NEW FEDERAL RULING:

INCARCERATED PEOPLE ARE ENTITLED TO THEIR STIMULUS CHECKS!

A federal judge in Scholl v. Mnuchin, ordered the IRS to give people who are or were incarcerated their stimulus checks, also known as Economic Impact Payments.

If you did not get a stimulus check see how to get your rightful payment below!

WHO IS ELIGIBLE?

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; and,
- 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.

HOW MUCH IS PAYMENT?

Up to \$1,200 if you filed taxes 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 in your own name, the IRS can directly deposit the money into the account, if you request this on your IRS form. Most checks sent to CDCR prisons have up to 55% deducted (50% to pay restitution and the remainder as an administrative fee). In addition, the IRS will deduct past owed child support debt. Warning: specifying another person's bank account or address risks the government delaying or denying payment.





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WHAT DO I NEED TO DO TO RECEIVE A PAYMENT?

If you filed your 2018 or 2019 taxes, or if you receive Social Security or Railroad Retirement Benefits, you don't need to do anything further - your payment should come to you however you are set up to receive the benefit (i.e., by direct deposit to your bank account or by mail). If you did not file a 2018 or 2019 tax return and your income was below \$12,200 (or \$24,400 if filing jointly) and you are an eligible individual, you must take action to receive payment.

Filing via Paper Form

You can file a claim using the enclosed paper form, by mail postmarked on or by October 30, 2020.

If in CA mail here: Department of Treasury
Internal Revenue Service
Fresno, CA 888-0002 (if not in CA see next page)

Filing Online

If you have access to the Internet, you can file a claim at the following URL before **November 21, 2020**: www.irs.gov/coronavirus/non-filers-enter-payment- info-here

(**Note**: Online filings have a November 21, 2020 deadline. There is a risk the IRS will not accept an online filing for an incarcerated person that is done by someone else. Also, the IRS does not allow people with power of attorney to sign claim forms.)

QUESTIONS?

Loved ones on the outside can call:

- Lieff Cabraser: 415-956-1000 (the law firm handling the court case)
- Root & Rebound Collect: 510-279-4662 (if you cannot reach the above)





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

SAMPLE 1040 FORM

Filing Status Check only one box.	If yo	Single			separately you check		Head of househo	,	,	, 0	ridow(er) (QW) lifying person is	FILING ST Please chee the box the applies to
Your first name	and m	iddle initial	Las	t name						Your	social security	number
John A.	Doe 1						1 2 3 4 5 6 7 8 9					
If joint return, s	pouse's	s first name and middle initial	Las	t name						Spous	e's social secur	ity number
Home address	(numbe	er and street). If you have a P.O. box, s	ee instr	uctions.)				Apt. no.		dential Election (
rt Salinas Valle	y State	e Prison, P.O. Box 1050, Person	ally-Id	entifyir	ng Correc	tions	12345-2345				ere if you, or your s vant \$3 to go to this	
	ost offic	ce, state, and ZIP code. If you have a fo	oreign a	ddress,	also comp	lete spa	ces below (see instru	ctions	s).		g a box below will no	
Soledad, CA	93960	-1050								tax or ref	fund. You	Spouse
Foreign country	/ name			Forei	ign provinc	e/state	county	Fore	eign postal code	If mor	e than four depe	ndents,
ely										see in	structions and 🗸	here 🕨
Standard	Som	eone can claim: You as a depen	dent	Y	our spouse	as a d	ependent	,				
Deduction		Spouse itemizes on a separate return o	or you w	ere a du	ıal-status a	lien						
Ago/Plindness				7								
Age/Blindness	You:		-	Are bli		ouse:	Was born before		• •		olind	
- `	see instructions):							(4) ✓ if Child tax cre	if qualifies for (see instructions): credit Credit for other dependents			
(1) First name Last name				Cilia					Gillia tax cre	orealt for other dependents		
				-								
				_								
	1	Wages, salaries, tips, etc. Attach For	1 ` ′ 1	-2							1	64
	2a	Tax-exempt interest	2a			_	b Taxable interest. A	Attach	Sch. B if require		2b	\$1
Standard	3a	Qualified dividends	3a				b Ordinary dividends.	. Attac	ch Sch. B if require		State \$1	2b, 7b, and a
• Single or Married	4a	IRA distributions	4a				b Taxable amount	-		. 4		as an indi
filing separately,	С	Pensions and annuities	4c				d Taxable amount	-		. 4	ld <u>\$24,400</u>	as a couple
\$12,200 Married filing	5a	Social security benefits	5a				b Taxable amount				5b	
jointly or Qualifying	6	Capital gain or (loss). Attach Schedu	le D if re	equired.	If not requ	red, ch	eck here		▶ ∟		6	
widow(er), \$24,400	7a	Other income from Schedule 1, line 9										
Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, an	d 7a. Th	nis is you	ur total inc	ome				7	7b	\$1
household, \$18,350	8a	Adjustments to income from Schedu	ıle 1, lin	e 22 .						. 8	За	
If you checked	ecked B Subtract line 8a from line 7b. This is your adjusted gross income							\$1				
any box under Standard ,	9	Standard deduction or itemized de	ductio	ns (from	Schedule	Α) .	9					n 11b: State
Deduction,	10	Qualified business income deduction	n. Attacl	Form 8	995 or For	m 8995	-A 10)				ake less than ndividual or
see instructions.	11a	Add lines 9 and 10								. 1	1a as a co	
	b	Taxable income. Subtract line 11a f	rom line	Qh If 7	oro or loop	ontor	0			4	1b	\$0.00

