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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 GEORGE	Last name WASHINGTON	Your social security number 234-56-7890
If joint return, spouse's first name and middle initial MARTHA	Last name WASHINGTON	Spouse's social security number 234-56-7891
Home address (number and street). If you have a P.O. box, see instructions. MOUNT VERNON		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). MOUNT VERNON VA 22309		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
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>		

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
JOHN P	CUSTIS	234-56-7892	Stepchild	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MARTHA P	CUSTIS	234-56-7893	Stepchild	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input 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	
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
c	Pensions and annuities	4c	
5a	Social security benefits	5a	27,000.
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here	6	500.
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	96,450.
8a	Adjustments to income from Schedule 1, line 22	8a	
b	Subtract line 8a from line 7b. This is your adjusted gross income	8b	96,450.
9	Standard deduction or itemized deductions (from Schedule A)	9	27,000.
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10	
11a	Add lines 9 and 10	11a	27,000.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	69,450.

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

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	7,889.	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	7,889.	
13a	Child tax credit or credit for other dependents	13a	4,000.	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	4,000.	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	3,889.	
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	3,889.	
17	Federal income tax withheld from Forms W-2 and 1099	17	3,499.	

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

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	3,499.	

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 <input type="checkbox"/>	21a																		
b	Routing number <table border="1"><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></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											
d	Account number <table border="1"><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></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				
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	390.
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

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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)						
<i>[Signature]</i>		GENERAL OF THE ARMIES	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
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.)						
<i>[Signature]</i>		HOUSEWIFE	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

Phone no. _____ Email address _____

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
JAMES G BRUMIT	JAMES G BRUMIT	06/15/2020	P01523228	<input type="checkbox"/> 3rd Party Designee
Firm's name	Firm's address	Phone no.	Firm's EIN	<input checked="" type="checkbox"/> Self-employed
JGB PARTNERS, LLC	3116 Kirby Smith Dr. Wilmington NC 28409		45-4194703	

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Filing Status [] Single [X] 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. ▶

Personal information section including name (GEORGE WASHINGTON), social security number (234-56-7890), spouse's name (MARTHA WASHINGTON), and address (MOUNT VERNON VA 22309).

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: [X] Were born before January 2, 1955 [] Are blind Spouse: [X] Was born before January 2, 1955 [] Is blind

Table with 4 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Credit for other dependents. Lists JOHN P CUSTIS and MARTHA P CUSTIS as stepchildren.

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.

Main income table with columns 1-11a and 2a-2b. Includes entries for wages (23,000), IRA distributions (8,000), and social security benefits (27,000). Total taxable income is 54,450.

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	6,089.		
b	Add Schedule 2, line 3, and line 12a and enter the total	12b		6,089.	
13a	Child tax credit or credit for other dependents	13a	4,000.		
b	Add Schedule 3, line 7, and line 13a and enter the total	13b		4,000.	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14		2,089.	
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		2,089.	
17	Federal income tax withheld from Forms W-2 and 1099	17		3,499.	

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

18 Other payments and refundable credits:		18a			
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19	Add lines 17 and 18e. These are your total payments	19		3,499.	

Refund

20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20		1,410.	
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	21a		1,410.	
▶ b	Routing number	X X X X X X X X X X	▶ c Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
▶ d	Account number	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. Yes. Complete below. No

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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.		GENERAL OF THE ARMIES	
	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		HOUSEWIFE	
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
JAMES G BRUMIT	JAMES G BRUMIT	06/15/2020	P01523228	<input type="checkbox"/> 3rd Party Designee <input checked="" type="checkbox"/> Self-employed
Firm's name	Firm's address			Firm's EIN
JGB PARTNERS, LLC	3116 Kirby Smith Dr. Wilmington NC 28409			45-4194703