Note: The draft you are looking for begins on the next page; but first see the important information below.



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Almost every form and publication also have a page on IRS.gov with a friendly shortcut. For example, the Form 1040 page is at IRS.gov/Form1040; the Pub. 501 page is at IRS.gov/Pub501; the Form W-4 page is at IRS.gov/W4; and the Schedule A (Form 1040) page is at IRS.gov/ScheduleA. If typing in a link above instead of clicking on it, be sure to type the link into the address bar of your browser, not a Search box. Note that these are friendly shortcut links that will automatically redirect to the actual link for the page.

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E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return 2019 OMB No. 1545-0074 RS Use Only—Do not write or staple in this spa

Filing Status		Single Married filing jointly	Married filing separately (N	MFS) Head of househ	old (HOH) Quali	fying widow(e	r) (QW)
Check only one box.	If yo	u checked the MFS box, enter the na	me of spouse. If you checke	d the HOH or QW box, ente	er the child's name if t	ne qualifying p	oerson is
one box.	a ch	ld but not your dependent. >					
Your first name	and m	ddle initial	Last name			Your social	security number
_							
If joint retur	pous	first me an iddle i	Last name			Sp 'e's	cial security number
							;
Home addr 3	(num	and reet). I bu hr	instructions.		Apt. no.	Pr/ ent	Election Campaign
					u, or your spouse if filing		
City, town or p	ost offic	e, state, and ZIP code. If you have a	oreign address, also comple	ete spaces below (see instru	· a+i a a a \	•	o go to this fund. elow will not change your
		•				tax or refund.	You Spouse
Foreign country name			Foreign province	Foreign province/state/county Foreign postal code			four dependents,
1	•			,			ons and ✓ here ►
Standard	Som	eone can claim: You as a deper	ndent Your spouse a	as a dependent			
Deduction		Spouse itemizes on a separate return					
				_			
Age/Blindness	You:	Were born before January 2, 19	Are blind Spo	use: Was born befor	e January 2, 1955	Is blind	
Dependents (see ins	structions):	(2) Social security numb	ber (3) Relationship to yo	, , ,		
(1) First name		'ast name			Child tax cre	dit Crod	r other dependents
							r (see instructions): Credit for other dependents
	1	Wages, salaries, tips, etc. Attach Fo	rm(s) W-2			1	
	2a	Tax-exempt interest	2a	b Taxable interest.	Attach Sch. B if require	d 2b	
	3a	Qualified dividends	3a	b Ordinary dividends	. Attach Sch. B if require	ed 3b	
Standard Deduction for—	4a	IRA distributions	4a	b Taxable amount		4b	
Single or Married	С	Pensions and annuities	4c	d Taxable amount		4d	
filing separately, \$12,200	5a	Social security benefits	5a	b Taxable amount		5b	
 Married filing jointly or Qualifying 	6	Capital gain or (loss). Attach Schedu	le D if required. If not require	ed, check here	▶ [6	
widow(er),	7a	Other income from Schedule 1, line	7a				
\$24,400 • Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, ar	nd 7a. This is vour total inco	me		7b	
household,	8a	Adjustments to income from Schedi	· ·			8a	
\$18,350 • If you checked	b	Subtract line 8a from line 7b. This is		ne		8b	
any box under	9	Standard deduction or itemized d			,	-	
Standard Deduction,	10	Qualified business income deductio					
see instructions.	11a	Add lines 9 and 10		n 8995-A <u>1</u> .		11a	
	u	Taxable income Subtract line 11a	from line 9h. If zoro or loce of	optor 0		446	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2019)

