

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 your 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 Anthony		Last name Kelly		Your social security number 9 8 0 9 7 0 2 0 0	
If joint return, spouse's first name and middle initial Lauren		Last name Watson		Spouse's social security number 0 5 6 0 1 0 8 5	
Home address (number and street). If you have a P.O. box, see instructions. 10221 COMPTON LOS ANGELES CA 90002-2805 USA				Apt. no. 10221	
City, town, or post office. If you have a foreign address, also complete spaces below. 615 E 80TH LOS ANGELES CA 90001-3255 USA			State LA		ZIP code 61500
Foreign country name N/A		Foreign province/state/county N/A		Foreign postal code N/A	

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.
☐ You ☐ SpouseAt any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

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, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☒ Is blind

Dependents

(see instructions):

If more than four dependents, see instructions and check here ▶ ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
Evelyn	Collins	005 78 5758	friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.

Standard Deduction for—

- Single or Married filing separately, \$12,400
- Married filing jointly or Qualifying widow(er), \$24,800
- Head of household, \$18,650
- If you checked any box under Standard Deduction, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	2501
2a	Tax-exempt interest	2a	2010
3a	Qualified dividends	3a	1007
4a	IRA distributions	4a	3524
5a	Pensions and annuities	5a	2535
6a	Social security benefits	6a	5328
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	3006
8	Other income from Schedule 1, line 9	8	4006
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	46708
10	Adjustments to income:		
a	From Schedule 1, line 22	10a	6538
b	Charitable contributions if you take the standard deduction. See instructions	10b	6536
c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	6455
11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	7658
12	Standard deduction or itemized deductions (from Schedule A)	12	3427
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	8009
14	Add lines 12 and 13	14	6008
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	1055

16	Tax (see instructions). Check if any from Form(s): 1 <input checked="" type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> . . .	16	2350
17	Amount from Schedule 2, line 3	17	5437
18	Add lines 16 and 17	18	1000
19	Child tax credit or credit for other dependents	19	753
20	Amount from Schedule 3, line 7	20	5430
21	Add lines 19 and 20	21	15790
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5436
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	7650
24	Add lines 22 and 23. This is your total tax ▶	24	12780
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	4220
b	Form(s) 1099	25b	1000
c	Other forms (see instructions)	25c	2000
d	Add lines 25a through 25c	25d	6220
26	2020 estimated tax payments and amount applied from 2019 return	26	5438
27	Earned income credit (EIC)	27	4359
28	Additional child tax credit. Attach Schedule 8812	28	5326
29	American opportunity credit from Form 8863, line 8	29	6743
30	Recovery rebate credit. See instructions	30	4562
31	Amount from Schedule 3, line 13	31	2428
32	Add lines 27 through 31. These are your total other payments and refundable credits ▶	32	6534
33	Add lines 25d, 26, and 32. These are your total payments ▶	33	3657

RefundDirect deposit?
See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6338
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	35a	6335
▶ b	Routing number 0 5 2 0 8 8 8 6 3 ▶ c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings		
▶ d	Account number 5 2 0 6 3 4 0 0 4 4 4 0 1 0 0 4		
36	Amount of line 34 you want applied to your 2021 estimated tax ▶	36	45830

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now ▶	37	6430
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions) ▶	38	1250

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS? See instructions **▶** ☐ **Yes.** Complete below. ☒ **No**

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

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

Your signature <i>anthony kelly</i>	Date 12/10/1986	Your occupation Judge	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ 6 5 4 3 4 4
Spouse's signature. If a joint return, both must sign. <i>laren waston</i>	Date 02/19/1978	Spouse's occupation nurse	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶ 5 7 4 8 9 0
Phone no. 00141386308	Email address mirachael123@gmail.com.us		

Paid Preparer Use Only

Preparer's name Mark Collins	Preparer's signature <i>mark collins</i>	Date 10/20/1990	PTIN 09870	Check if: <input type="checkbox"/> Self-employed
Firm's name ▶ STATE company			Phone no. 8760765000876	
Firm's address ▶ 2025 E 76TH LOS ANGELES CA 90001-2712 USA			Firm's EIN ▶ 080686	

For the year Jan. 1–Dec. 31, 2017, or other tax year beginning

September 26

, 2017, ending

September 26

, 20

20

See separate instructions.

