IMPORTANT NEWS

A major lawsuit, *Scholl v. Mnuchin*, has ordered that prisoners also be considered eligible for the Covid-19 stimulus check.

You could receive \$1,200...if you filed a 2018 or 2019 tax return, OR if you did not qualify because you were paid less than \$12,000 last year. This decision overrules whatever you might have been told by your facility!

The filing deadline is OCTOBER 15, 2020.

What should you do if you think you or someone else qualifies?

1. Fill out and file the IRS Form 1040 (instructions on reverse) for 2019 (or if you are over 65, the 1040sr)

You can file a *simplified paper tax return* if:

- 1. You haven't filed a tax return for 2019, and
- 2. You were not required to file a tax return for 2019, typically because your income was too low, and
- 3. You have a Social Security number that lets you work in the United States

Important: You can't be claimed as someone else's dependent

Instructions

- 1. Write "EIP2020" on the top of your form.
- 2. Check the filing status that applies to you ("single," "married") Remember: you CANNOT receive a stimulus payment if you can be claimed as a dependent.
- 3. Lines 1-11:
 - 6. Enter \$1 on lines 2b, 7b, and 8b.
 - Enter \$0.00 on line 11b.
 - Leave every other line in this section blank.
- 4. Mail the return to:

SEE BELOW! Addresses vary by state.

If you are interested in reading the *Scholl v. Mnuchin* decision, please write to: **National Lawyers Guild** c/o **Santa Rita Jail Hotline** (558 Capp Street San Francisco, CA 94110) and we can send you a copy.

We are including 2 copies of the 1040—one for you, and one to either copy or give to someone else. There is also a copy of the 1040-SR in case you or someone you know is over 65. Please help us spread this news and if you can, spread these forms around.

WHERE TO SEND THE FORM! For Form 1040 and Form 1040-SR addresses for taxpayers living within the 50 states

If you live in	And you ARE NOT enclosing a payment use this address	and you ARE enclosing a payment use this address					
Arkansas, Georgia, Indiana, Iowa, Kentucky, Missouri, New Jersey, Oklahoma, Tennessee, Virginia	Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0002	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000					
Connecticut, District of Columbia, Maryland, Rhode Island, West Virginia	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0002	Internal Revenue Service P. O. Box 931000 Louisville, KY 40293-1000					
Florida, Louisiana, Mississippi, Texas	Department of the Treasury Internal Revenue Service Austin, TX 73301-0002	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214					
Alabama, North Carolina, South Carolina	Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0002	Internal Revenue Service P O Box 1214 Charlotte, NC 28201-1214					
Alaska, California, Hawaii, Washington	Department of the Treasury Internal Revenue Service Fresno, CA 93888-0002	Internal Revenue Service P.O. Box 7704 San Francisco, CA 94120-7704					
Illinois, Michigan, Minnesota, Ohio, Wisconsin	Department of the Treasury Internal Revenue Service Fresno, CA 93888-0002	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501					
Arizona, Colorado, Idaho, Kansas, Montana, Nebraska, Nevada, New Mexico, Oregon, North Dakota, South Dakota, Utah, Wyoming	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0002	Internal Revenue Service P O Box 802501 Cincinnati, OH 45280-2501					
Delaware, Maine, Massachusetts, New Hampshire, New York, Vermont	Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0002	Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-7008					
Pennsylvania	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0002	Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-7008					

Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return IRS Use Only-Do not write or staple in this space. Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only 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 one box. a child but not your dependent. > Your first name and middle initial Last name Your social security number If joint return, spouse's first name and middle initial Spouse's social security number Last name Home address (number and street). If you have a P.O. box, see instructions. Presidential Election Campaign Apt. no. Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Checking a box below will not change your tax or refund. You Spouse Foreign country name Foreign province/state/county Foreign postal code If more than four dependents, see instructions and ✓ here ► Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction 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): Child tax credit Credit for other dependents (1) First name Lastname 1 Wages, salaries, tips, etc. Attach Form(s) W-2 2a Tax-exempt interest . 2a b Taxable interest. Attach Sch. B if required 2b Qualified dividends . 3a b Ordinary dividends. Attach Sch. B if required 3b 3a Standard Deduction for-IRA distributions. 4a b Taxable amount..... 4b 4a Single or Married 4c d Taxable amount..... 4d Pensions and annuities . С filing separately, \$12,200 b Taxable amount..... Social security benefits . . . 5a 5b Married filing 6 Capital gain or (loss). Attach Schedule D if required. If not required, check here..... 6 jointly or Qualifying widow(er), 7a 7a \$24,400 Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income**..... 7b h Head of household, \$18,350 8a 8a Subtract line 8a from line 7b. This is your adjusted gross income · If you checked b 8b

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

Standard deduction or itemized deductions (from Schedule A) . . .

Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-

Qualified business income deduction. Attach Form 8995 or Form 8995-A .

any box under

see instructions.

Standard Deduction 9

10

11a

Cat. No. 11320B

10

Form **1040** (2019)

11a

11b

Form 1040 (2019	9)								Page 2	
	12a	Tax (see inst.) Check if any from Fo	orm(s): 1 8814	4972 3		12a				
	b	Add Schedule 2, line 3, and line 12a and enter the total								
	13a	Child tax credit or credit for other dependents								
	b	Add Schedule 3, line 7, and line	Add Schedule 3, line 7, and line 13a and enter the total							
	14	Subtract line 13b from line 12b. I	f zero or less, ente	er -0				14		
	15	Other taxes, including self-emplo	Other taxes, including self-employment tax, from Schedule 2, line 10							
	16	Add lines 14 and 15. This is you	total tax					16		
	17	Federal income tax withheld from	n Forms W-2 and	1099				17		
• If you have a	18_	Other payments and refundable								
qualifying child,	а	Earned income credit (EIC)				18a				
attach Sch. ElC. • If you have	b	Additional child tax credit. Attach	Schedule 8812			18b				
nontaxable	С	American opportunity credit from	Form 8863, line 8	3		18c				
combat pay, see instructions.	d	Schedule 3, line 14				18d				
	е	Add lines 18a through 18d. Thes	e are your total ot	her payments a	and refundable cred	its		18e		
	19	Add lines 17 and 18e. These are	your total payme	nts				19		
Refund	20	If line 19 is more than line 16, su	btract line 16 from	line 19. This is t	he amount you over	oaid		20		
Refulia	21a	Amount of line 20 you want refu	nded to you. If Fo	rm 8888 is attac	hed, check here		▶ 🔲	21a		
Direct deposit?	► b	Routing number								
See instructions.	► d	Account number								
	22	Amount of line 20 you want appl	ied to your 2020 e	estimated tax		22				
Amount	23	Amount you owe. Subtract line	19 from line 16. Fo	or details on how	to pay, see instructi	ons	▶	23		
You Owe	24	Estimated tax penalty (see instru	ictions)			24				
Third Party	Do	you want to allow another person	(other than your pa	aid preparer) to	discuss this return wit	h the IRS? See inst	ructions.		Yes. Complete below.	
Designee									No	
(Other than paid preparer)		signee's ne ►		Phone no. ►		Persona numbe	al identifica	tion		
		der penalties of perjury, I declare that I h	ava avancinad this not		vine calculate and state		, ,		d belief they are two	
Sign		rect, and complete. Declaration of prepa						euge an	u beller, triey are true,	
Here	Yo	ur signature		Date	Your occupation		If the	IRS se	nt you an Identity	
								N, enter it here		
Joint return?	—					(se		nst.)		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupation	on			nt your spouse an ection PIN, enter it here	
your records.							(see i	,	The second restriction of the second restric	
	Ph	one no.		Email address						
Daid	_	eparer's name	Preparer's signat			Date	PTIN		Check if:	
Paid									3rd Party Designee	
Preparer Use Only	Fir	m's name ►		Phone no.				Self-employed		
		<u> </u>						s EIN ▶		
Go to www.irs.ac		1040 for instructions and the late	st information.				1		Form 1040 (2019)	

Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return IRS Use Only-Do not write or staple in this space. Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) Check only 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 one box. a child but not your dependent. > Your first name and middle initial Last name Your social security number If joint return, spouse's first name and middle initial Spouse's social security number Last name Home address (number and street). If you have a P.O. box, see instructions. Presidential Election Campaign Apt. no. Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Checking a box below will not change your tax or refund. You Spouse Foreign country name Foreign province/state/county Foreign postal code If more than four dependents, see instructions and ✓ here ► Standard Someone can claim: You as a dependent Your spouse as a dependent Deduction 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): Child tax credit Credit for other dependents (1) First name Lastname 1 Wages, salaries, tips, etc. Attach Form(s) W-2 2a Tax-exempt interest . 2a b Taxable interest. Attach Sch. B if required 2b Qualified dividends . 3a b Ordinary dividends. Attach Sch. B if required 3b 3a Standard Deduction for-IRA distributions. 4a b Taxable amount..... 4b 4a Single or Married 4c d Taxable amount..... 4d Pensions and annuities . С filing separately, \$12,200 b Taxable amount..... Social security benefits . . . 5a 5b Married filing 6 Capital gain or (loss). Attach Schedule D if required. If not required, check here..... 6 jointly or Qualifying widow(er), 7a 7a \$24,400 Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income**..... 7b h Head of household, \$18,350 8a 8a Subtract line 8a from line 7b. This is your adjusted gross income · If you checked b 8b

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

Standard deduction or itemized deductions (from Schedule A) . . .

Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-

Qualified business income deduction. Attach Form 8995 or Form 8995-A .

any box under

see instructions.