Cat. No. 11320B

3)						Р		
12a Tax (see inst.) Check if any from F	Form(s): 1 8814	2 4972 3	B 🔲	12a				
b Add Schedule 2, line 3, and line								
13a Child tax credit or credit for other	Child tax credit or credit for other dependents							
b Add Schedule 3, line 7, and line	b Add Schedule 3, line 7, and line 13a and enter the total					13b		
14 Subtract line 13b from line 12b.	Subtract line 13b from line 12b. If zero or less, enter -0-							
15 Other taxes, including self-emplo	Other taxes, including self-employment tax, from Schedule 2, line 10							
16 Add lines 14 and 15. This is you	Add lines 14 and 15. This is your total tax							
17 Federal income tax withheld from	Federal income tax withheld from Forms W-2 and 1099							
18 Other payments and refundable	Other payments and refundable credits:							
a Earned income credit (EIC) .	Earned income credit (EIC)							
b Additional child tax credit. Attac	Additional child tax credit. Attach Schedule 8812							
c American opportunity credit from	m Form 8863, line 8		- - .	18c				
d Schedule 3, line 14				18d				
e id lines 18a through 18d. Thes	se are y r total othe	er payments a	nd refundable coli	ts	. 🕨	9-8-		
lin d 1	ur t ent				. •	19		
ine th line su	ık ıct ∌16 fı ı l	10 - 3 is	e amount you o p	aid	[2"		
a noul flin 0 y war efu	ur dit ⊃u∠'orn	988	ed, check here		▶ □ /	10		
▶ b Routing number			▶ c Type: (Checking [] ?	avings			
► d Account number								
22 Amount of line 20 you want app	lied to your 2020 es	timated tax .	🕨	22				
23 Amount you owe. Subtract line	19 from line 16. For	details on how	to pay, see instruction	ons	. ▶	23		
24 Estimated tax penalty (see instru	uctions)		•	24				
Do you want to allow another person	n (other than your paid	d preparer) to o	liscuss this return wit	th the IRS? See ins	tructions.	Yes. Complete b		
Designee's		Phone				ion		
name ►		no. ▶		number	number (PIN)			
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 accorrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
Your signature	Ι	Date	Your occupation			RS sent you an Identity		
				Protei (see ii		tection PIN, enter it here		
					l (see in	SLI		
Spouso's signature If a joint return	hoth must sign	Data	Spausa's accupation	n				
Spouse's signature. If a joint return, l	both must sign.	Date	Spouse's occupatio	n	If the I	RS sent your spouse a		
Spouse's signature. If a joint return,	both must sign.	Date	Spouse's occupatio	n	If the I	RS sent your spouse ar y Protection PIN, enter		
Spouse's signature. If a joint return, I	Ů	Date Email address	Spouse's occupatio	n	If the II	RS sent your spouse ar y Protection PIN, enter		
	Ů	Email address	Spouse's occupatio	n Date	If the II	RS sent your spouse ar y Protection PIN, enter		
Phone no.	E	Email address	Spouse's occupatio		If the II Identity (see in	RS sent your spouse ar yy Protection PIN, enter ist.)		
Phone no.	E	Email address	Spouse's occupatio		If the II Identity (see in	RS sent your spouse ar ry Protection PIN, enter isst.)		
	tax (see inst.) Check if any from F b Add Schedule 2, line 3, and line Child tax credit or credit for othe b Add Schedule 3, line 7, and line Add Schedule 3, line 7, and line Child tax credit or credit for othe b Add Schedule 3, line 7, and line Child tax credit or credit for othe Check and Income line 12b. Check and Income tax withheld from Check payments and refundable a Earned income credit (EIC) b Additional child tax credit. Attact c American opportunity credit from d Schedule 3, line 14 c Id lines 18a through 18d. The line	tax (see inst.) Check if any from Form(s): 1 8814 b Add Schedule 2, line 3, and line 12a and enter the to 13a Child tax credit or credit for other dependents b Add Schedule 3, line 7, and line 13a and enter the to 14 Subtract line 13b from line 12b. If zero or less, enter 15 Other taxes, including self-employment tax, from Sci 16 Add lines 14 and 15. This is your total tax	tax (see inst.) Check if any from Form(s): 1 8814 2 4972 3 b Add Schedule 2, line 3, and line 12a and enter the total	tax (see inst.) Check if any from Form(s): 1 8814 2 4972 3 b Add Schedule 2, line 3, and line 12a and enter the total 13a Child tax credit or credit for other dependents	Tax (see inst.) Check if any from Form(s): 1	Tax (see inst.) Check if any from Form(s): 1		