| Form | 1 | 0.40 | Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Retu | | | | | | |
|------|---|------|---|----|--|--|--|--|--|
| | | UHU | U.S. Individual Income Tax Retu | rn | | | | | |

2019

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space

| | | | | | OWID 140. 10 | 000 | | 20 | no or otapio in tino opaco. | | | |
|--|--|---|-------|--|----------------------------|---------------------------------|----------------------|--------------------------------|---|--|--|--|
| Filing Status | | Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) | | | | | | | | | | |
| Check only | 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 | | | | | | | | | | | |
| one box. | a ch | | • | | | | | | | | | |
| Your first name and middle initial | | | | ast name | | | | Your soc | cial security number | | | |
| MUKESH V | | | | VERMA | | | | 140-2 | 21-8727 | | | |
| If joint return, spouse's first name and middle initial | | | | ast name | Spouse's | Spouse's social security number | | | | | | |
| | | | | | | | | 603-66-0776 | | | | |
| Home address | (numbe | er and street). If you have a P.O. box, se | e in | structions. | | | Apt. no. | Presidential Election Campaign | | | | |
| 3358 MAI | RINA | COVE CIR | | | | | | | Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. | | | |
| City, town or p | ost offic | ce, state, and ZIP code. If you have a fo | reigi | n address, also complete s | paces below (see instr | uctior | ns). | | t \$3 to go to this fund. box below will not change you | | | |
| ELK GRO | VE C | A 95758 | | | | | | tax or refund | | | | |
| Foreign country name | | | | Foreign province/state/county Fo | | | reign postal code | If more th | han four dependents, | | | |
| | | | | | | | | see instructions and ✓ here ► | | | | |
| Standard | Som | eone can claim: You as a depend | dent | Your spouse as a | dependent | | | | | | | |
| Deduction | | Spouse itemizes on a separate return o | r you | ı were a dual-status alien | | | | | | | | |
| Age/Blindness | ., | | | | | | 0.4055 | | | | | |
| Age/Blindness You: Were born before January 2, 1955 | | | | | | | | Is blin | | | | |
| Dependents (see instructions): (1) First name Last name | | | | (2) Social security number (3) Relationship to you | | | (4) ✓ If | • | (see instructions): Credit for other dependents | | | |
| | | | | 202 62 7465 Davidhton | | | Offind tax of | Junt | × | | | |
| MEESHA | VERMA | | | 282-63-7465 | Daughter | | + + | | <u> </u> | | | |
| | | | | | | | | | | | | |
| | | | | | | | + + | | | | | |
| | | | () | | | | | | 60,375. | | | |
| | 1 | Wages, salaries, tips, etc. Attach For | | | · · · · · · | | | 1 | 00,375. | | | |
| | 2a | Tax-exempt interest | 2a | | b Taxable interest. | | • | | | | | |
| Standard | 3a | Qualified dividends | 3a | 10 051 | b Ordinary dividend | | ach Sch. B if requir | | | | | |
| Deduction for— Single or Married | 4a | IRA distributions | 4a | | b Taxable amount | • | · ROLLOV | ER 4b | | | | |
| filing separately, \$12,200 | c | Pensions and annuities | 4c | | d Taxable amount | • | | . 4d . 5b | | | | |
| Married filing | 5a | Social security benefits | | 5a b Taxable amount | | | | | | | | |
| jointly or Qualifying widow(er), | 6 | Capital gain or (loss). Attach Schedul | | t requirea. It not requirea, o | cneck nere | • | • | | | | | |
| \$24,400 |) Ta Other income from Schedule 1, line 9 | | | T | | • | | . 7a 7b | 60 275 | | | |
| Head of household, | b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and | | | • | | | | | 60,375. | | | |
| \$18,350 | 8a | Adjustments to income from Schedule 1, line 22 | | | | | | | 60 275 | | | |
| If you checked any box under | b | Subtract line 8a from line 7b. This is your adjusted gross income | | | | | | | 60,375. | | | |
| Standard Deduction, | 9 | Standard deduction or itemized de | | , | | 9 | 12,20 | U. | | | | |
| see instructions. | 10 | Qualified business income deduction | . 11a | 10 000 | | | | | | | | |
| | 11a | Add lines 9 and 10 | ٠. | | | | | | | | | |
| | b | Taxable income. Subtract line 11a fr | om l | ine &b. It zero or less, ente | r-u | | | . 11b | 48.175. | | | |

