

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial **LISA A.** Last name **BULLOCK** Your social security number [REDACTED]

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial **STEPHEN C.** Last name **BULLOCK** Spouse's social security number [REDACTED]

Spouse standard deduction: Spouse is blind Someone can claim your spouse as a dependent Spouse itemizes on a separate return or you were dual-status alien Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions. **PO BOX 7676** Apt. no. **Presidential Election Campaign.** (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **HELENA, MT 59604** If more than four dependents, see inst. and here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
CAROLINE G	BULLOCK	[REDACTED]	DAUGHTER	<input checked="" type="checkbox"/>	
ALEXANDRIA F	BULLOCK	[REDACTED]	DAUGHTER	<input checked="" type="checkbox"/>	
CAMERON S	BULLOCK	[REDACTED]	SON	<input checked="" type="checkbox"/>	

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	If the IRS sent you an Identity Protection PIN, enter it here
[Signature]		IT PROGRAM MANAGER	[REDACTED]
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here
		GOVERNOR	[REDACTED]

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
JUSTIN L MOSNESS, CPA	JUSTIN L MOSNESS, CPA	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name	Phone no.			
WIPFLI LLP	[REDACTED]			

Firm's address **PO BOX 1699 HELENA, MT 59624**

		STMT 1			
	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	168,532.
	2a	Tax-exempt interest	2a	2b	2.
	3a	Qualified dividends	3a	3b	812.
	4a	IRAs, pensions, and annuities	4a	4b	
	5a	Social security benefits	5a	5b	
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		6	14,754. 184,100.
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7	184,100.
	8	Standard deduction or itemized deductions (from Schedule A)		8	34,076.
	9	Qualified business income deduction (see instructions)		9	3,392.
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	146,632.
	11	a Tax (see inst) 23,986. (check if any from: 1 Form(s) 8814 2 Form 4972 3)		11	23,986.
	12	b Add any amount from Schedule 2 and check here <input checked="" type="checkbox"/>		12	6,000.
	13	a Child tax credit/credit for other dependents 6,000. b Add any amount from Sch. 3 and check here <input type="checkbox"/>		13	17,986.
	14	Subtract line 12 from line 11. If zero or less, enter -0-		14	
	15	Other taxes. Attach Schedule 4		15	17,986.
	16	Total tax. Add lines 13 and 14		16	16,020.
	17	Federal income tax withheld from Forms W-2 and 1099		17	
	18	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863		18	16,020.
	19	Add any amount from Schedule 5		19	
	20a	Add lines 16 and 17. These are your total payments		20a	
	21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		21	
	22	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		22	
	23	b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		23	
	24	d Account number <input type="text"/>		24	
	25	Amount of line 19 you want applied to your 2019 estimated tax <input type="checkbox"/>		25	
	26	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions <input type="checkbox"/>		26	1,966.
	27	Estimated tax penalty (see instructions) <input type="checkbox"/>		27	0.

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

Standard Deduction for -

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

Refund

Direct deposit? See instructions.