

Your first name and initial	Last name	Your social security number
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Standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

Spouse or qualifying person's first name and initial (see inst.)	Last name	Spouse's social security number
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Standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Your spouse was born before January 2, 1954  
☐ Your spouse is blind ☐ Your spouse remarried on a separate return or you were al-status alien

Home address (number and street).	I have a P.O. box see p. 60.	Apt. no.	<b>Official Election Campaign.</b>
			If you want \$3 to go to this fund

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.

Dependents (see instructions)	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> Qualifies for (see inst.): Child, spouse, or dependent
(1) First name			Credit for other dependents

(1) First name	Last name	Clinical experience	Credit for other dependents
		<input type="checkbox"/>	<input type="checkbox"/>

**Sign** 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 accurately reflect my income and the income of my spouse, if I am filing jointly, and the income of all other persons for whom I am filing, and I am not aware of any information that would require the filing of an additional return.

Here

Joint return? ☐ **Yes** ☐ **No**  
See instructions.

Your signature \_\_\_\_\_ Date \_\_\_\_\_  
Your occupation \_\_\_\_\_

the IRS sent you an Identity Protection  
\_\_\_\_\_ or it  
\_\_\_\_\_ (see inst.)

See instructions. Send a copy for your records.

Spouse's signature. If a return, **both** must sign.

Spouse's occupation

Send you an Identity Protection PIN, enter it here (see inst.)

<b>Paid</b>	Print/Type preparer's name	Preparer's signature	PTIN	None (see instructions)	Check if: <input type="checkbox"/> 3rd Party Designee

<b>Preparers</b>			
Firm's name ▶		Firm's EIN ▶	<input type="checkbox"/> Self-employed
For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions		Cat. No. 11320B	Form <b>1040</b> (2018)

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