

2020 Form OR-40

Page 1 of 4, 150-101-040
(Rev. 11-05-20 ver. 01)

Oregon Department of Revenue



00462001010000

Office use only	

Oregon Individual Income Tax Return for Full-year Residents

Submit original form—do not submit photocopy

Fiscal year ending: / /	Space for 2-D barcode—do not write in box below
<input type="checkbox"/> Amended return. If amending for an NOL, tax year the NOL was generated: <input type="text"/> <input type="checkbox"/> Calculated using "as if" federal return. <input type="checkbox"/> Short-year tax election. <input type="checkbox"/> Federal disaster relief. <input type="checkbox"/> Extension filed. <input type="checkbox"/> Federal Form 8886. <input type="checkbox"/> Form OR-24.	

First name RICK	Initial C	Last name CUNNINGHAM	<input type="checkbox"/> Deceased	Social Security no. (SSN) [REDACTED]	<input type="checkbox"/> Applied for ITIN
Spouse's first name ANN	Initial C	Spouse's last name CUNNINGHAM	<input type="checkbox"/> Deceased	Spouse's SSN [REDACTED]	<input type="checkbox"/> Applied for ITIN
Current mailing address [REDACTED]			Date of birth (mm/dd/yyyy) [REDACTED]	Spouse's date of birth [REDACTED]	
City [REDACTED]	State OR	Country USA	Phone [REDACTED]		

Filing status (check only one box)

- Single.
- Married filing jointly.
- Married filing separately (enter spouse's information above).
- Head of household (with qualifying dependent).
- Qualifying widow(er) with dependent child.

Exemptions

6a. Credits for yourself: Regular Severely disabled 6a. Total

Check box if someone else can claim you as a dependent.

6b. Credits for spouse: Regular Severely disabled 6b. Total

Check box if someone else can claim your spouse as a dependent.

Dependents. List your dependents in order from youngest to oldest. If more than four, check this box and include Schedule OR-ADD-DEP with your return.

First name	Last name	Code*	Dependent's SSN	Dependent's date of birth (mm/dd/yyyy)	Check if child with qualifying disability
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

*Dependent relationship code (see instructions).

6c. Total number of dependents 6c.

6d. Total number of dependent children with a qualifying disability (see instructions) 6d.

6e. Total exemptions. Add 6a through 6d Total. 6e.

2020 Form OR-40

Page 2 of 4, 150-101-040 (Rev. 11-05-20 ver. 01)

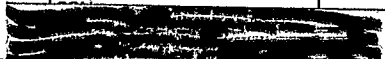
Oregon Department of Revenue



00462001020000

Name

RICK CUNNINGHAM



Note: Reprint page 1 if you make changes to this page.

Taxable income

Table with 3 columns: Line number, Description, and Amount. Lines 7-9 showing taxable income of 10,070.00.

Subtractions

Table with 3 columns: Line number, Description, and Amount. Lines 10-15 showing subtractions totaling 0.00, resulting in 10,070.00.

Deductions

Table with 3 columns: Line number, Description, and Amount. Lines 16-17 showing deductions totaling 4,630.00.

You were: 17a. [] 65 or older 17b. [] Blind Your spouse was: 17c. [] 65 or older 17d. [] Blind

Table with 3 columns: Line number, Description, and Amount. Lines 18-19 showing deduction of 4,630.00 and resulting taxable income of 5,440.00.

Oregon tax

Table with 3 columns: Line number, Description, and Amount. Line 20 showing tax of 259.00.

20a. [] Schedule OR-FIA-40 20b. [] Worksheet FCG 20c. [] Schedule OR-PTE-FY

Table with 3 columns: Line number, Description, and Amount. Lines 21-22 showing interest on installment sales of 0.00 and total tax before credits of 259.00.

Standard and carryforward credits

Table with 3 columns: Line number, Description, and Amount. Lines 23-29 showing various credits totaling 420.00, resulting in tax after credits of 0.00.

2020 Form OR-40

Page 3 of 4, 150-101-040 (Rev. 11-05-20 ver. 01)

Oregon Department of Revenue



00462001030000

Name

RICK

CUNNINGHAM



Note: Reprint page 1 if you make changes to this page.

