

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. ▶ JANET HILT

Your first name and middle initial: WILLIAM G Last name: HILT Your social security number: 209-40-2114
if joint return, spouse's first name and middle initial: Last name: Spouse's social security number: 183-52-3154

Home address (number and street). If you have a P.O. box, see instructions. 304 HOLIDAY LANE Apt. no.:
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). HAINESVILLE IL 60073
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

Dependents (see instructions):		(2) Social security no.	(3) Relationship to you	(4) / if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents

Attach Schedule B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	15,750
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
	c	Pensions and annuities	4c	
	5a	Social security benefits	5b	12,429
	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	894
	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income	7b	47,780
	8a	Adjustments to income from Schedule 1, line 22	8a	
	b	Subtract line 8a from line 7b. This is your adjusted gross income	8b	47,780
Standard Deduction See Standard Deduction Chart below.	9	Standard deduction or itemized deductions (from Schedule A)	9	13,500
	10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
	11a	Add lines 9 and 10	11a	13,500
	b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	34,280

Standard Deduction Chart* Add the number of boxes checked in the "Age/Blindness" section of Standard Deduction ▶ 1					
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** 3,919b Add Schedule 2, line 3, and line 12a and enter the total **12b** 3,919**13a** Child tax credit or credit for other dependents **13a**b Add Schedule 3, line 7, and line 13a and enter the total **13b****14** Subtract line 13b from line 12b. If zero or less, enter -0- **14** 3,919**15** Other taxes, including self-employment tax, from Schedule 2, line 10 **15****16** Add lines 14 and 15. This is your **total tax** **16** 3,919**17** Federal income tax withheld from Forms W-2 and 1099 **FORM 1099** **17** 3,847**18** Other payments and refundable credits:a Earned income credit (EIC) **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** 3,847**Refund** **20** If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you **overpaid** **20****21a** Amount of line 20 you want **refunded to you**. If Form 8888 is attached, check here ☐ **21a**Direct deposit? ☐ **b** Routing number **c** Type: ☐ Checking ☐ SavingsSee instructions. ☐ **d** Account number**22** Amount of line 20 you want **applied to your 2020 estimated tax** **22****Amount** **23** **Amount you owe**. Subtract line 19 from line 16. For details on how to pay, see instructions **23** 72**You Owe** **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 **HRB TAX GROUP INC** Phone no. **847-549-1101** Personal identification number (PIN) **12509****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 If the IRS sent you an Identity Protection PIN, enter it here

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

Phone no. **847-596-1187** Email address **BILLHILT@SBCGLOBAL.NET**Joint return? ☐ See instructions. Keep a copy for your records.**Paid Preparer Use Only** Preparer's name **VICTOR GROSSI** Preparer's signature Date **02-14-2020** PTIN **P00409408** Check if: ☐ 3rd Party Designee ☐ Self-employedFirm's name **HRB TAX GROUP INC** Phone no. **847-549-1101**Firm's address **1434 S MILWAUKEE AVE** Firm's EIN **431871840****LIBERTYVILLE IL 60048**Go to www.irs.gov/Form1040SR for instructions and the latest information.Form **1040-SR** (2019)Firm's EIN **431871840**Firm's address **LIBERTYVILLE IL 60048**Firm's EIN **431871840**Go to www.irs.gov/Form1040SR for instructions and the latest information.Form **1040-SR** (2019)Firm's EIN **431871840**Firm's address **LIBERTYVILLE IL 60048**Firm's EIN **431871840**Firm's address **LIBERTYVILLE IL 60048**Firm's EIN **431871840**Firm's address **LIBERTYVILLE IL 60048**Firm's EIN **431871840**Firm's address **LIBERTYVILLE IL 60048**Firm's EIN **431871840**Firm's address **LIBERTYVILLE IL 60048**Firm's EIN **431871840**Firm's address **LIBERTYVILLE IL 60048**Firm's EIN **431871840**Firm's address **LIBERTYVILLE IL 60048**Firm's EIN **431871840**Firm's address **LIBERTYVILLE IL 60048**Firm's EIN **431871840**