

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 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 SEAN		Last name WAYLAND	Your social security number 123 88 4533
If joint return, spouse's first name and middle initial QING		Last name SHEN	Spouse's social security number 095 96 3028
Home address (number and street). If you have a P.O. box, see instructions. 205 10TH ST			Apt. no. 3J
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). JERSEY CITY, NJ 07302			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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code	
			If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>

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, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents

1 Wages, salaries, tips, etc. Attach Form(s) W-2		STMT 1		1	45,200.
2a Tax-exempt interest	2a	b Taxable interest. Attach Sch. B if required.	2b		
3a Qualified dividends	3a	Ordinary dividends. Attach Sch. B if required.	3b		
4a IRA distributions	4a	b Taxable amount	4b		
c Pensions and annuities	4c	d Taxable amount	4d		
5a Social security benefits	5a	b Taxable amount	5b		
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here			6		
7a Other income from Schedule 1, line 9			7a	-35,353.	
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income			7b	9,847.	
8a Adjustments to income from Schedule 1, line 22			8a		
b Subtract line 8a from line 7b. This is your adjusted gross income			8b	9,847.	
9 Standard deduction or itemized deductions (from Schedule A)	9	24,400.			
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10				
11a Add lines 9 and 10			11a	24,400.	
b Taxable income. Subtract line 11a from line 8b.			11b	0.	
If zero or less, enter -0-					

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	0.	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	0.	
13a	Child tax credit or credit for other dependents	13a		
b	Add Schedule 3, line 7, and line 13a and enter the total	13b		
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	0.	
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15		
16	Add lines 14 and 15. This is your total tax	16	0.	
17	Federal income tax withheld from Forms W-2 and 1099	17	521.	
18	Other payments and refundable credits:			
a	Earned income credit (EIC)	18a	489.	
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	489.	
19	Add lines 17 and 18e. These are your total payments	19	1,010.	
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	1,010.	
21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a	1,010.	
Direct deposit? See instructions.	b Routing number 021001088 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings			
	d Account number 670684864			
22	Amount of line 20 you want applied to your 2020 estimated tax	22		
Amount You Owe	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23		
24	Estimated tax penalty (see instructions)	24		
Third Party Designee (Other than paid preparer)	Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes. Complete below. <input type="checkbox"/> 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.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			MUSICIAN	
Joint return? See instructions. Keep a copy for your records.	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.)
			BOOKKEEPER	
	Phone no.	Email address		
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN
	KATHERINE MCCOY			P01402567
	Firm's name	Phone no.	Firm's EIN	
	KATHERINE MCCOY	212949-0900	26-0882182	
	1020 GRAND CONCOURSE			
	BRONX, NY 10451			

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

Form 1040 (2019)

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **01**

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

SEAN WAYLAND & QING SHEN

Your social security number

123-88-4533

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

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	-30,229.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-5,124.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	-35,353.

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	Reserved for future use	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	

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

Schedule 1 (Form 1040 or 1040-SR) 2019

SCHEDULE C
(Form 1040 or 1040-SR)Department of the Treasury
Internal Revenue Service (99)**Profit or Loss From Business****(Sole Proprietorship)**

► Go to www.irs.gov/ScheduleC for instructions and the latest information.
► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2019Attachment
Sequence No. **09**

Name of proprietor

SEAN WAYLAND

Social security number (SSN)

123-88-4533**A** Principal business or profession, including product or service (see instructions)**MUSICIAN****B** Enter code from instructions► **711510****C** Business name. If no separate business name, leave blank.**D** Employer ID number (EIN) (see instr.)**E** Business address (including suite or room no.) ►

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►**G** Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses ☒ Yes ☐ No**H** If you started or acquired this business during 2019, check here ☐**I** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No**J** If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	4,000.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	4,000.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	4,000.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 3	6	3,500.
7	Gross income. Add lines 5 and 6	7	7,500.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	548.	18	Office expense	18	1,006.
9	Car and truck expenses (see instructions) STMT 2	9	2,450.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	7,470.	a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	6,517.	21	Repairs and maintenance	21	2,000.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	2,878.
15	Insurance (other than health)	15	1,056.	23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	4,651.
b	Other	16b		b	Deductible meals (see instructions)	24b	1,527.
17	Legal and professional services	17		25	Utilities	25	152.
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	32,054.	26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29	-24,554.	27 a	Other expenses (from line 48)	27a	1,799.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.						
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.						
		31	-24,554.				
		32a	<input checked="" type="checkbox"/> All investment is at risk.				
		32b	<input type="checkbox"/> Some investment is not at risk.				

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040 or 1040-SR) 2019

920001 10-09-19