

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

2019

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
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

Last name

Your social security number

Ryan D. Work

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

Sarah E. Work

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

Presidential Election Campaign

6401 Charlotte Hwy

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

York, SC 29745

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

Foreign country name

Foreign province/state/county

Foreign postal code

If more than four dependents,
see instructions and ✓ here ►

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):

(1) First name Last name

(2) Social security number

(3) Relationship to you

(4) ✓ if qualifies for (see instructions):

Child tax credit

Credit for other dependents

M [REDACTED] Work
I [REDACTED] Work
T [REDACTED] Work
S [REDACTED] Work

Daughter
Daughter
Daughter
Daughter

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	92,084.
2a	Tax-exempt interest	2a	b Taxable int. Att. Sch. B if reqd.
3a	Qualified dividends	3a	b Ordinary div. Att. Sch. B if reqd.
4a	IRA distributions	4a	b Taxable amount
c	Pensions and annuities	4c	d Taxable amount
5a	Social security benefits	5a	b Taxable amount
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here	6	5.
7a	Other income from Schedule 1, line 9	7a	56,081.
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income	7b	148,562.
8a	Adjustments to income from Schedule 1, line 22	8a	15,800.
b	Subtract line 8a from line 7b. This is your adjusted gross income	8b	132,762.
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	8,056.
11a	Add lines 9 and 10	11a	32,456.
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b	100,306.

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

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12a Tax (see inst.) Check if any from Form(s):	1 <input type="checkbox"/> 8814	12a	13,778.	12b	13,778.
2 <input type="checkbox"/> 4972	3 <input type="checkbox"/> _____				
b Add Schedule 2, line 3, and line 12a and enter the total ► 12b 13,778.					
13a Child tax credit or credit for other dependents.	13a	8,000.	13b	8,213.	
b Add Schedule 3, line 7, and line 13a and enter the total ► 13b 8,213.					
14 Subtract line 13b from line 12b. If zero or less, enter -0-	14	5,565.			
15 Other taxes, including self-employment tax, from Schedule 2, line 10.	15	7,924.			
16 Add lines 14 and 15. This is your total tax .	16	13,489.			
17 Federal income tax withheld from Forms W-2 and 1099.	17	9,100.			
18 Other payments and refundable credits:					
a Earned income credit (EIC).	18a				
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	4,900.			
e Add lines 18a through 18d. These are your total other payments and refundable credits ► 18e 4,900.					
19 Add lines 17 and 18e. These are your total payments .	19	14,000.			
Refund	20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid.	20	511.		
Direct deposit? See instructions.	21a Amount of line 20 you want refunded to you . If Form 8888 is attached, check here.	21a	0.		
	► b Routing number.				
	► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
	► d Account number.				
Amount You Owe	22 Amount of line 20 you want applied to your 2020 estimated tax.	22	511.		
Third Party Designee	23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions.				23
(Other than paid preparer)	24 Estimated tax penalty (see instructions).	24			
Sign Here	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 checked="" type="checkbox"/> No
Joint return? See instructions. Keep a copy for your records.	Des gnee s name ►	Phone no.	Personal identif cation number (P N) ►		
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 wh ch preparer has any knowledge.					
Your signature		Date	Your occupation	If the RS sent you an Identity Protection P N, enter t here (see inst.)	
Spouse s signature. If a jo nt return, both must sign.		Date	Spouse s occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)	
Phone no. [REDACTED]		Email address [REDACTED]			
Paid Preparer Use Only	Preparer s name	Preparer s signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Des gnee <input type="checkbox"/> Self-employed
	[REDACTED]	Self-Prepared	[REDACTED]	[REDACTED]	
	Fr m s name ► [REDACTED]	Phone no. [REDACTED]			
	Fr m s address ► [REDACTED]			Fr m s EIN ► [REDACTED]	

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

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