IMPORTANT: You May Qualify for CARES Act Economic Impact Payments - Act by October 15, 2020!!

What are CARES ACT Economic Impact payments? It is money from the government aimed at helping people and the economy due to coronavirus (COVID-19).

Why am I hearing about this now? The IRS was refusing to give people CARES Act relief payments if they were incarcerated. A federal judge in *Scholl v. Mnuchin*, No. 4:20-cv-5309-PJH (N.D. Cal.) ordered the IRS to give people payments if they qualify for them, even if incarcerated. If you did not get a payment because you were incarcerated and you qualify, you can get a payment if you send in a form *quickly* (see instructions below)!

Who is eligible for an Economic Impact Payment? You are eligible if <u>all of the following are true</u>:

- You are a U.S. Citizen or Legal Permanent Resident;
- You were not claimed as a dependent on another person's tax return;
- Your 2019 income was below \$75,000 for individuals / \$150,000 for couples filing taxes jointly;
- If you are married or if you have qualifying children, your spouse and your children have a valid Social Security Number. (This restriction does not apply if you or your spouse served in the Armed Forces in 2019.)

If I am eligible, how much will my payment be? Up to \$1,200 if you filed individually (yourself) or \$2,400 if you filed taxes jointly with a spouse, plus \$500 per qualifying child. (Payments are lower for individuals with incomes over \$75,000 and couples who filed jointly with incomes over \$150,000.)

Note: If you have a bank account, the IRS could deposit the money into the account, if you request this on your IRS form, rather than send a check to the prison. Most checks sent to people in CDCR prisons have 55% deducted (50% to pay restitution and the remainder as an administrative fee). However, specifying another person's bank account or address risks the government delaying or denying the payment. In addition, the IRS will deduct past owed child support debt.

What do I need to do to receive a payment? It depends.

- If you filed a 2018 or 2019 tax return or if you receive Social Security or Railroad Retirement Benefits, you need not take action (except update any address/bank info that changed). You should receive an automatic payment in the mail or bank account on your tax filings.
- If you did not file a 2018 or 2019 tax return and your income was below \$12,200 (or \$24,400 if filing jointly), but you are eligible as defined above, **you must take action by October 15 to receive an advance payment.** If you are in California, you can file a claim using the enclosed paper form, by mail postmarked on or by October 15 to:

 Department of the Treasury Internal Revenue Service

Internal Revenue Service Fresno, CA 93888-0002

If you do not reside in California, please see the list of filing addresses on the next page. *Instructions and a sample also are enclosed.*

Questions? Loved ones on the outside can call the law firm handling the court case, Lieff Cabraser, at 415-956-1000. If not possible, you can call Root & Rebound collect at 510-279-4662.

Where do I send the form?

| If you live in | And you ARE NOT enclosing a payment use this address |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Arkansas, Georgia, Indiana, Iowa, Kentucky, Missouri, New Jersey, Oklahoma, Tennessee, Virginia | Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0002 |
| Connecticut, District of Columbia, Maryland, Rhode Island, West Virginia | Department of the Treasury Internal Revenue Service Ogden, UT 84201-0002 |
| Florida, Louisiana, Mississippi, Texas | Department of the Treasury Internal Revenue Service Austin, TX 73301-0002 |
| Alabama, North Carolina, South Carolina | Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0002 |
| Alaska, California, Hawaii, Washington | Department of the Treasury Internal Revenue Service Fresno, CA 93888-0002 |
| Illinois, Michigan, Minnesota, Ohio, Wisconsin | Department of the Treasury Internal Revenue Service Fresno, CA 93888-0002 |
| Arizona, Colorado, Idaho, Kansas, Montana, Nebraska, Nevada, New Mexico, Oregon, North Dakota, South Dakota, Utah, Wyoming | Department of the Treasury Internal Revenue Service Ogden, UT 84201-0002 |
| Delaware, Maine, Massachusetts, New Hampshire, New York, Vermont | Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0002 |
| Pennsylvania | Department of the Treasury Internal Revenue Service Ogden, UT 84201-0002 |