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

Form **1040** (2019)

| Form 1040 (2019 | 9) | | | | | | | | | | | Page 2 |
|---------------------------------------|--|--|-------------------------|-----------------------------------|----------------|--------------|---------------|--|---------------------------|----------------------------|-------------|-------------------|
| | 12a | Tax (see inst.) Check if any from F | form(s): 1 881 | 4 2 4972 | 3 🗌 | 12a | 3,49 | 97. | | | | |
| | b | Add Schedule 2, line 3, and line | 12a and enter the | total | | | | ▶ 1 | 12b | | 3, | 497. |
| | 13a | Child tax credit or credit for other | er dependents . | | | 13a | | | | | | |
| | b | Add Schedule 3, line 7, and line | 13a and enter the | total | | | | ▶ 1 | 13b | | | |
| | 14 | Subtract line 13b from line 12b. | If zero or less, ente | er -0 | | | | | 14 | | 3, | 497. |
| | 15 | Other taxes, including self-empl | oyment tax, from S | Schedule 2, line | 10 | | | | 15 | | | |
| | 16 | Add lines 14 and 15. This is you | r total tax | | | | | | 16 | | 3, | 497. |
| | 17 | Federal income tax withheld from | m Forms W-2 and | 1099 | | | | | 17 | | 4, | 667. |
| If you have a | 18 | Other payments and refundable | credits: | | | | | | | | | |
| qualifying child, attach Sch. EIC. | <u>a</u> | Earned income credit (EIC) . | | | | 18a | | | | | | |
| If you have | b | Additional child tax credit. Attac | h Schedule 8812 | | | 18b | | | | | | |
| nontaxable combat pay, see | С | American opportunity credit from | n Form 8863, line | 8 | | 18c | | | | | | |
| instructions. | d | Schedule 3, line 14 | | | | 18d | | | | | | |
| | е | 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 payme | ents | | | | > | 19 | | 4, | 667. |
| Refund | 20 | | | | | | | | 20 | | 1, | 170. |
| riorana | 21a | Amount of line 20 you want refu | ınded to you. If Fo | Form 8888 is attached, check here | | | | | 21a | | 1, | 170. |
| Direct deposit? | ►b | Bo Routing number 1 2 1 0 0 0 3 5 8 ► c Type: X Checking Savings | | | | | | | | | | |
| See instructions. | ▶ d Account number 3 2 5 1 2 7 8 6 3 5 2 0 22 Amount of line 20 you want applied to your 2020 estimated tax | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Amount | 23 | Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions ▶ | | | | | | | 23 | | | |
| You Owe | 24 | Estimated tax penalty (see instru | | 24 | | | | | | | | |
| Third Party Designee | | | | | | | | | | Complet | te below. | |
| (Other than | De | signee's | Phone | | | | Personal ide | entificatio | | | | |
| paid preparer) | na | me ► | no. ► | | | | number (PIN) | | | 丄 | | |
| Sign | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my locarect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | | | | | | wledge | e and b | belief, the | ey are true, |
| Here | Yo | our signature | | Date Your occupation | | | I | | | e IRS sent you an Identity | | |
| | \ | | | | | | | | ection PIN, enter it here | | | re |
| Joint return? See instructions. | | | | ITS 1 | | | | ` | e inst.) | | | |
| Keep a copy for your records. | Spouse's signature. If a joint return, both must sign. | | | Ide | | | | e IRS sent your spouse an ntity Protection PIN, enter it here inst.) | | | | |
| | Ph | ione no. | Email address | | | | | | | | | |
| | | eparer's name | Preparer's signat | | | Date | PTI | IN | | Chec | k if: | |
| Paid | | | Not for us | se by paid | | | | | ; | 3rd Party | y Designee | |
| Preparer | ——— | m's name ▶ Self-Pr | | cc z _i par | The properties | | | | Self-em | , 0 | | |
| Use Only | | m's address ▶ | cpar ca | | | 1 110110 110 | | Firm's F | 's EIN ▶ | | | |
| Go to want inc ~ | | m1040 for instructions and the late | set information | | D4. | DEVIONA | 19/20 FFF | 5 L | | | orm 10 |)40 (2019) |
| 50 to vv vv vv .115.91 | OV/I OII | | ot information. | | BAA | NEV 04/1 | 10,20111 | | | - | J 10 | (2013) |