Your first name and initial

Gordon

Last name

Armstrong

Your social security number

2 5 6 1 4 5 6 1 6

If a joint return, spouse's first name and initial

Becky

Last name

Colon

Spouse's social security number

2 5 2 6 1 1 0 6 5

Home address (number and street). If you have a P.O. box, see instructions.

56 Poor House Dr.

Apt. no.

09F

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Dallas, GA 30132

Foreign country name

N/A

Foreign province/state/country

N/A

Foreign postal code

N/A

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.

☒ You
 ☐ Spouse

Filing Status

1 ☐ Single

2 ☐ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

4 ☒ Head of household (with qualifying person). (See instructions.)
If the qualifying person is a child but not your dependent, enter this child's name here. ▶ Zeror Colon

5 ☐ Qualifying widow(er) (see instructions)

Check only one box.

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
Melody	Balla	2 5 8 5 2 6 1 6 5	aunt	<input type="checkbox"/>
Cassandra	Singleton	2 1 5 4 1 5 6 9 8	uncle	<input type="checkbox"/>
Kurt	Wells	2 5 4 8 9 1 5 6 1	son	<input checked="" type="checkbox"/>
Cristina	Rivera	1 9 8 4 1 9 8 4 1	son	<input checked="" type="checkbox"/>

d Total number of exemptions claimed

6

Boxes checked on 6a and 6b

2

No. of children on 6c who:

• lived with you

2

• did not live with you due to divorce or separation (see instructions)

0

Dependents on 6c not entered above

2

Add numbers on lines above ▶

6

If more than four dependents, see instructions and check here ▶ ☒

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7

\$6,178

1

8a Taxable interest. Attach Schedule B if required

8a

\$28,896

1

b Tax-exempt interest. Do not include on line 8a

8b

\$10,797

1

9a Ordinary dividends. Attach Schedule B if required

9a

\$8,450

1

b Qualified dividends

9b

\$35,514

1

10 Taxable refunds, credits, or offsets of state and local income taxes

10

\$37,118

1

11 Alimony received

11

\$10,797

1

12 Business income or (loss). Attach Schedule C or C-EZ

12

\$19,056

1

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☒

13

\$35,514

1

14 Other gains or (losses). Attach Form 4797

14

\$6,178

1

15a IRA distributions

15a

\$19,056

1

b Taxable amount

15b

\$19,056

1

16a Pensions and annuities

16a

\$19,301

1

b Taxable amount

16b

\$8,450

1

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

\$19,301

1

18 Farm income or (loss). Attach Schedule F

18

\$37,118

1

19 Unemployment compensation

19

\$35,514

1

20a Social security benefits

20a

\$8,450

1

b Taxable amount

20b

\$10,797

1

21 Other income. List type and amount \$37,118

21

\$28,896

1

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶

22

\$19,301

1

Adjusted Gross Income

23 Educator expenses

23

\$35,514

1

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

\$6,178

1

25 Health savings account deduction. Attach Form 8889

25

\$28,896

1

26 Moving expenses. Attach Form 3903

26

\$19,301

1

27 Deductible part of self-employment tax. Attach Schedule SE

27

\$10,797

1

28 Self-employed SEP, SIMPLE, and qualified plans

28

\$8,450

1

29 Self-employed health insurance deduction

29

\$19,056

1

30 Penalty on early withdrawal of savings

30

\$35,514

1

31a Alimony paid b Recipient's SSN ▶ 2 5 8 9 4 1 6 9 8

31a

\$37,118

1

32 IRA deduction

32

\$28,896

1

33 Student loan interest deduction

33

\$19,301

1

34 Tuition and fees. Attach Form 8917

34

\$10,797

1

35 Domestic production activities deduction. Attach Form 8903

35

\$6,178

1

36 Add lines 23 through 35

36

\$19,301

1

37 Subtract line 36 from line 22. This is your adjusted gross income ▶

37

\$35,514

1

Tax and Credits**Standard Deduction for—**

• People who check any box on line 39a or 39b 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