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|--------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----------|--------------------------------------------------|---------|---------------|---------|-------------------------|---------|--------------------------|----------------------|------------------------------------------------------------------|
| Filing Status | | | | | | | | | OIVID NO. 134 | | | | ow(er) (OW) |
| Check only | | Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW) but 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 | | | | | | | | | | | |
| one box. | | ld but not your de | | 110 01 3 | pouse. | ii yot | a criconca i | | TOT QVV DOX, CITE | JI 1110 | oniid 3 name ii | ine quality | ing person is |
| Your first name | | | , | La | st name | e | | | | | | Your so | cial security number |
| | | | | | | | | | | | 4 5 6 7 8 9 | | |
| If joint return, s | pouse's | s first name and m | niddle initial | La | st name | е | | | | | | Spouse's | s social security number |
| Home address | (numbe | er and street). If yo | ou have a P.O. box, s | see inst | truction | ıs. | | | | | Apt. no. | | ntial Election Campaign |
| Salinas Valley | y State | Prison, P.O. E | 3ox 1050 | | | | | | | | | | e if you, or your spouse if filing It \$3 to go to this fund. |
| City, town or po | ost offic | e, state, and ZIP | code. If you have a f | oreign | addres | s, als | o complete | spaces | s below (see instru | ıction | s). | | box below will not change your |
| Soledad, CA | 93960- | 1050 | | | | | | | | | | tax or refun | |
| Foreign country | / name | | | | Fo | reign | province/st | tate/co | unty | For | eign postal code | | han four dependents, ructions and ✓ here ► |
| Standard Deduction | | eone can claim: | You as a depen | | were a | | spouse as | • | ndent | | | | |
| | | — | in a separate return t | Ji you | were a | uuai | status alieri | _ | _ | | | _ | |
| Age/Blindness | You: | Were born | before January 2, 19 | 55 | Are | blind | Spous | e: L | Was born befor | e Jar | nuary 2, 1955 | Is blir | nd |
| Dependents (| see ins | structions): | | | (2) So | cial se | curity number | | (3) Relationship to yo | u | , , , | • | (see instructions): |
| (1) First name | | | Last name | | | | | | | | Child tax cr | edit | Credit for other dependents |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | 1 | Wages, salaries | , tips, etc. Attach Fo | rm(s) W | V-2 . | | | , . | | • | | . 1 | |
| | 2a | Tax-exempt inte | erest | 2a | | | | b | Taxable interest. | Attacl | n Sch. B if requir | ed 2b | \$1 |
| tandard | 3a | Qualified divide | nds | 3a | b Ordinary dividends. Attach Sch. B if re | | | | ch Sch. B if requir | red 3b | Sections 2b, 7b, and 8b: | | |
| eduction for- | 4a | IRA distributions | 3 | 4a | 4a | | | | b Taxable amount | | | . 4b | State \$1 if you make less t |
| Single or Married filing separately, | С | Pensions and a | nnuities | 4c | d Taxable amount | | | | | | . 4d | \$24,400 as a couple | |
| \$12,200 | 5a | Social security b | oenefits | 5a | | | | b | Taxable amount | | | . 5b | |
| Married filing jointly or Qualifying | 6 | Capital gain or (| loss). Attach Schedu | le D if | require | d. If n | ot required | , check | here | | ▶[| _ 6_ | |
| widow(er), \$24,400 | 7a | Other income fr | om Schedule 1, line | 9. | | | | | | | | . 7a | |
| Head of | b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income | | | | | | | ▶ 7b | \$1 | | | | |
| household, \$18,350 | 8a | Adjustments to income from Schedule 1, line 22 | | | | | | | | . 8a | | | |
| If you checked | b | Subtract line 8a from line 7b. This is your adjusted gross income | | | | | | | | | ▶ 8b | \$1 | |
| any box under Standard | 9 | Standard dedu | ction or itemized de | eductio | ons (fro | m Sc | hedule A) | | 9 |) | | | Section 11b: State \$0.00 |
| Deduction, see instructions. | 10 | Qualified busine | ess income deduction | n. Attac | ch Form | n 899 | or Form 8 | 995-A | 10 | 0 | | | you make less than \$12, as an individual or \$24,4 |
| See Instructions. | 11a | Add lines 9 and | 10 | | | | | | | | | . 11a | |
| | b | Taxable incom | e. Subtract line 11a f | rom lin | ne 8b. If | f zero | or less, ent | er -0- | | | | . 11b | \$0.00 |
| For Disclosure. | Privac | Act. and Paper | work Reduction Ac | t Notic | e. see | sepa | rate instru | ctions. | | Cat. I | No. 11320B | | Form 1040 (2019) |

Fill in Sections 2b, 7b, 8b, and 11b as instructed above. Do NOT fill in any other line items.

