

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: **John K** Last name: **Fredrich** Your social security number: [REDACTED]
 If joint return, spouse's first name and middle initial: Last name: Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apt. no.:
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **Palo Alto CA 94306-3158**
 Foreign country name: Foreign province/state/county: Foreign postal code: 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. You Spouse
 If more than four dependents, see inst. and ✓ here ▶

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

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
				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
2a Tax-exempt interest	2a
3a Qualified dividends	3a
4a IRA distributions	4a
c Pensions and annuities	4c 78,164.
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 88,711.
8a Adjustments to income from Schedule 1, line 22	8a
b Subtract line 8a from line 7b. This is your adjusted gross income ▶	8b 88,711.
9 Standard deduction or itemized deductions (from Schedule A) 9 13,850.	9
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A 10	10
11a Add lines 9 and 10	11a 13,850.
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b 74,861.

Standard Deduction Chart* Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* . . . ▶

IF your filing status is . . .	AND the number of boxes checked is . .	THEN your standard deduction is . . .	IF your filing status is . . .	AND the number of boxes checked is . .	THEN your standard deduction is . . .
Single	1	13,850	Head of household	1	20,000
	2	15,500		2	21,650
Married filing jointly or Qualifying widow(er)	1	25,700	Married filing separately	1	13,500
	2	27,000		2	14,800
	3	28,300		3	16,100
	4	29,600		4	17,400

*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

12a Tax (see instructions). Check if any from:
 1 Form(s) 8814 2 Form 4972 3 _____

12a	12,331.
12b	12,331.
13a	
13b	
14	12,331.
15	0.
16	12,331.
17	14,269.
18	Other payments and refundable credits:
18a	Earned income credit (EIC)
18b	Additional child tax credit. Attach Schedule 8812
18c	American opportunity credit from Form 8863, line 8
18d	Schedule 3, line 14
18e	Add lines 18a through 18d. These are your total other payments and refundable credits
19	Add lines 17 and 18e. These are your total payments
19	14,269.

• If you have a qualifying child, attach Sch. EIC.
 • If you have nontaxable combat pay, see instructions.

Refund

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid** **20** 1,938.

21a Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here **21a** 1,938.

Direct deposit? **b** Routing number [x|x|x|x|x|x|x|x|x|x] **c** Type: Checking Savings
 See instructions. **d** Account number [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. Yes. Complete below. 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.

Your signature	Date	Your occupation retired	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse'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 (see inst.)

Phone no. Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name <input type="text"/> Self-Prepared	Firm's address <input type="text"/>		Phone no. <input type="text"/>	Firm's EIN <input type="text"/>