٤١	<b>1</b>	$\Omega \Lambda \Omega$	Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Ret	(99
ß		UHL	U.S. Individual Income Tax Ret	iirn

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

2019

OMB No. 1545-0074

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Form **1040** (2019)

Cat. No. 11320B

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Filing Status Check only one box.	If yo	Single	_		•	arately (MFS)	Head of house	,	,	fying wid he qualify	. , .	•	
Your first name	and m	niddle initial	L	ast nam	ie					Your so	cial sec	urity numb	ber
JENNIFE	R E		В	ROWI	JSO	N						-	
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.  PO BOX 1053  City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).						20)	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						
SNOWFL	AKE	, AZ 85937-1053								tax or refun	ıd.	You S	Spouse
Foreign country name					Foreign province/state/county Fo				reign postal code	ostal code If more than four dependents, see instructions and ✓ here ► [			
Standard Deduction		eone can claim: You as a depen Spouse itemizes on a separate return of		were a		spouse as a o	dependent	•					
Age/Blindness	You:	Were born before January 2, 19	55	Are	blind	Spouse:	Was born bef	ore Ja	nuary 2, 1955	ls bli	nd		
Dependents (	see ins	structions):		(2) Social security number			(3) Relationship to you		(4) ✓ if (	qualifies fo	r (see inst	tructions):	
(1) First name		Last name							Child tax credi		Credit fo	or other depen	ndents
	1	Wages, salaries, tips, etc. Attach For	m(s) \	N-2 .						1			
	2a	Tax-exempt interest	2a				<b>b</b> Taxable interest	. Attac	ch Sch. B if require	ed <b>2b</b>		6	84.
Standard	3a	Qualified dividends	3a				<b>b</b> Ordinary dividen	ds. Atta	ach Sch. B if require	ed 3b			
Deduction for—	4a	IRA distributions	4a				<b>b</b> Taxable amoun	t.		4b			
Single or Married filing separately,	С	Pensions and annuities	4c				d Taxable amoun	t.		4d			
\$12,200	5a	Social security benefits	5a				<b>b</b> Taxable amoun	t.		5b			
<ul> <li>Married filing jointly or Qualifying</li> </ul>	6	Capital gain or (loss). Attach Schedu	le D if	D if required. If not required, check here				▶ [	6			0.	
widow(er), \$24,400	7a	Other income from Schedule 1, line 9							7a				
Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b>							7b		6	84.	
household, \$18,350	8a	Adjustments to income from Schedule 1, line 22							8a			0.	
If you checked	b	Subtract line 8a from line 7b. This is your <b>adjusted gross income</b>							8b		6	84.	
any box under Standard	9	Standard deduction or itemized de	duct	ions (fro	om Scl	nedule A) .		9	12,20	0.			
Deduction,	10	Qualified business income deduction	ı. Atta	ch Forn	n 8995	or Form 899	5-A	10					
see instructions.	11a	Add lines 9 and 10								11a	1	12,2	00.
	b	Taxable income. Subtract line 11a f	rom li	ne 8b. l	f zero	or less, enter	-0			11b	,		0.

Form 1040 (2019	) JEI	NNIFER E BROWNS	ON				56	4-61-	3867 Page <b>2</b>	
	12a	Tax (see inst.) Check if any from F	orm(s): <b>1</b> 881	4 <b>2</b> 4972	з 🗌	12a		0.		
	b	Add Schedule 2, line 3, and line	12a and enter the	total				▶ 12b	0.	
	13a	Child tax credit or credit for other	er dependents .			13a				
	b	Add Schedule 3, line 7, and line	13a and enter the	total				▶ 13b	0.	
	14	Subtract line 13b from line 12b.	If zero or less, ent	er -0				. 14	0.	
	15	Other taxes, including self-empl	loyment tax, from S	Schedule 2, line	10			. 15		
	16	Add lines 14 and 15. This is you	r total tax					▶ 16		
	17	Federal income tax withheld from	m Forms W-2 and	1099				. 17		
• If you have a	18	Other payments and refundable	credits:							
qualifying child, attach Sch. EIC.	<u>a</u>	Earned income credit (EIC) .	. NO			18a				
If you have	b	Additional child tax credit. Attac	ch Schedule 8812			18b				
nontaxable combat pay, see	С	American opportunity credit from	m Form 8863, line	8		18c				
instructions.	d	Schedule 3, line 14				18d				
	е	Add lines 18a through 18d. The	se are your <b>total o</b>	ther payments	and refundable cr	edits		▶ 18e		
-	19	Add lines 17 and 18e. These are	e your <b>total payme</b>	ents				▶ 19	0.	
Refund	20	If line 19 is more than line 16, su	ubtract line 16 from	n line 19. This is	the amount you <b>ov</b>	erpaid		. 20		
	21a	Amount of line 20 you want refu	<b>ınded to you.</b> If Fo	orm 8888 is attac	hed, check here		. ▶	☐ 21a		
Direct deposit? See instructions.	►b	Routing number			► c Type:	Checking	Savin	gs		
dee instructions.	►d	Account number								
	22	Amount of line 20 you want app	lied to your 2020	estimated tax	•	22				
Amount	23	Amount you owe. Subtract line	19 from line 16. F	or details on hov	v to pay, see instru	ctions		▶ 23	0.	
You Owe	24	Estimated tax penalty (see instru	uctions)		•	24				
Third Party Designee	Do	you want to allow another persor	n (other than your p	paid preparer) to	discuss this return	with the IRS? See	e instruct	ions. $\square$	Yes. Complete below.	
(Other than	De	esignee's		Phone		Per	sonal ide	ntification	No	
paid preparer)					no. 🕨			) •		
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								ge and belief, they are true	
Here	Your signature		Date				ne IRS sent you an Identity			
	<b>k</b>							Protection F (see inst.)	PIN, enter it here	
Joint return? See instructions.				WRITER				,		
Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.			Date	Spouse's occupation			If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Phone no. Email address									
D-i-l	Pr	eparer's name	Preparer's signa	ture		Date	PTII	N	Check if:	
Paid			   SELF-PREE	PARED					3rd Party Designee	
Preparer	Fir	rm's name ▶	,	Phone no.			<u> </u>		Self-employed	
Use Only	Fir	rm's address ▶			•		Firm's EIN I	rm's EIN ▶		
	1 IIII									

Go to  $\emph{www.irs.gov/Form1040}$  for instructions and the latest information.

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