Filing Statu		U.S. Individual Income	e Tax Return		3 No. 154	5-0074 IRS Use O	nly—Do not wr	rite or staple in this space.	
Check only one box.		Single X Married filing jointly If you checked the MFS box, enter the nai a child but not your dependent.	Married filing separately (MF- me of spouse. If you checked the	S) Head of house HOH or QW box, ente	sehold (Her the chile	OH) Qualifyird's name if the qualify	ng widow(er) ring person is	(QW)	
Your first nam	M	niddle initial	Last name RODRIGUEZ LIMA					urity number	
If joint return, spouse's first name and middle initial MANOJ			Last name	Spo	150-92-0265 Spouse's social security number				
160 GRU	MMAN	per and street). If you have a P.O. box, see AVE APT 505	instructions.			Apt. no. Pres	0-26-2	7 0 5 ction Campaign r your spouse if filing	
MEWAKK .	NU U		gn address, also complete space	s below (see instruction	ns).	jointly	want \$3 to go king a box belo	to this fund.	
Foreign country name			Foreign province/state/county Foreig			n postal code If more than four dependents, s instructions and ✓ here		dependents, see	
Deduction Age/Blindness	[meone can claim: You as a dependence of the second separate return You. Were born before January 2, 1	or you were a dual-status alien		hofore le				
Dependents (1) First name	s (see	instructions): Last name	(2) Social security number	(3) Relationship to		(4) ✓ if qu Child tax credit		ee instructions):	
JOSEFINA LIMA		MA	103-64-9276	PARENT			Cre	Credit for other dependents	
	1	Wages, salaries, tips, etc. Attach Form(s) W-2						
	2a	Tax-exempt interest	2a	b Taxable interes			1	83,640	
Standard Deduction for—	3a	Qualified dividends	3a 5			Sch. B if required	2b		
Single or Married filing separately, \$12,200 Married filing jointly or Qualifying widow(er), \$24,400 Head of	4a	IRA distributions	4a	 b Ordinary dividends. Attach Sch. B if requires b Taxable amount				5	
	С	Pensions and annuities	4c				4b		
	5a	Social security benefits	5a b Tayable amount				4d		
	6	Capital gain or (loss). Attach Schedule D	▶□	5b	0.2				
	7a	Other income from Schedule 1, line 9.		7a	23				
household, \$18,350	b 8a	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a.	•	7b	83,668				
If you checked	b	Adjustments to income from Schedule 1, Subtract line 8a from line 7b. This is your.		8a	00,000				
Standard Deduction	9	Subtract line 8a from line 7b. This is your Standard deduction or itemized deduct	ions (from Sebadula A)				8b	83,668	

10

24,400

59,268 Form 1040 (2019)

11a

11b

Standard deduction or itemized deductions (from Schedule A) . . .

