

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 Keith		Last name Hamilton	Your social security number 535-22-4466
If joint return, spouse's first name and middle initial Jennifer		Last name Hamilton	Spouse's social security number 535-44-2255
Home address (number and street). If you have a P.O. box, see instructions. 3678 Blue Sky Drive			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). Henderson NV 89052			
Foreign country name		Foreign province/state/county	Foreign postal code

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) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Joshua	Hamilton	454-54-5454	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Danielle	Hamilton	343-43-4343	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sara	Hamilton	232-32-3232	Daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Standard Deduction for—

- 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.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	200,470.
2a	Tax-exempt interest	2a	550.
3a	Qualified dividends	3a	
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	500.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income ▶	7b	202,105.
8a	Adjustments to income from Schedule 1, line 22	8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b	202,105.
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	177,705.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	30,998.																					
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	30,998.																					
13a	Child tax credit or credit for other dependents	13a	4,500.																					
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	4,500.																					
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	26,498.																					
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	0.																					
16	Add lines 14 and 15. This is your total tax	16	26,498.																					
17	Federal income tax withheld from Forms W-2 and 1099	17	28,350.																					
18	Other payments and refundable credits:																							
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	28,350.																					
Refund	20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	1,852.																				
	21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	1,852.																				
	b	Routing number <table border="1" style="display: inline-table; text-align: center;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
d	Account number <table border="1" style="display: inline-table; text-align: center;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
X	X	X	X	X	X	X	X	X	X	X	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	23																					
	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. <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> 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.																								
Joint return? See instructions. Keep a copy for your records.	Your signature		Date	Your occupation																				
				Pilot																				
	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation																				
				Teacher's Assistant																				
Phone no.		Email address																						
Paid Preparer Use Only	Preparer's name		Preparer's signature	Date																				
	Firm's name Self-Prepared		Phone no.	PTIN																				
	Firm's address		Firm's EIN																					
	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed																							

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

► **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. **01**

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

Keith & Jennifer Hamilton

Your social security number

535-22-4466

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

☐ Yes ☒ No

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ►		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ► Ipad-School Raffle 500.	8	500.
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	500.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ►		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	

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

REV 01/27/20 TTW

Schedule 1 (Form 1040 or 1040-SR) 2019