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

Cat. No. 11320B

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

Form **1040** (2019)

orm 1040 (2019	9)									Page 2
	12a	Tax (see inst.) Check if any from Form(s): 1 8814	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 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	er -0					14		
	15	Other taxes, including self-employment 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 Forms W-2 and	1099					17		
	18	Other payments and refundable credits:								
/ou have a \ \\\lambda ıalifying child,	а	Earned income credit (EIC)			18a					
tach Sch. EIC. ou have	b	Additional child tax credit. Attach Schedule 8812			18b					
ntaxable	С	American opportunity credit from Form 8863, line 8			18c					
mbat pay, see structions.	d	Schedule 3, line 14			18d					
	e	Add lines 18a through 18d. These are your total ot					. ▶	18e		
	19	Add lines 17 and 18e. These are your total paymen						19		
- 	20	If line 19 is more than line 16, subtract line 16 from						20		
efund	21a	Amount of line 20 you want refunded to you. If For					• 🗆	21a	BANK ACC	OLINIT.
ect deposit?	▶b	Routing number		_	Checking		vings	210	If you have a	
e instructions.	▶d	Account number	Crype Crecking Sav				viilgs		that informa	
	22	Amount of line 20 you want applied to your 2020 e	estimated tax	•	22				through d. If bank accoun	•
mount	23	Amount you owe. Subtract line 19 from line 16. For					. •	23	blank.	10010 11110
ou Owe	24	Estimated tax penalty (see instructions)			24			23		
nird Party		you want to allow another person (other than your p			? See instr	uctions.		Yes. Comple	ete below.	
esignee								No		
her than d preparer)		signee's me ▶	Phone no. ▶		Personal number (F		ation		\top	
					-1					
ign		der penalties of perjury, I declare that I have examined this re rect, and complete. Declaration of preparer (other than taxpay						knowleag	e and belief, t	ney are true
ere	Yo	ur signature	Date	our occupation			If the	IRS se	nt you an Ide	entity
	\	John a. Das	2/29/20 Unemployed				Prote	ection P	IN, enter it h	
nt return?		go is the wat	1/2/20 01			(see	inst.)			
e instructions.	Sp	ouse's signature. If a joint return, both must sign.	Date S				ne IRS sent your spouse an			
r records.	,							dentity Protection PIN, enter it hese inst.)		
your records.			For all calciums				(300			
	Ph	one no. eparer's name Preparer's signat	Email address	Doto D		PTIN		Chack it		
	D.		ure		Date		TIIN		Check if:	
aid	Pre	Treparer 3 signat		I		1				4. D. '
aid reparer		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							l —	
aid reparer se Only		m's name ▶			Phone no	D.			3rd Par	ty Designee mployed

EIP 2020

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	er 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, ente	er -0				. 14			
	15	Other taxes, including self-empl	oyment tax, from S	Schedule 2, line	10			. 15			
	16	Add lines 14 and 15. This is you	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,	а	Earned income credit (EIC) .				18a					
attach Sch. EIC. If you have	b	Additional child tax credit. Attac	h Schedule 8812			18b					
nontaxable combat pay, see	С	American opportunity credit from	n Form 8863, line 8	3		18c					
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	btract line 16 from	line 19. This is t	he amount you over	paid		. 20			
Horana	21a	Amount of line 20 you want refu	nded to you. If Fo	rm 8888 is attached, check here							
Direct deposit? See instructions.	►b	Routing number			▶ c Type:	Checking	Saving	gs			
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 instructions)									
Third Party Designee	Do	you want to allow another person	(other than your p	aid preparer) to	discuss this return w	ith the IRS? S	ee instruction	=	Yes. Complete below.		
(Other than paid preparer)		signee's		Phone							
		me ►		no. ►			,				
Sign		der penalties of perjury, I declare that I rect, and complete. Declaration of prep						my knowledg	je and belief, they are true,		
Here	Yo	ur signature	Date Your occupation			If the IRS sent you an Identity					
				· ·					tection PIN, enter it here		
Joint return?	L	Spouse's signature. If a joint return, both must sign.						(see inst.)	, <u> </u>		
See instructions. Keep a copy for your records.	Sp			Date Spouse's occupation		on			the IRS sent your spouse an entity Protection PIN, enter it here		
								(see inst.)			
	Ph	one no.	Email address								
- · ·	Pre	eparer's name	Preparer's signat	ure		Date PT		J	Check if:		
Paid									3rd Party Designee		
Preparer Use Only	Fin	m's name ▶				Phone no.			Self-employed		
	Fir	m's address ▶					ı	Firm's EIN	<u> </u>		
Go to www.irs.go	Go to www.irs.gov/Form1040 for instructions and the latest information.										