38	Amount from line 37 (adjusted gross income)	38	\$6,178	1
39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked 39a 2 if: <input checked="" type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind.			
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b <input checked="" type="checkbox"/>			
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	\$28,896	1
41	Subtract line 40 from line 38	41	\$10,797	1
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	\$19,301	1
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	\$6,178	1
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input checked="" type="checkbox"/> Form 4972 c <input type="checkbox"/> N/A	44	\$8,450	1
45	Alternative minimum tax (see instructions). Attach Form 6251	45	\$10,797	1
46	Excess advance premium tax credit repayment. Attach Form 8962	46	\$37,118	1
47	Add lines 44, 45, and 46	47	\$35,514	1
48	Foreign tax credit. Attach Form 1116 if required	48	\$35,514	1
49	Credit for child and dependent care expenses. Attach Form 2441	49	\$10,797	1
50	Education credits from Form 8863, line 19	50	\$19,301	1
51	Retirement savings contributions credit. Attach Form 8880	51	\$6,178	1
52	Child tax credit. Attach Schedule 8812, if required	52	\$28,896	1
53	Residential energy credits. Attach Form 5695	53	\$10,797	1
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input checked="" type="checkbox"/> 8801 c <input type="checkbox"/>	54	\$8,450	1
55	Add lines 48 through 54. These are your total credits	55	\$19,301	1
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	\$6,178	1

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	\$35,514	1
58	Unreported social security and Medicare tax from Form: a <input checked="" type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	\$10,797	1
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	\$8,450	1
60a	Household employment taxes from Schedule H	60a	\$19,301	1
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	\$6,178	1
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	\$10,797	1
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input checked="" type="checkbox"/> Instructions; enter code(s) <u>25985498</u>	62	\$37,118	1
63	Add lines 56 through 62. This is your total tax	63	\$28,896	1

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	\$6,178	1
65	2017 estimated tax payments and amount applied from 2016 return	65	\$10,797	1
66a	Earned income credit (EIC)	66a	\$35,514	1
b	Nontaxable combat pay election 66b \$28,896			
67	Additional child tax credit. Attach Schedule 8812	67	\$19,301	1
68	American opportunity credit from Form 8863, line 8	68	\$8,450	1
69	Net premium tax credit. Attach Form 8962	69	\$28,896	1
70	Amount paid with request for extension to file	70	\$10,797	1
71	Excess social security and tier 1 RRTA tax withheld	71	\$19,301	1
72	Credit for federal tax on fuels. Attach Form 4136	72	\$6,178	1
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input checked="" type="checkbox"/> 8885 d <input type="checkbox"/>	73	\$35,514	1
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	\$6,178	1

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	\$19,301	1
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input checked="" type="checkbox"/>	76a	\$10,797	1
b	Routing number <u>5 8 4 9 8 4 1 9 6</u> c Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings			
d	Account number <u>2 5 4 1 6 9 4 1 6 5 1 6 0 0 6 0 6</u>			
77	Amount of line 75 you want applied to your 2018 estimated tax	77	\$6,178	1
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	\$19,301	1
79	Estimated tax penalty (see instructions)	79	\$10,797	1

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ **Yes.** Complete below. ☐ **No**

Designee's name Amber Bailey	Phone no. 997910300	Personal identification number (PIN) 5 4 8 9 4
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Sign Here

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

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 taxpayer) is based on all information of which preparer has any knowledge.

Your signature <i>Gordon Armstrong</i>	Date 09/13/2017	Your occupation chef	Daytime phone number 128254828
Spouse's signature. If a joint return, both must sign. <i>Becky Colon</i>	Date 09/13/2017	Spouse's occupation police	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) 2 5 1 8 9 4

Paid Preparer Use Only

Print/Type preparer's name Tyler Padilla	Preparer's signature <i>Tyler Padilla</i>	Date 09/13/2017	Check <input checked="" type="checkbox"/> if self-employed	PTIN 829932501
Firm's name Cedric Reeves			Firm's EIN 988159403	
Firm's address 669 NE. Homewood Circle Irmo, SC 29063			Phone no. 238343038	