Payments and refundable credits

Table with 3 columns: Line number, Description, Amount. Rows include Oregon income tax withheld (868.00), tax refund (0.00), estimated tax payments (0.00), earned income credit (0.00), total refundable credits (0.00), and total payments (868.00).

Tax to pay or refund

Table with 3 columns: Line number, Description, Amount. Rows include overpayment of tax (868.00), net tax (0.00), penalty and interest (0.00), and interest on underpayment (0.00).

Exception number from Form OR-10, line 1: 40a [] Check box if you annualized: 40b. []

Table with 3 columns: Line number, Description, Amount. Rows include total penalty and interest due (0.00), net tax including penalty and interest (0.00), overpayment less penalty and interest (868.00), estimated tax (0.00), charitable checkoff donations (0.00), political party checkoff (0.00), Oregon 529 college savings plan deposits (0.00), total (0.00), and net refund (868.00).

Direct deposit

50. For direct deposit of your refund, see Instructions. Check the box if the final deposit destination is outside the United States: []

Type of account: [] Checking or [] Savings

Routing number: []

Account number: []

Reserved

2020 Form OR-40

Page 4 of 4, 150-101-040
(Rev. 11-05-20 ver. 01)

Oregon Department of Revenue



00462001040000

Name	
RICK	CUNNINGHAM

Note: Reprint page 1 if you make changes to this page.

Sign here. Under penalty of false statement, I declare that the information in this return is true, correct, and complete.

<input checked="" type="checkbox"/> Your signature	[Redacted Signature]	Date	4/29/21
<input checked="" type="checkbox"/> Spouse	[Redacted Signature]	Date	4/29/21
<input checked="" type="checkbox"/> Signer	[Redacted Signature]	Preparer phone	() -
<input checked="" type="checkbox"/> Preparer address		Preparer license number, if professionally prepared	
	City	State	ZIP code

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the Tax Information Authorization and Power of Attorney for Representation form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, 1040-NR, or 1040-NR-EZ. Without this information, we may adjust your return.

Make your payment (if you have an amount due on line 42)

- Online payments: Visit our website at www.oregon.gov/dor.
- Mailing your payment: Make your check or money order payable to the Oregon Department of Revenue. Write "2020 Oregon Form OR-40" and the last four digits of your SSN or ITIN on your check or money order. Include your payment with this return. Don't use the Form OR-40-V payment voucher if you're mailing your payment with your return.

Send in your return

- Non-2-D barcode. If the 2-D barcode area on the front of this return is blank:
 - Mail tax-due returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
 - Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- 2-D barcode. If the 2-D barcode area on the front of this return is filled in:
 - Mail tax-due returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
 - Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.

Amended statement. Complete this section only if you're amending your 2020 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.

2020 Schedule OR-ASC

Page 1 of 1, 150-101-063
(Rev. 08-13-20 ver. 01)

Oregon Department of Revenue



Office use only

Oregon Adjustments for Form OR-40 Filers

Submit original form—do not submit photocopy.

First name RICK	Initial C	Last name CUNNINGHAM
Spouse's first name ANN	Initial C	Spouse's last name CUNNINGHAM

Use Schedule OR-ASC to claim any of the following that aren't included on Form OR-40:

- Additions.
- Subtractions.
- Standard credits.
- Carryforward credits.
- Refundable credits.

Identify the code you're claiming and enter the information requested in the corresponding section. Enter the total from each section on the line indicated for Form OR-40.

For more information, refer to the instructions, Publication OR-CODES, or Publication OR-17.

Section 1: Additions (codes 100–199)

Code	Amount
1a.	
1c.	
1e.	
1g.	
1i.	
1b.	
1d.	
1f.	
1h.	
1j.	
Enter total on Form OR-40, line 8	
0.00	

Section 2: Subtractions (codes 300–399)

Code	Amount
2a.	
2c.	
2e.	
2g.	
2i.	
2b.	
2d.	
2f.	
2h.	
2j.	
Enter total on Form OR-40, line 13	
0.00	

Section 3: Standard credits (codes 800–834)

Code	Amount	State abbreviation (if claiming code 802 or 815)
3a.		3c.
3d.		3f.
3g.		3i.
3j.		3l.
3m.		3o.
3b.		
3e.		
3h.		
3k.		
3n.		
Enter total on Form OR-40, line 25		
0.00		

Section 4: Carryforward credits (codes 835–889)

