

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2020** U.S. Individual Income Tax Return OMB No. 1545-0074 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 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 Albert T.		Last name Gaytor		Your social security number 266 51 1966	
If joint return, spouse's first name and middle initial Allison A.		Last name Gaytor		Spouse's social security number 266 34 1967	
Home address (number and street). If you have a P.O. box, see instructions. 12340 Cocoshell Road				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Coral Gables			State FL	ZIP code 33134	
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):

If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name		(2) Social security number			(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
	Last name					Child tax credit	Credit for other dependents	
	Crocker	Gaytor	261	55	1212	Son	<input type="checkbox"/>	<input checked="" type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	67,255
	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	
	b Taxable interest	2b	348
	b Ordinary dividends	3b	
	b Taxable amount	4b	
	b Taxable amount	5b	
	b Taxable amount	6b	
	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	67,603
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.	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	67,603
	12 Standard deduction or itemized deductions (from Schedule A)	12	24,800
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13		
14 Add lines 12 and 13	14	24,800	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	42,803	

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16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	4,744
17	Amount from Schedule 2, line 3	
18	Add lines 16 and 17	4,744
19	Child tax credit or credit for other dependents	500
20	Amount from Schedule 3, line 7	
21	Add lines 19 and 20	500
22	Subtract line 21 from line 18. If zero or less, enter -0-	4,244
23	Other taxes, including self-employment tax, from Schedule 2, line 10	
24	Add lines 22 and 23. This is your total tax	4,244
25	Federal income tax withheld from:	
a	Form(s) W-2	25a 5,588
b	Form(s) 1099	25b
c	Other forms (see instructions)	25c
d	Add lines 25a through 25c	25d 5,588
26	2020 estimated tax payments and amount applied from 2019 return	
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
31	Amount from Schedule 3, line 13	31
32	Add lines 27 through 31. These are your total other payments and refundable credits	
33	Add lines 25d, 26, and 32. These are your total payments	5,588
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	1,344
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	1,344
b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number <input type="text"/>	
36	Amount of line 34 you want applied to your 2021 estimated tax	36
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now	
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
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes . Complete below. <input type="checkbox"/> No	
	Designee's name <input type="text"/>	Phone no. <input type="text"/>
		Personal identification number (PIN) <input type="text"/>
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 Boat Captain
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Unemployed
		If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
		If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
	Phone no.	Email address
Paid Preparer Use Only	Preparer's name	Preparer's signature
	Firm's name <input type="text"/>	Date
	Firm's address <input type="text"/>	PTIN
		Check if: <input type="checkbox"/> Self-employed
		Phone no.
		Firm's EIN <input type="text"/>