

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. **ANDREA L BEDENBAUGH**

Your first name and middle initial: **MICHAEL E** Last name: **BEDENBAUGH** Your social security number: [REDACTED]
 If joint return, spouse's first name and middle initial: [REDACTED] Last name: [REDACTED] Spouse's social security number: [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. **517 IRA KINARD RD** Apt. no.: [REDACTED]
 City, town or post office. If you have a foreign address, also complete spaces below. **PROSPERITY** State: **SC** ZIP code: **29127**
 Foreign country name: [REDACTED] Foreign province/state/county: [REDACTED] Foreign postal code: [REDACTED]

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 anytime during 2020, did you receive, sell, send, exchange, or otherwise acquire 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"/> u						

Attach Sch.B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	53,846
	2a	Tax-exempt interest	2a	2b	
	3a	Qualified dividends	3a	3b	
	4a	IRA distributions	4a	4b	
	5a	Pensions and annuities	5a	5b	
	6a	Soc. sec. ben.	6a	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input checked="" type="checkbox"/> u		7	
	8	Other income from Schedule 1, line 9		8	0
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	53,846
	10	Adjustments to income:			
	a	From Schedule 1, line 22	10a		0
	b	Charitable contributions if you take the standard deduction. See instructions	10b		150
	c	Add line 10a and 10b. These are your total adjustments to income	10c		150
	11	Subtract line 10c from line 9. This is your adjusted gross income		11	53,696
	12	Standard deduction or itemized deductions (from Schedule A)		12	12,400
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	
	14	Add lines 12 and 13		14	12,400
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	41,296

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 <input type="checkbox"/> 3	16	4,871
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	4,871
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	4,871
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your total tax	24	4,871
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	5,506
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	5,506
26	2020 estimated tax payments and amount applied from 2019 return	26	
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	0
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	5,506
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	635
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	635
b	Routing number	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	
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.	37	
38	Estimated tax penalty (see instructions)	38	

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

Refund

Direct deposit? See instructions

Amount You Owe

For details on how to 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 **M. DANIEL MAW CPA** Phone no. **803-276-4346** Personal identification number (PIN) **21197**

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.	Your signature	Date	Your occupation EXECUTIVE DIRECTOR	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Preparer's name M. DANIEL MAW CPA	Preparer's signature M. DANIEL MAW CPA	Date	PTIN P00257445	Check if: <input type="checkbox"/> Self-Employed
Firm's name M. Daniel Maw, CPA, LLC	Firm's address 13861 C R Koon Hwy Newberry SC 29108-8493	Phone no. 803-276-4346	Firm's EIN 26-3021197	

Go to www.irs.gov/Form1040 for instructions and the latest information.