Code	Amount from prior year	Amount awarded this year	Total used this year
4a.		4c.	4d.
4e.		4g.	4h.
4i.		4k.	4l.
4m.		4o.	4p.
4q.		4s.	4t.
Enter total on Form OR-40, line 28			
0.00			

Section 5: Refundable credits (codes 890–899)

Code	Amount
5a.	
5c.	
5e.	
5b.	
5d.	
5f.	
Enter total on Form OR-40, line 35	
0.00	

—You must include this schedule with your Oregon income tax return—

Substitute for Form W-2, Wage and Tax Statement, or Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

▶ Attach to Form 1040, 1040-SR, or 1040-X.
▶ Go to www.irs.gov/Form4852 for the latest information.

You must take the following steps before filing Form 4852

- Attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852.
- If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you to file with your return.

1 Name(s) shown on return
Ann C Cunningham

2 Your social security number
[REDACTED]

3 Address
[REDACTED]

hereby
notify

4 Enter year in space provided and check one box. For the tax year ending December 31, 2020,
I have been unable to obtain (or have received an incorrect) Form W-2 OR Form 1099-R.
I have notified the IRS of this fact. The amounts shown on line 7 or line 8 are my best estimates for all wages or payments made to me and tax withheld by my employer or payer named on line 5.

5 Employer's or payer's name, address, and ZIP code
Marie Mills Center, Inc.
1800 Front Street, Tillamook OR 97141

6 Employer's or payer's TIN (if known)
93-0594367

7 Form W-2. Enter wages, tips, other compensation, and taxes withheld.

a Wages, tips, and other compensation	0	f State income tax withheld	868
b Social security wages	0	(Name of state) .	OR
c Medicare wages and tips	0	g Local income tax withheld	_____
d Social security tips	_____	(Name of locality)	_____
e Federal income tax withheld	294	h Social security tax withheld	1399
		i Medicare tax withheld	327

8 Form 1099-R. Enter distributions from pensions, annuities, retirement or profit-sharing plans, IRAs, insurance contracts, etc.

a Gross distribution	_____	f Federal income tax withheld	_____
b Taxable amount	_____	g State income tax withheld	_____
c Taxable amount not determined	<input type="checkbox"/>	(Name of state) .	_____
d Total distribution	<input type="checkbox"/>	h Local income tax withheld	_____
e Capital gain (included on line 8b)	_____	(Name of locality)	_____
		i Employee contributions	_____
		j Distribution codes	_____

9 How did you determine the amounts on lines 7 and 8 above?
Lines 7a, 7b, and 7c are corrected as I did not receive any "wages" as defined in IRC section 3401(a) and 3121(a). Lines 7e, 7f, 7h and 7i were derived from records provided by the payer listed on line 5.

10 Explain your efforts to obtain Form W-2, Form 1099-R (original or corrected), or Form W-2c, Corrected Wage and Tax Statement.
none

General Instructions



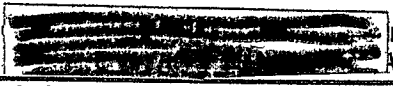
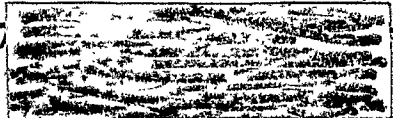
Section references are to the Internal Revenue Code.

Future developments. For the latest information about developments related to Form 4852, such as legislation enacted after it was published, go to www.irs.gov/Form4852.

Purpose of form. Form 4852 serves as a substitute for Forms W-2, W-2c, and 1099-R (original or corrected) and is completed by you or your representatives when (a) your employer or payer doesn't issue you a Form W-2 or Form 1099-R, or (b) an employer or payer has issued an incorrect Form W-2 or Form 1099-R. Attach this form to the back of your income tax return before any supporting forms or schedules.

You should always attempt to get your Form W-2, Form W-2c, or Form 1099-R (original or corrected) from your employer or payer before contacting the IRS or filing Form 4852. If you don't receive the missing or corrected form from your employer or payer by the end of February, you may call the IRS at 800-829-1040 for assistance. You must provide your name, address (including ZIP code), phone number, social security number, and dates of employment. You must also provide your employer's or payer's name, address (including ZIP code), and phone number. The IRS will contact your employer or payer and request the missing form. The IRS will also send you a Form 4852. If you don't receive the missing form in sufficient time to file your income tax return timely, you may use the Form 4852 that the IRS sent you.

CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. 1POINT MERCHANT SOLUTIONS 5701 LONETREE BLVD, STE 201 ROCKLIN, CA 95765 877-671-1101	FILER'S TIN 831226963	OMB No. 1545-2205 2020 Form 1099-K	Payment Card and Third Party Network Transactions	
	PAYEE'S TIN 			
	1a Gross amount of payment card/third party network transactions \$ 0.00			
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input checked="" type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>	Check to indicate transactions reported are: Payment card <input checked="" type="checkbox"/> Third party network <input type="checkbox"/>	1b Card Not Present transactions \$ 0.00	2 Merchant category code 7519	Copy B For Payee This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.
PAYEE'S name ANN C CUNNINGHAM Street address (including apt. no.)   P or foreign postal code ATES	3 Number of payment transactions 0	4 Federal income tax withheld \$ 0.00		
	5a January \$ 0.00	5b February \$ 0.00		
PSE'S name and telephone number 1POINT MERCHANT SOLUTIONS - (877)671-1101 	5c March \$ 0.00	5d April \$ 0.00		
	5e May \$ 0.00	5f June \$ 0.00		
	5g July \$ 0.00	5h August \$ 0.00		
	5i September \$ 0.00	5j October \$ 0.00		
	5k November \$ 0.00	5l December \$ 0.00		
	6 State	7 State identification no.	8 State income tax withheld \$ 0.00	

Form 1099-K

(Keep for your records)

www.irs.gov/Form1099K

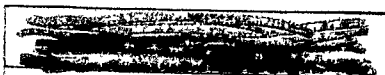
Department of the Treasury - Internal Revenue Service

This statement is submitted to rebut a document known to have been submitted by the party identified above as "FILER" which erroneously alleges a payment to the party identified above as "PAYEE" of "gains profit or income" made in the course of conducting a "trade or business".

No payments were received by the "PAYEE" from the "FILER" which were connected with the performance of the functions of a public office, or otherwise constituted gains, profit or income within the meaning of relevant law.

Under penalty of perjury, I declare that I have examined this statement and to the best of my knowledge and belief, it is true, complete and correct.

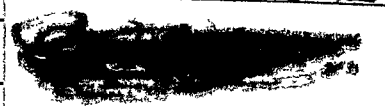
Ann Cunningham



Date



4/29/21

Rick Cunningham



Date

2-10-21

PAYER'S Name, Address, City, State, Zip Code, and Telephone No. Oregon Employment Department 875 Union St NE Salem, OR 97311 (503) 947-1320	RECIPIENT'S Identification Number 	OMB No. 1545-0120 2020 Form 1099-G		Certain Government Payments Copy B For Recipient
	1. Unemployment Compensation 10,070.00	3. Box 2 Amount is for Tax Year		4. Federal Income Tax Withheld 1,014.00
PAYER'S Federal Identification Number 93-6001789	2. State or Local Income Tax Refunds, Credits, or Offsets	5. ATAA/RTAA Payments 0.00		6. Taxable Grants
RECIPIENT'S Name and Street Address 146958 RICK C CUNNINGHAM 		7. Agriculture Payments	8. Check if Box 2 is Trade or Business Income <input type="checkbox"/>	
		9. Market Gain	OR-01 Benefits Repaid 0.00	
		10a. State OR	10b. State ID No. 0972779	11. State Income Tax Withheld 600.00
Account Number				

Form 1099-G

(keep for your records)

www.irs.gov/form1099g

Department of the Treasury - Internal Revenue Service

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

INSTRUCTIONS FOR RECIPIENT

Account Number: Not used.

Box 1: Shows the total unemployment compensation paid to you in the calendar year shown. Some payments may have been for weeks occurring in a prior year. NO adjustments have been made for overpayments repaid by you. This information is being furnished to the Internal Revenue Service (IRS) and the Oregon Department of Revenue (ODR). Combine the Box 1 taxable amounts from all Forms 1099-G, and report it as income on the unemployment compensation line of your tax return.

Boxes 2 and 3: Not used.