Standard Deduction 9

10

11a

Cat. No. 11320B

10

Form **1040** (2019)

11a

11b

Form 1040 (2019	9)								Page 2	
	12a	Tax (see inst.) Check if any	from Form(s): 1 881	4 2 4972	3 🗌	12a				
	b	Add Schedule 2, line 3, and line 12a and enter the total						12b		
	13a	Child tax credit or credit for other dependents								
	b	Add Schedule 3, line 7, ar	d line 13a and enter the	total				13b		
	14	Subtract line 13b from line	12b. If zero or less, en	ter -0				14		
	15	Other taxes, including self	employment tax, from S	Schedule 2, line	10			15		
	16	Add lines 14 and 15. This	is your total tax					16		
	17	Federal income tax withhe	ld from Forms W-2 and	1099				17		
If you have a	18	Other payments and refun	dable credits:							
qualifying child, attach Sch. ElC. 1	a	Earned income credit (EIC)			18a				
If you have	b	Additional child tax credit.	Attach Schedule 8812			18b				
nontaxable combat pay, see	С	American opportunity cred	it from Form 8863, line	8		18c				
instructions.	d	Schedule 3, line 14				18d				
	е	Add lines 18a through 18d	. These are your total o	ther payments	and refundable cred	lits		18e		
	19	Add lines 17 and 18e. The	se are your total paym e	ents				19		
Refund	20	If line 19 is more than line	16, subtract line 16 from	n line 19. This is	the amount you over	paid		20		
	21a	Amount of line 20 you war	nt refunded to you. If Fo	orm 8888 is atta	ched, check here		▶ 🔲	21a		
Direct deposit? See instructions.	► b	Routing number								
See manuchons.	► d	Account number								
	22	Amount of line 20 you want applied to your 2020 estimated tax								
Amount	23	Amount you owe. Subtra	ct line 19 from line 16. F	or details on ho	w to pay, see instruct	ions		23		
You Owe	24	Estimated tax penalty (see	instructions)			24				
Third Party	D	you want to allow another p	erson (other than your p	oaid preparer) to	discuss this return with	th the IRS? See in	structions.		Yes. Complete below.	
Designee									No	
(Other than paid preparer)		esignee's ame ►		Phone no. ►			onal identifica oer (PIN)	ation ►		
Sian		der penalties of perjury, I declare	that I have examined this re		unving schedules and state		, ,	ledae and	d helief they are true	
Sign		rrect, and complete. Declaration of						ioago ain	a bollot, they are true,	
Here	Υ	our signature		Date	Your occupation		If the	IRS se	nt you an Identity	
							Prote (see		IN, enter it here	
Joint return? See instructions.				<u> </u>		,			لللللل	
Keep a copy for	S	pouse's signature. If a joint re	eturn, both must sign.	Date	Spouse's occupation	on	I		nt your spouse an ection PIN, enter it here	
your records.							(see	•		
	Р	hone no.		Email address						
Paid	Р	reparer's name	Preparer's signa	iture		Date	PTIN		Check if:	
									3rd Party Designee	
Preparer	F	irm's name ►	•			Phone no.	•	Self-employed		
Use Only	Firm's address ► Firm's							s EIN ►		
Go to www.irs.go	v/Fori	m1040 for instructions and th	e latest information.						Form 1040 (2019)	

