

DO NOT FILE THIS FORM IN 2020 WITH YOUR TAX RETURN

This IRS Tax Form is **ONLY A DRAFT for 2020.**

This form will most likely be changed before its final version is ready to be used in 2020 with your 2019 Tax Return.

We at eFile.com will assist you in e-filing your 2019 Tax Return in 2020.

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efile.com/2019-taxyear-income-1040-tax-return-irs-forms/

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	Last name	Your social security number
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).		Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see inst. 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 inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<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	
Attach Schedule B if required.	2a Tax-exempt interest	2a		2b
	3a Qualified dividends	3a		3b
	4a IRA distributions	4a		4b
	c Pensions and annuities	4c		4d
	5a Social security benefits	5a		5b
	6 Capital gain or (loss). Attach Schedule D if required. If not required, check here			6
	7a Other income from Schedule 1, line 9			7a
	b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income			7b
	8a Adjustments to income from Schedule 1, line 22			8a
	b Subtract line 8a from line 7b. This is your adjusted gross income			8b
Standard Deduction See Standard Deduction Chart below.	9 Standard deduction or itemized deductions (from Schedule A)	9		
	10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10		
	11a Add lines 9 and 10			11a
	b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			11b

Standard Deduction Chart Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* ▶

IF your filing status is . . .	AND the number of boxes checked is . . .	THEN your standard deduction is . . .	IF your filing status is . . .	AND the number of boxes checked is . . .	THEN your standard deduction is . . .
Single	0	\$12,200	Head of household	0	\$18,350
	1	13,850		1	20,000
	2	15,500		2	21,650
Married filing jointly or Qualifying widow(er)	0	24,400	Married filing separately	0	12,200
	1	25,700		1	13,500
	2	27,000		2	14,800
	3	28,300		3	16,100
	4	29,600		4	17,400

Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

12a Tax (see instructions). Check if any from:

1 Form(s) 8814 2 Form 4972 3 _____ 12a

b Add Schedule 2, line 3, and line 12a and enter the total ▶ 12b

13a Child tax credit or credit for other dependents 13a

b Add Schedule 3, line 7, and line 13a and enter the total ▶ 13b

14 Subtract line 13b from line 12b. If zero or less, enter -0- 14

15 Other taxes, including self-employment tax, from Schedule 2, line 10 15

16 Add lines 14 and 15. This is your total tax ▶ 16

17 Federal income tax withheld from Forms W-2 and 1099 17

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

e Add lines 18a through 18d. These are your total other payments and refundable credits ▶ 18e

19 Add lines 17 and 18e. These are your total payments ▶ 19

Refund 20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid 20

21a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here ▶ 21a

Direct deposit? ▶ b Routing number _____ ▶ c Type: Checking Savings

See instructions. ▶ d Account number _____

22 Amount of line 20 you want applied to your 2020 estimated tax ▶ 22

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

Third Party Designee 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

(Other than paid preparer) 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.

Table with 4 columns: Signature, Date, Occupation, and PIN instructions. Rows for 'Your signature' and 'Spouse's signature. If a joint return, both must sign.'

Phone no. _____ Email address _____

Paid Preparer Use Only Preparer's name Preparer's signature Date PTIN Check if: 3rd Party Designee Self-employed

Firm's name ▶ Phone no. _____

Firm's address ▶ Firm's EIN ▶