Box 4: Shows the total federal taxes withheld for the calendar year. If you had no federal withholding you may request that federal taxes be deducted by contacting an Unemployment Insurance Center. This information is being furnished to the Internal Revenue Service and the Oregon Department of Revenue. Include this amount on your income tax return as tax withheld.

Box 5: Shows Alternative Trade Adjustment Assistance (ATAA) and/or Reemployment Trade Adjustment Assistance (RTAA) payments you received. Include on Form 1040 on the "Other Income" line. See the Form 1040 instructions.

Boxes 6, 7, 8, and 9: Not used.

Box 10a: Abbreviation for the state that withheld state income tax.

Box 10b: Oregon Employment Department state identification number.

Box 11: Shows the total state taxes withheld for the calendar year. If you had no state withholding you may request that state taxes be deducted by contacting an Unemployment Insurance Center. This information is being furnished to the Internal Revenue Service and Oregon Department of Revenue.

Box OR-01: Shows the amount repaid by you towards your unemployment insurance overpayment during the calendar year shown. This amount does not include payments towards penalties, interest or other costs. The amount may exceed "Unemployment Compensation" shown in Box 1 if the repayments were made for overpayments from prior years. Please refer to the IRS instructions for reporting this amount.

Tax information for prior years can be obtained online at www.WorkingInOregon.org/ocs, or by calling an Unemployment Insurance Center.

Si usted necesita ayuda en Español, podemos darle información sobre todos nuestros servicios.

Form 1099G (1219)

unemployment CHECKS RCVD

(14) \$172 = 2408

(12) \$504 = 6048

8456 ✓

10,070

- 1,014

- 600

8,456 ✓

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 Rick C	Last name Cunningham	Spouse's social security number [REDACTED]
If joint return, spouse's first name and middle initial Ann C	Last name Cunningham	
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. [REDACTED]		State Oregon
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):

(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
				<input type="checkbox"/>	<input 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	0.
	2a Tax-exempt interest	2a	0.
	3a Qualified dividends	3a	0.
	4a IRA distributions	4a	0.
	5a Pensions and annuities	5a	0.
	6a Social security benefits	6a	0.
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input checked="" type="checkbox"/>	7	0.
	8 Other income from Schedule 1, line 9	8	10,070.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	10,070.
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	0.
	b Charitable contributions if you take the standard deduction. See instructions	10b	0.
	c Add lines 10a and 10b. These are your total adjustments to income ▶	10c	0.
	11 Subtract line 10c from line 9. This is your adjusted gross income ▶	11	10,070.
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	0.	
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	0.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	0.
17	Amount from Schedule 2, line 3	17	0.
18	Add lines 16 and 17	18	0.
19	Child tax credit or credit for other dependents	19	0.
20	Amount from Schedule 3, line 7	20	0.
21	Add lines 19 and 20	21	0.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	0.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	2,020.
b	Form(s) 1099	25b	1,014.
c	Other forms (see instructions)	25c	0.
d	Add lines 25a through 25c	25d	3,034.
26	2020 estimated tax payments and amount applied from 2019 return	26	0.
27	Earned income credit (EIC)	27	0.
28	Additional child tax credit. Attach Schedule 8812	28	0.
29	American opportunity credit from Form 8863, line 8	29	0.
30	Recovery rebate credit. See instructions	30	0.
31	Amount from Schedule 3, line 13	31	296.
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	296.
33	Add lines 25d, 26, and 32. These are your total payments	33	3,330.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,330.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,330.
Direct deposit? See instructions.	▶ b Routing number: 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 X X		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	0.
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe now	37	0.
For details on how to pay, see instructions.	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	0.

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

Third Party Designee Do you want to allow another person 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.	S	[Redacted Signature]	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			4-29-21	[Redacted Occupation]	[Redacted PIN]
P	[Redacted Signature]	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)	
		4/29/21	[Redacted Occupation]	[Redacted PIN]	
		Email address			

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

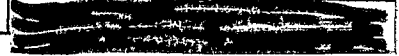
2020

Attachment
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Rick C Cunningham & ANN C. CUNNINGHAM

Your social security number



Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶ _____		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	10,070
8	Other income. List type and amount ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	10,070

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	0.

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71479F

Schedule 1 (Form 1040) 2020

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Rick C & Ann C Cunningham

Your social security number



Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	7	0.

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	296
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other: _____	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	296

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71480G

Schedule 3 (Form 1040) 2020