₫ 1U4U	-5	U.S. Tax	Return for Se	enio:	rs	201	$9 _{\circ}$	MB No.	1545-007	4 IRS Use O	nly—Do	not writ	te or staple in	ı this space.	
Filing		Single			Marri	ed filing jo	intly			Married fi	ling s	epar	rately (N	(IFS)	
Status		☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)													
Check only one		ou checked the							ked th	e HOH or	QW	box,	enter th	e child's	
Your first nar			the qualifying person is a child but not your dependent. ► Vour social security number Court of the qualifying person is a child but not your dependent. ►												
If joint return,	If joint return, spouse's first name and middle initial Last name							Spo	Spouse's social security number						
Home addres	ss (nun	nber and street). If	you have a P.O. b	ox, see	e instruc	tions.				Apt. no.	- 1	Presidential Election Campaign			
										Check here if you, or your spouse jointly, want \$3 to go to this fund			his fund.		
City, town or	poston	lice, state, and ZIP	code. II you nave a	a foreign address, also complete spaces below (see instructions						nstructions).	Checking a box below will not change your tax or refund. You Spouse				
Foreign coun	itry nar	ne		Fo	reign pi	rovince/state	county		Forei	gn postal cod	e If r	nore th		ependents,	
Ctondond											se	see inst. and ✓ here ►			
Standard Deduction		neone can clai Spouse itemize								pendent					
Age/Blindness		•	rn before Janua				e blind								
Age/Biinaness	Spo	ouse: 🗌 Was					olind	1							
-	nts (s	ee instructions)				curity number		ationship	toyou				s for (see ir		
(1) First name		Last name		+	: :					Child tax	credit	C	redit for othe	erdependent	
				+								+		<u> </u> 	
														Ī	
												Щ]	
	1	Wages, salari	ies, tips, etc. At	tach	Form(s) W-2						1			
Attach	2a	Tax-exempt i	nterest	2a			b	Taxa	ble inte	erest		2b			
Schedule B if required.	3a	Qualified divi	dends	3a			b	Ordir	nary div	vidends .		3b			
	4a	IRA distributio	ons	4a			b		-	ount		4b			
	С	Pensions and		4c			d			nount		4d			
	5a	Social securit		5a			b			ount 5 k					
	6	•	•	oss). Attach Schedule D if required. If not required, check here								6			
	_		,								ш	. 7a			
	b										≻ 7l				
	8a			m Schedule 1, line 22						. 8a					
<u> </u>) b	•	8a from line 7b								•	8b			
Standard Deduction			uction or itemiz		•	-	_		9						
See Standard	10		ess income deduct			`		,	10						
Deduction Chart below.						110 6995 01 1	OHHOS	990-A	10			4.4			
below.	11a	Add lines 9 and 10							11a						
0(<u>b</u>		me. Subtract li									11b	1		
Standard Deduction		dd the number your filing						sect our filing	section of Standard De					r otondord	
Chart*		atus is	boxes checked		THEN your standard deduction is		_	ıs is	3	AND the number boxes checked				on is	
- I a i	Single		1			3,850	Head			1			20,0		
	NA.	arried	2 1			5,500 5,700	household			2			21,6 13,5		
		ng jointly	2			7,000	Marr	ied filing	3	2			14,8		
	٠.	ualifying	3			8,300		rately	-	3			16,		
	widow(er)					9,600				4			17,4		
		Don't use this o												r	

Form 1040-SR (2019)								Page 2
	12a	Tax (see instructions). Ch	eck if any fi	rom:					
		1 ☐ Form(s) 8814 2	☐ Form 49	72 3 🗆	1:	2a			
	b Add Schedule 2, line 3, and line 12a and enter the total								
	13a	Child tax credit or credit	for other d	ependents.		13a			
	b	Add Schedule 3, line 7,	and line 13a	a and enter	the total	▶ 1	3b		
	14	Subtract line 13b from lin	ne 12b. If ze	ero or less,	enter -0			14	
	15	Other taxes, including se	elf-employm	ent tax, froi	m Schedule 2,	line 10		15	
	16	Add lines 14 and 15. Th	is is your to	tal tax .			•	16	
	17	Federal income tax with	held from Fo	orms W-2 a	ınd 1099			17	
	18	Other payments and refu	undable cre	dits:					
 If you have a qualifying child, attach 	a	Earned income credit (E	IC)			18a			
Sch. EIC.	b	Additional child tax cred	it. Attach So	chedule 88°	12	18b			
nontaxable combat pay,	С	American opportunity cr	edit from Fo	rm 8863, li	ne 8	18c			
see instructions.	d								
	e	Add lines 18a through 18d. T				L	redits►	18e	
	19	Add lines 17 and 18e. T	hese are yo	ur total pa y	ments		•	19	
Refund	20	If line 19 is more than line 1						20	
	21a	Amount of line 20 you wan	21a						
Direct deposit?		•		-			Savings		
See instructions.		Accountnumber			,, <u> </u>		J		
	22	Amount of line 20 you wan	t applied to v	our 2020 es	timated tax ►	22			
Amount	23	Amount you owe. Subtract				pay, see instru	ctions ►	23	
You Owe	24	Estimated tax penalty (s	ee instruction	ons)	.	24			
Third Party	Do	you want to allow another person (o	ther than your pa	aid preparer) to	discuss this return wit	th the IRS? See in	structions.	=	Yes. Complete below.
Other than		esignee's		Phone			nal identific		No
paid preparer) Sign	Unde	me ► r penalties of perjury, I declare tl				ing schedules a			
Here	,	nowledge and belief, they are tru ich preparer has any knowledge	owledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is t						
	Yo	our signature		Date Your occupation					nt you an Identity IN, enter it here
Joint return? See instructions.							(see	inst.)	
Keep a copy for your records.	Sp	oouse's signature. If a joint return, b	oth must sign.	Date	ation	Iden	tity Prote	nt your spouse an ection PIN, enter it here	
•		one no.		Emailaddress			(see	inst.)	
Deid		eparer's name	Preparer's si			Date	PTIN		Check if:
Paid Preparer									3rd Party Designee Self-employed
Use Only	Fir	rm's name ►	l			1	Pho	ne no.	
	Fir	m's address ►	ı's EIN ▶	•					