| Form 1040 (2019 | 9) | | | | | | | | Page 2 | | |
|---------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------|-------------------|----------------------------|---------------|---------------|-----------------------------|-----------------------------------------------------------------|--|--|
| | 12a | Tax (see inst.) Check if any from F | orm(s): 1 881 | 4 2 4972 | 3 🗌 | 12a | | | | | |
| | b | Add Schedule 2, line 3, and line | 12a and enter the | total | | | | ▶ 12b | | | |
| | 13a | Child tax credit or credit for other | r 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, ent | er -0 | | | | . 14 | | | |
| | 15 | Other taxes, including self-emplo | oyment tax, from S | Schedule 2, line | 10 | | | . 15 | | | |
| | 16 | Add lines 14 and 15. This is your | total tax | | | | | ▶ 16 | | | |
| | 17 | Federal income tax withheld from | n Forms W-2 and | 1099 | | | | . 17 | | | |
| If you have a | 18 | Other payments and refundable | credits: | | | | | | | | |
| qualifying child, attach Sch. EIC. | а | Earned income credit (EIC) . | | | | 18a | | | | | |
| If you have | b | Additional child tax credit. Attac | n Schedule 8812 | | | 18b | | | | | |
| nontaxable combat pay, see | С | American opportunity credit from | n Form 8863, line | 8 | | 18c | | | | | |
| instructions. | d | Schedule 3, line 14 | | | | 18d | | | | | |
| | е | Add lines 18a through 18d. Thes | e are your total o | ther payments | and refundable cred | lits | | ▶ 18e | | | |
| | 19 | Add lines 17 and 18e. These are | your total payme | ents | | | | ▶ 19 | | | |
| Refund | 20 | If line 19 is more than line 16, su | btract line 16 from | line 19. This is | the amount you over | paid | | . 20 | | | |
| 11010110 | 21a | Amount of line 20 you want refu | nded to you. If Fo | | ▶ | 21a | BANK ACCOUNT: | | | | |
| Direct deposit? See instructions. | ►b | Routing number | | | ► c Type: | Checking | Savir | ngs | If you have a bank account ente | | |
| See instructions. | ►d | Account number | | | | | | | that information in lines 21b through d. If you don't have a | | |
| | 22 | Amount of line 20 you want app | lied to your 2020 | estimated tax | • | 22 | | | bank account leave this section | | |
| Amount | 23 | Amount you owe. Subtract line | 19 from line 16. F | or details on how | v to pay, see instruct | ions | | ▶ 23 | blank. | | |
| You Owe | 24 | Estimated tax penalty (see instru | ictions) | | | 24 | | | | | |
| Third Party Designee | Do | you want to allow another person | (other than your p | paid preparer) to | discuss this return w | rith the IRS? | See instruc | tions. | Yes. Complete below. No | | |
| (Other than | | signee's | | Phone | | | Personal ide | | | | |
| paid preparer) | | me ► | | no. 🕨 | | | number (PIN | , | | | |
| Sign | | der penalties of perjury, I declare that I rect, and complete. Declaration of prepare | | | | | | of my knowled | dge and belief, they are true, | | |
| Here | | our signature | ` . | Date | Your occupation | | | If the IRS s | ent you an Identity | | |
| | , | on digitation | | Bato | i i | | | | PIN, enter it here | | |
| Joint return? | | | | | Unemployed | | | | | | |
| See instructions. Keep a copy for | Spouse's signature. If a joint return, both must sign. | | | Date | Spouse's occupati | | | | ent your spouse an | | |
| your records. | 1 | | | | | | (see inst.) | otection PIN, enter it here | | | |
| | Phone no. | | | Email address | | | | | | | |
| - | | eparer's name | | | Date PT | | IN | Check if: | | | |
| Paid Preparer | | | Preparer's signa | | | Date | | | 3rd Party Designee | | |
| | | mala nama N | | | | Discussion | | | Self-employed | | |
| Use Only | | m's name ▶ | | | Phone no. | | | Eirm's FINI | | | |
| 0-1 | | m's address > | -+ if !! | | | | | Firm's EIN | | | |
| Go to www.irs.g | ov/Forn | n1040 for instructions and the late | st information. | | | | | | Form 1040 (2019) | | |

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Department of the Treasury-Internal Revenue Service 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 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 one box. a child but not your dependent. > Your first name and middle initial Last name Your social security number If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Presidential Election Campaign Apt. no. Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Checking a box below will not change your tax or refund. You Spouse Foreign country name Foreign province/state/county Foreign postal code If more than four dependents, see instructions and ✓ here ▶ Someone can claim: You as a dependent Standard Your spouse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness Were born before January 2, 1955 Are blind Spouse: Was born before January 2, 1955 Is blind Dependents (see instructions): (4) ✓ if qualifies for (see instructions): (2) Social security number (3) Relationship to you (1) First name Child tax credit Credit for other dependents Last name 1 Wages, salaries, tips, etc. Attach Form(s) W-2 1 2a Tax-exempt interest . b Taxable interest. Attach Sch. B if required 2b Qualified dividends . **b** Ordinary dividends. Attach Sch. B if required 3b За За Standard Deduction for-IRA distributions. 4a **b** Taxable amount 4b 4a Single or Married 4с 4d Pensions and annuities . d Taxable amount С filing separately, \$12,200 5a Social security benefits . . . 5a **b** Taxable amount 5b Married filing 6 6 Capital gain or (loss). Attach Schedule D if required. If not required, check here jointly or Qualifying widow(er), 7a Other income from Schedule 1, line 9 7a \$24,400 Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income 7b b Head of household, 8a Adjustments to income from Schedule 1, line 22 8a \$18,350 If you checked b Subtract line 8a from line 7b. This is your adjusted gross income 8b any box under 9 Standard deduction or itemized deductions (from Schedule A) . Standard Deduction, 10 Qualified business income deduction. Attach Form 8995 or Form 8995-A 10 see instructions. 11a

