

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 STRAW | Last name BERRY | Your social security number 400-00-6004 |
| If joint return, spouse's first name and middle initial BLUE | Last name BERRY | Spouse's social security number 400-00-2073 |
| Home address (number and street). If you have a P.O. box, see instructions. 1234 FRUIT LOOP | | Apt. no. |
| City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). TOWSON, MD 21286 | | 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 |
| 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

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 | 85,500 |
| | 2a | Tax-exempt interest | 2a | |
| | 3a | Qualified dividends | 3a | 2,500 |
| | 4a | IRA distributions | 4a | |
| | c | Pensions and annuities | 4c | |
| | 5a | Social security benefits | 5a | |
| | 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 | 88,000 |
| | 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 | 88,000 |
| | 9 | Standard deduction or itemized deductions (from Schedule A) | 9 | 24,400 |
| | 10 | Qualified business income deduction. Attach Form 8995 or Form 8995-A. | 10 | |
| | 11a | Add lines 9 and 10 | 11a | 24,400 |
| | b | Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0- | 11b | 63,600 |

Standard Deduction

- Single or Married filing separately, \$12,200
- Married filing jointly or Qualifying widow(er), \$24,400
- Head of household, \$18,350
- If you checked any box under Standard Deduction, see instructions.

