0-	14	5,565.
15 Other taxes, including self-employment tax, from Schedule 2, line 10	15	7,924.
16 Add lines 14 and 15. This is your total tax	16	13,489.
17 Federal income tax withheld from Forms W-2 and 1099	17	9,100.
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	4,900.
e Add lines 18a through 18d. These are your total other payments and refundable credits	18e	4,900.
19 Add lines 17 and 18e. These are your total payments	19	14,000.
Refund 20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	511.
21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	0.
b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number <input type="text"/>		
22 Amount of line 20 you want applied to your 2020 estimated tax	22	511.
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	

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

Third Party Designee (Other than paid preparer) 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

Designee's name Phone no. Personal identification number (PIN)

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.

Your signature <input type="text"/>	Date <input type="text"/>	Your occupation Engineer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign. <input type="text"/>	Date <input type="text"/>	Spouse's occupation Accountant	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. <input type="text"/>	Email address <input type="text"/>		

Paid Preparer Use Only

Preparer's name <input type="text"/>	Preparer's signature Self-Prepared	Date <input type="text"/>	PTIN <input type="text"/>	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name <input type="text"/>	Phone no. <input type="text"/>		Firm's EIN <input type="text"/>	
Firm's address <input type="text"/>				