11b

Cat. No. 11320B

Form **1040** (2019)

11a

Add lines 9 and 10

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

Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-

| Form 1040 (2019 | 9) | | | | | | | | Page 2 | | |
|--------------------------------------|----------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------|-------------------------|--------------|--------------|-----------------------------------------------------------------|-------------------------------|--|--|
| | 12a | Tax (see inst.) Check if any from F | orm(s): 1 8814 | 4972 2 4972 | з 🗌 | 12a | | | | | |
| | b | Add Schedule 2, line 3, and line | ▶ 12b | | | | | | | | |
| | 13a | Child tax credit or credit for other | | | | | | | | | |
| | b | Add Schedule 3, line 7, and line | ▶ 13b | | | | | | | | |
| | 14 | Subtract line 13b from line 12b. | Subtract line 13b from line 12b. If zero or less, enter -0 | | | | | | | | |
| | 15 | Other taxes, including self-emple | Other taxes, including self-employment tax, from Schedule 2, line 10 | | | | | | | | |
| | 16 | Add lines 14 and 15. This is you | r total tax | | | | | ▶ 16 | | | |
| | 17 | Federal income tax withheld from | Federal income tax withheld from Forms W-2 and 1099 | | | | | | | | |
| If you have a | 18 | Other payments and refundable | credits: | | | | | | | | |
| qualifying child, | а | Earned income credit (EIC) . | | | | 18a | | | | | |
| attach Sch. EIC. If you have | b | Additional child tax credit. Attac | h Schedule 8812 | | | 18b | | | | | |
| nontaxable | С | American opportunity credit from | n Form 8863, line 8 | 3 | | 18c | | | | | |
| combat pay, see instructions. | d | Schedule 3, line 14 | | | | 18d | | | | | |
| | е | Add lines 18a through 18d. Thes | se are your total o t | ther payments a | and refundable cred | its | | ▶ 18e | | | |
| | 19 | Add lines 17 and 18e. These are | your total payme | nts | | | | ▶ 19 | | | |
| Refund | 20 | If line 19 is more than line 16, su | . 20 | | | | | | | | |
| Herana | 21a | Amount of line 20 you want refu | 21a | | | | | | | | |
| Direct deposit? | ►b | Routing number | | | | | | | | | |
| See instructions. | ►d | Account number | | | | | | | | | |
| | 22 | Amount of line 20 you want app | lied to your 2020 | estimated tax | • | 22 | | | | | |
| Amount | 23 | Amount you owe. Subtract line | 19 from line 16. Fo | or details on how | v to pay, see instructi | ons | | ▶ 23 | | | |
| You Owe | 24 | Estimated tax penalty (see instru | uctions) | | 🕨 | 24 | | | | | |
| Third Party Designee | Do | you want to allow another person | (other than your p | aid preparer) to | discuss this return w | ith the IRS? | See instruct | = | Yes. Complete below. | | |
| (Other than paid preparer) | | signee's | | Phone | | | | | | | |
| | | me ► | | no. ► | | | number (PIN | / | | | |
| Sign | | der penalties of perjury, I declare that I rect, and complete. Declaration of prepare | | | | | | of my knowled | ge and belief, they are true, | | |
| Here | Yo | ur signature | | Date | Your occupation | | | If the IRS se | ent you an Identity | | |
| | | | | | | | | PIN, enter it here | | | |
| Joint return? | L | | | | | | | (see inst.) | | | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, | Date | Spouse's occupation | on | | | he IRS sent your spouse an entity Protection PIN, enter it here | | | |
| your records. | | | | | | | | (see inst.) | ection in, enter it here | | |
| | Ph | one no. | | Email address | | | | | | | |
| | | eparer's name | Preparer's signat | | | Date PT | | N | Check if: | | |
| Paid | | | | | | | | 3rd Party Designee | | | |
| Preparer Use Only | Fir | m's name ▶ | I | | | Phone no. | | | Self-employed | | |
| | _ | m's address ▶ | | | | | | Firm's EIN I | <u> </u> | | |
| Go to www.irs.go | ov/Forn | n1040 for instructions and the late | st information. | | | | I | | Form 1040 (2019) | | |