		nent of the Treasury-Internal Revenue Service Individual Income Tax	к Re	turn (99)	201	9	OMB No. 15	45-0074	4 IRS Us	e O	nly-Do n	ot write	or staple i	n this	space.
Filing Status check only one ox.	☐ If yo	Single													
Your first name			Last r		·						You	r socia	I security	numt	oer
STRAW				BERRY							40	400-00-6004			
If joint retum, spouse's first name and middle initial				Last name						Spo	Spouse's social security number				
BLUE				BERRY							400-00-2073				
	`	ber and street). If you have a P.O. bo	ox, see	instruction	ns.				Apt. no	Э.	Pre Chec	siden k here if	tial Electi you, or your :	on (Campaign e if filing
1234 FRUI		fice, state, and ZIP code. If you have	a forei	on addres	s also com	nlete	snaces held	w (see	instructio	ns)			3 to go to this ox below will		ange vour
TOWSON, 1		•	a loloi,	gri addico	5, 4150 0011	picto	opacco beio	W (300	ii ioa dollo	110)		r refund.	You		Spouse
Foreign country name				Foreign province/state/county Foreign					n postal code If more than four dependence see inst. & check here				dents,		
Standard Deduction _ ge/Blindness	☐ S You	Spouse itemizes on a separate r	eturn y 2, 19	955	ere a dua		nd	depe	ndent		1000		X OTTOOK TI		
Dependents	(see	instructions):	(2) 9	Social secu	rity number	(3)	Relationshin t	0 7011	(4) c	he	ck if qu	alifies	for (see	inst	t.):
(1) First name Last name				(2) Social security number (3) Relationship to you				Child tax cred			t (Credit for o	her d	lependents	
														屵	
														ዙ	
										$\frac{\sqcup}{\sqcap}$				<u> </u>	
	1	Wages, salaries, tips, etc. Attac	ch For	rm(s) W-	2					<u> </u>		1			85,500
	2a	Tax-exempt interest					b Taxable	intere	est			2b			
Standard	3a	Qualified dividends	. 3a	3a 2,50			b Ordinary dividends					3b			2,500
Deduction	4a	IRA distributions	. 4a	b Taxable amount							4b				
 Single or Married filing separately, \$12,200 	С	Pensions and annuities								4d					
Married filing	5a	Social security benefits 5a b Taxable amount									5b				
jointly or Qualifying	6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ □								▶ ∐	6				
widow(er), \$24,400	7a	Other income from Schedule 1, line 9									7a				
Head of household, \$18,350 If you checked any box under Standard Deduction, see instructions.	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income								. 🕨	7b			88,000	
	8a	Adjustments to income from Schedule 1, line 22									8a 8b			0	
	9	Subtract line 8a from line 7b. This is your adjusted gross income Standard deduction or itemized deductions (from Schedule A) 9 24,4							,400	OD			88,000		
	10	Qualified business income deduction			·			10		<u> </u>	, =00				
		Add lines 9 and 10									11a			24,400	
			• •	. .	· · · ·					•			1		,

b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-

Form 1040 (201	9)	STRAW & BLUE BERRY				4	00-00	-6004	Page 2	
	12a	Tax (see instructions). Check if a	ny from:							
		1 ☐ Form(s) 8814 2 ☐ Form	4972 3 □		12a	6,94	7			
	b	Add Schedule 2, line 3, and line 1	2a and enter	the total .			12b		6,947	
	13a	Child tax credit or credit for other	dependents		. 13a					
	b	Add Schedule 3, line 7, and line 1	I 3a and enter	the total .		>	13b		1,500	
	14	Subtract line 13b from line 12b. If	zero or less.	enter -0			14		5,447	
	15	Other taxes, including self-emplo					15			
	16		nes 14 and 15. This is your total tax						5,447	
	17	Federal income tax withheld from Forms W-2 and 1099							8,200	
	18	Other payments and refundable of	17		0,200					
If you have a qualifying					18a					
child, attach Sch. EIC. If you have nontaxable	<u>a</u>	Earned income credit (EIC)								
	b	Additional child tax credit. Attach								
combat pay, see	С.	American opportunity credit from				1,00	0			
instructions.	d	Schedule 3, line 14			18d		18e			
	е	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							1,000	
Defined	19	Add lines 17 and 18e. These are your total payments							9,200	
Refund	20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid							3,753	
	21 a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here ▶ □							3,753	
Direct deposit? See	► b	Routing number $ X X X X X X X X X $ \blacktriangleright c Type: \square Checking \square Savings								
instructions.	► d	Account number X X X X X X X X X								
	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							0	
	24	Estimated tax penalty (see instru	ctions)		▶ 24					
Third Party Designee	Do	you want to allow another person (other than you	ur paid preparer) to o	liscuss this retu	ırn with the IRS? Se	ee instructions.		Yes.Compl	ete below.	
(Other than	Designee's Phone Personal ider name ► no. ► number (PIN)						∟ fication	No .		
paid preparer)		me ► penalties of perjury, I declare that I have ex	number (PIN) and statemer	ts. and	to the best	of				
Sign Here	my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is to which preparer has any knowledge.									
		Your signature Date Your occupation If the						nt you an Ide		
Joint return? See instructions.	005	00	04-15-2020	04-15-2020 VP OF OPERATIONS				Protection PIN, enter it here (see inst.)		
Keep a copy for	Spe	ouse'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			
your records.	04-13-2020 EVENT PERMIER				inst.)					
		Phone no. 828-524-8020 Email address Preparer's signature Date PTIN						Check if:		
Paid		eparer's signature . Ewcation	Date PTIN				67		irty Designee	
Preparer		parer's name Ed Ewcation	12-05-2019 P0123 Phone no. 828-524-8						mployed	
Use Only		rm's name ► Smith CPA							,	
•	-	m's address ▶ 235 East Palmer Stre	et							
Franklin, NC 28734							's EIN ▶			

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