

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 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 Grayson		Last name Allen		Your social security number 6 7 5 8 4 7 0 3 1		
If joint return, spouse's first name and middle initial Emma		Last name Scott		Spouse's social security number 8 6 0 3 9 2 3 0 3		
Home address (number and street). If you have a P.O. box, see instructions. 6900 S FIGUEROA LOS ANGELES CA 90003-1716 USA				Apt. no. 6900		
City, town, or post office. If you have a foreign address, also complete spaces below. Toronto			State Ontario		ZIP code 67534	
Foreign country name Canada		Foreign province/state/county Ontario		Foreign postal code M4Y1M7		
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 checked="" type="checkbox"/> You <input type="checkbox"/> 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):

If more than four dependents, see instructions and check here ▶ ☒

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
Diane	Allen	6 7 5 3 8 9 4 4 7	sister	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lisa	Allen	9 3 8 4 7 5 3 4 3	sister	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anna	Allen	1 1 2 3 4 4 4 4 3	daughter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gino	Scott	3 5 1 8 0 1 6 6 7	brother	<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	1000
2a	Tax-exempt interest 500	2b	700
3a	Qualified dividends 300	3b	300
4a	IRA distributions 400	4b	400
5a	Pensions and annuities 100	5b	100
6a	Social security benefits 200	6b	200
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	600
8	Other income from Schedule 1, line 9	8	200
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	3500
10	Adjustments to income:		
a	From Schedule 1, line 22 10a 500		
b	Charitable contributions if you take the standard deduction. See instructions 10b 500		
c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	1000
11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	2500
12	Standard deduction or itemized deductions (from Schedule A)	12	400
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	500
14	Add lines 12 and 13	14	900
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	1600

Standard Deduction for—

- Single or Married filing separately, \$12,400
- Married filing jointly or Qualifying widow(er), \$24,800
- Head of household, \$18,650
- If you checked any box under **Standard Deduction**, see instructions.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input checked="" type="checkbox"/> 4972 3 <input type="checkbox"/> 	16	250
17	Amount from Schedule 2, line 3	17	150
18	Add lines 16 and 17	18	400
19	Child tax credit or credit for other dependents	19	450
20	Amount from Schedule 3, line 7	20	200
21	Add lines 19 and 20	21	650
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	150
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	100
24	Add lines 22 and 23. This is your total tax	24	250
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	550
b	Form(s) 1099	25b	550
c	Other forms (see instructions)	25c	100
d	Add lines 25a through 25c	25d	1200
26	2020 estimated tax payments and amount applied from 2019 return	26	590
27	Earned income credit (EIC)	27	500
28	Additional child tax credit. Attach Schedule 8812	28	600
29	American opportunity credit from Form 8863, line 8	29	700
30	Recovery rebate credit. See instructions	30	400
31	Amount from Schedule 3, line 13	31	239
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	2439
33	Add lines 25d, 26, and 32. These are your total payments	33	4229

RefundDirect deposit?
See instructions.

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3990
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	470
b	Routing number 9 8 7 6 5 3 4 5 4	c	Type: <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings
d	Account number 8 9 0 9 8 7 5 3 6 4 7 5 7 6 5 4 5		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	798

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	3754
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	871

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes. Complete below.** ☐ **No**

Designee's name Andy Allen	Phone no. 654567654	Personal identification number (PIN) 7 1 3 5 8
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Sign HereJoint return?
See instructions.
Keep a copy for your records.

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 <i>greyson allen</i>	Date 06/27/1975	Your occupation Doctor	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) 7 6 5 4 3 5
Spouse's signature. If a joint return, both must sign. <i>emma scott</i>	Date 12/18/1988	Spouse's occupation nurse	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) 0 0 7 6 5 4

Phone no. 001431767544	Email address allengrs@gmail.com.us
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Paid Preparer Use Only

Preparer's name Henry Mark	Preparer's signature <i>henry mark</i>	Date 10/09/1075	PTIN 76544	Check if: <input type="checkbox"/> Self-employed
Firm's name ABCE UN company			Phone no. 00142798764	
Firm's address 254 W 78TH LOS ANGELES CA 90003-2459 USA			Firm's EIN 8765438	