

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 BROMINE	Last name ELEMENT	Your social security number 400-00-6008
If joint return, spouse's first name and middle initial IODONE	Last name ELEMENT	Spouse's social security number 400-00-8006
Home address (number and street). If you have a P.O. box, see instructions. 1003 HELIUM DRIVE		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). PHOENIX, AZ 85001		
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see inst. & check 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) check 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	
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRA distributions	4a	
c Pensions and annuities	4c	
5a Social security benefits	5a	27,347
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . ▶ <input type="checkbox"/>	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	12,012
8a Adjustments to income from Schedule 1, line 22	8a	0
b Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	12,012
9 Standard deduction or itemized deductions (from Schedule A)	9	28,300
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A. . .	10	
11a Add lines 9 and 10	11a	28,300
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	0

12a Tax (see instructions). Check if any from:1 ☐ Form(s) 8814 2 ☐ Form 4972 3 ☐ **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 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, enter -0- **14** 0**15** Other taxes, including self-employment tax, from Schedule 2, line 10 **15** 500**16** Add lines 14 and 15. This is your **total tax** **16** 500**17** Federal income tax withheld from Forms W-2 and 1099 **17****18** Other payments and refundable credits:

• If you have a qualifying child, attach Sch. EIC.

• If you have nontaxable combat pay, see instructions.

a Earned income credit (EIC) **NO** **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** 0**Refund****20** If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid** **20****21 a** Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here ☐ **21a**

Direct deposit?
See instructions.

b Routing number **c** Type: ☐ Checking ☐ Savings**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** 500**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.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

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

52861**06-01-2020****EDITOR**Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) **75293****06-01-2020****DESIGNER**Phone no. **828-524-8020**Email address **OAK@1040.COM****Paid Preparer Use Only**

Preparer's signature

Date

PTIN

Check if:

Ed Ewcation**12-17-2019****P01234567**☒ 3rd Party DesigneePreparer's name **Ed Ewcation**Phone no. **828-524-8020**☐ Self-employedFirm's name ▶ **Smith CPA**Firm's address ▶ **235 East Palmer Street****Franklin, NC 28734**

Firm's EIN ▶

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

► **Attach to Form 1040 or 1040-SR.**

► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2019

Attachment
Sequence No. **02**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

400-00-6008

BROMINE & IODONE ELEMENT

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	500
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	500

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040 or 1040-SR) 2019

EEA