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

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

Qualified business income deduction. Attach Form 8995 or Form 8995-A

10

b

11a

Form 1040 (201	9)	ISAMAR M RODRIGUE	Z LIMA &	MANOJ EN	1n			150.00		
	12a	Tax (see inst.) Check if any from Fo		agencies of the same				150-92	-0265	Page
	b	Add Schedule 2, line 3, and line 12			4972 3	12a		6,725		
	13a	Child tax credit or credit for other de	and enter the t	otal			500	🕨	12b	6,725
	b	Add Schedule 3, line 7, and line 13	and enter the t			13a		500		
	14	Subtract line 13b from line 12b. If z	a and enter the t	otal				•	13b	500
	15	Other taxes, including self-employe	ero or less, enter	r-0					14	6,225
	16	Other taxes, including self-employment tax, from Schedule 2, line 10 . Add lines 14 and 15. This is your total tax.							15	
	17	Add lines 14 and 15. This is your total tax . Federal income tax withheld from Forms W-2 and 1099 .							16	6,225
If you have a	18	18 Other payments and refundable credits:								7,335
qualifying child, attach Sch. EIC.	a Farned income gradit (FIG)									
If you have	b									
nontaxable combat pay, see	18h									
instructions.	d	d Schedula 3 lice 14								
	e Add lines 18a through 18d. These are your total other payments and refundable credits									
	19	Add lines 17 and 18a Those are	your total othe	r payments and	refundable credi	its		>	18e	
Defined	and roc. These are your total payments							•	19	7,335
Refund	This is the amount you overpaid								20	1,110
Direct deposit?	bh Routing number RANK DROPHICE							>	21a	1,110
See instructions.	▶b Routing number BANK PRODUCT ▶ c Type: Checking Savings ▶d Account number APPLIED FOR							Savings		
	22		The state of the s							
Amount	23	Amount of line 20 you want applied to	o your 2020 esti	mated tax		> 22				
You Owe	24	Amount you owe. Subtract line 19 for Estimated tax penalty (see instruction	om line 16. For d	etails on how to p	ay, see instruction	ns	i · · ·	>	23	
Third Party	De	Estimated tax penalty (see instruction	ns)			▶ 24			470	
Designee		you want to allow another person (of	her than your pa	id preparer) to di	scuss this return	with the IRS? See in	nstruction	ns.	Yes. Co	omplete below.
(Other than	De	esignee's						>	_	
paid preparer)		me ►			hone		Pe	rsonal identifica	tion	
Sign			mined this set	n	0.		nui	mber (PIN)		
Here	correct,	enalties of perjury, I declare that I have exa and complete. Declaration of preparer (oth ur signature	er than taxpayer) is	and accompanying s based on all inform	schedules and state	ements, and to the best	of my kno	wledge and belief	, they are tru	ie,
ilere	Your signature			Date	Your occupation					
Joint return?	1							If the IRS sent yo PIN, enter it	u an Identity	Protection
See instructions. Keep a copy for	Spouse's signature. If a joint return, both must sign.		Date Spouse's				here (see inst.)	ee inst.)		
our records.					occupation		If the IRS sent you an Identity Protection			
	Phone no.		LABORER		ER	PIN, enter it here (see inst.)				
		2		Email address			•			
Paid		MULTIPAGE - CO.		's signature		Date PTIN		IN Check if:		*
Preparer							P01060461			rd Party Designee
Jse Only	Firm's name ► FORESTE & COMPANY Firm's address ► 586 CENTRAL AVENUE SUITE 16 EAST ORA				Phone no 072 704 700					
So to www.irs.gov/l	orm10	40 for instructions and the latest inform	AVENUE :	SUITE 16	EAST ORAI	NGE NJ 0701	1223		27-36	

Form 1040 (2019)

NJ Direct Deposit or Direct Debit Worksheet for Elec	tronic Filin	g 2019
Name: ISAMAR M RODRIGUEZ LIMA & MANOJ ENU		
Tax Return Information	SSN:	150-92-026
1 Refund		1000
2 Balance Due		1232
Direct Deposit and Direct Debit Information		
X Check here if you had a Federal refund and want the state refund deposited to the same bank account information will not appear below, but will be transmitted to New Jersey with the electronic return. Check here if you want the state refund deposited into a different account. Check here to have a refund check mailed to you.	as listed on the Fede	eral return. This
Direct Debit of Balance Due		
Check here if you want your balance due withdrawn from your bank account and enter your account inf account will be debited when the tax return is processed. Enter the date you want the balance due to be withdrawn from your account If the return is transmitted on or before April 18, the requested payment date cannot be later than April the requested payment date should be today. This is today's date.		
the requested payment date should be today. This is today's date Check here if you will mail your balance due to New Jersey.	03/11/2	020
Bank Account Information		
Routing number	APPLIED	
Account number Account type		K PRODUCT Savings
Will the refund or debit you are requesting involve a foreign bank account?		**
Electronic Filing Only		Yes X No
If you used a different account for direct deposit of your state tax refund or requested electronic funds with rekey the account information below from the check or other document for verification.	drawal for your state	tax balance due,
RTN: Account:		