

Filing Status ☒ Single ☐ Head of household (HOH) ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your 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 MARJORIE J		Last name SORRENTINO		Your social security number 359-36-4960	
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. 421 GREEN BAY RD				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. LAKE BLUFF				State IL	ZIP code 60044
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

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

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, 1956 ☐ Are blind ☐ Spouse: ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):	(1) First name	Last name	(2) Social security no.	(3) Relationship to you	(4) / if qualifies for (see inst.): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>						

Attach Schedule B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2.....		1		
	2a	Tax-exempt interest....	2a	Taxable interest.....	2b	185
	3a	Qualified dividends.....	3a	Ordinary dividends.....	3b	86
	4a	IRA distributions.....	4a	Taxable amount.....	4b	9,597
	5a	Pensions and annuities.....	5a	Taxable amount.....	5b	7,611
	6a	Social security benefits.....	6a	Taxable amount.....	6b	4,405
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here.....▶			7	
	8	Other income from Schedule 1, line 9.....▶			8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income▶			9	21,884
	10	Adjustments to income:				
	a	From Schedule 1, line 22.....	10a			
	b	Charitable contributions if you take the standard deduction. See instructions.....	10b			
	c	Add lines 10a and 10b. These are your total adjustments to income▶			10c	
	11	Subtract line 10c from line 9. This is your adjusted gross income▶			11	21,884

Standard Deduction

See Standard Deduction Chart on the last page of this form.

12	Standard deduction or itemized deductions (from Schedule A)	12	24,442
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	24,442
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0
16	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>	16	
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your total tax	24	
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	5,393
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	5,393
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	600
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	600
33	Add lines 25d, 26, and 32. These are your total payments	33	5,993

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

Go to www.irs.gov/Form1040SR for instructions and the latest information.Form **1040-SR** (2020)

CLIENT