Incarcerated People now May Qualify for CARES Act



Economic Impact Payment

of up to \$1200

Act by October 30, 2020!!



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 by October 30, 2020

Please note: The IRS Has Extended The Deadline For Filing Paper Claims To October 30Th. Paper Claims May Now Be Postmarked Up To October 30Th, 2020. More Info: https://www.lieffcabraser.com/cares-act-relief/

You are eligible if ALL of the following are true:

▶ 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.

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 Fresno, CA 93888-0002

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.

Form 1040 (2019	9)						Page 2
	12a	Tax (see inst.) Check if any from Form(s): 1 8814 2 497	2 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 -0-				14	
	15	Other taxes, including self-employment tax, from Schedule 2, lin	ne 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	
f you have a	18	Other payments and refundable credits:		1			
qualifying child,	а	Earned income credit (EIC)		18a			
f you have	b	Additional child tax credit. Attach Schedule 8812		18b			
ontaxable combat pay, see	С	American opportunity credit from Form 8863, line 8		18c			
nstructions.	d	Schedule 3, line 14		18d			
	е	Add lines 18a through 18d. These are your total other paymen	ts and refundable cred	lits	. •	18e	
	19	Add lines 17 and 18e. These are your total payments			. ▶	19	
Refund	20	If line 19 is more than line 16, subtract line 16 from line 19. This	is the amount you over	paid		20	
	21a	Amount of line 20 you want refunded to you. If Form 8888 is at	tached, check here .		▶ □	21a	BANK ACCOUNT:
irect deposit? ee instructions.	►b	Routing number	▶ c Type:	Checking	Savings		If you have a bank accounthat information in line
ee mondonono.	▶ d	Account number					through d. If you don't h
	22	Amount of line 20 you want applied to your 2020 estimated ta	x >	22			bank account leave this
Mount	23	Amount you owe. Subtract line 19 from line 16. For details on I	now to pay, see instruct	ions	. •	23	blank.
ou Owe	24	Estimated tax penalty (see instructions)	.	24			
hird Party	Do	ou want to allow another person (other than your paid preparer)	to discuss this return w	vith the IRS? See ins	structions.		Yes. Complete below.
Designee						_	No
Other than aid preparer)		gnee's Phone e ▶ no. ▶		Persona number	al identifica · (PIN)	tion ▶	
Sion		r penalties of perjury, I declare that I have examined this return and acco				nowlode	and holiof thou are true
Sign		ct, and complete. Declaration of preparer (other than taxpayer) is based or				iowieag	ge and belief, they are true
Here	Yo	r signature Date	Your occupation		If the	IRS se	nt you an Identity
		John a. Dac 9/29/20	Unemployed		I		IN, enter it here
oint return?	.	0			(see ii		
ee instructions.	Sp	use's signature. If a joint return, both must sign.	Date Spouse's occupation				nt your spouse an ection PIN, enter it here
our records.						nst.)	I I I I I I
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Paid		1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3					3rd Party Designee
Preparer	Fir	's name ▶		Phone no.			Self-employed
Jse Only		's address >		1 Hone Ho.	Eirm's	EIN D	
	FII	S address ►			FIIII	LIIN	Form 1040 (2010

E 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return

	<u> </u>	o: marriadai moome 1	u	tota	•••		- OIVIB NO. 1343	1-0074 INS USE ONly	—Do not w	nte or staple in this space.		
Filing Status	V	Single Married filing jointly	¬ ма	rried filir	na sep	arately (MFS)	Head of househ	old (HOH) Qual	ifvina wid	ow(er) (QW)		
Check only	_	u checked the MFS box, enter the nar	_		•	, , ,	_	, ,	, 0	. , . ,		
one box.		ild but not your dependent. ▶			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , , ,			9		
Your first name and middle initial					e				Your so	cial security number		
If joint return, spouse's first name and middle initial					<u>е</u>		Spouse's social security number					
									•			
Home address	(numbe	er and street). If you have a P.O. box, s	ee ins	struction	ıs.			Apt. no.	Presider	ntial Election Campaign		
	`	, ,						'	Check here	e if you, or your spouse if filing		
City, town or p	ost offic	ce, state, and ZIP code. If you have a fo	oreian	addres	s. also	complete s	paces below (see instru	ctions).		t \$3 to go to this fund. box below will not change your		
7,		, ,			,		(,	tax or refun	` '		
Foreign country	v name			Foreign province/state/county For			Foreign postal code	If more t	han four dependents,			
	,			1 oroign province, etaile, ecurity				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		ructions and \checkmark here		
Standard	Som	pmeone can claim: You as a dependent Your spouse as a dependent										
Deduction		Spouse itemizes on a separate return or you were a dual-status alien										
	`		n you	weie a	uuai-s	status alleri			_			
Age/Blindness	You:		55	Are	blind	Spouse	Was born before	e January 2, 1955	Is blir	nd		
Dependents (see ins	structions):		(2) So	cial sec	curity number	(3) Relationship to you	, , , ,		r (see instructions):		
(1) First name		Last name						Child tax cre	edit	Credit for other dependents		
	1	Wages, salaries, tips, etc. Attach For	m(s) \	N-2 .					. 1			
	2a	Tax-exempt interest	2a				b Taxable interest. A	Attach Sch. B if require	ed 2b			
Standard	3a	Qualified dividends	3a				b Ordinary dividends.	Attach Sch. B if require	ed 3b			
Deduction for—	4a	IRA distributions	4a				b Taxable amount		. 4b			
Single or Married filing separately,	С	Pensions and annuities	4c				d Taxable amount		. 4d			
\$12,200 5a Social security benefits 5a b Taxable a							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, o	check here	▶	6_			
widow(er), \$24,400	dow(er), 7a Other income from Schedule 1 line 9											
Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, an	1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income									
household, \$18,350	8a	Adjustments to income from Schedu										
If you checked	b	Subtract line 8a from line 7b. This is	. This is your adjusted gross income						▶ 8b			
any box under Standard	9	Standard deduction or itemized deductions (from Schedule A)										
Deduction, see instructions.	10	Qualified business income deduction. Attach Form 8995 or Form 8995-A 10										
	11a	Add lines 9 and 10							. 11a			
	b	Taxable income. Subtract line 11a f	rom li	ne 8b. If	fzero	or less, ente	-0		. 11b			
For Disclosure,	Privac	y Act, and Paperwork Reduction Act	Noti	ce, see	sepai	rate instruct	ions.	Cat. No. 11320B		Form 1040 (2019)		

Form 1040 (2019) 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							
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	16	Add lines 14 and 15. This is you	▶ 16							
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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		
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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 attac	hed, check here .		▶[21a		
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 paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No								
(Other than paid preparer)		signee's		Phone	Personal identii number (PIN)					
		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 t			If the IRS se	ent you an Identity			
		· ·		,				IN, enter it here		
Joint return?	L							see inst.)		
See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.		both must sign.	Date Spouse's occupation					he IRS sent your spouse an entity Protection PIN, enter it here	
								(see inst.)	The section of the se	
	Ph	one no.	Email address							
Paid Preparer Use Only	Pre	eparer's name	Preparer's signat	ure		Date P		J	Check if:	
									3rd Party Designee	
	Fin	m's name ▶				Phone no.			Self-employed	
	Firm's address ▶						Firm's EIN ▶			
Go to www.irs.gov/Form1040 for instructions and the latest information.										