Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

20 XX

OMB No. 1545-0074

IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 20XX, or other tax year beginning		, 20XX, ending			, 20	, 20 See separate instructions				
Your first name and middle initial			Last name				Your social security r			
_			_	Bentley				XXX XXX XXXX		
				Last name				Spouse's social security number		
Home address	Preside	Presidential Election Campaign								
21 Decel Tree Crosse								Check here if you, or your		
City, town, or p	ost of	ice. If you have a foreign address, also co	mplete s	spaces below.	State	ZIP code	spouse if filing jointly, want \$3 to go to this fund. Checking a			
Anytown					10011	box below will n				
Foreign country name				Foreign province/state/c	Foreign postal code					
						X You Spous				
Filing Status	s 🛚	Single			Head of h	ousehold (HOH)				
Check only		Married filing jointly (even if only or	ne had	income)	_					
one box.	L	Married filing separately (MFS)				surviving spouse				
		you checked the MFS box, enter the			checked the HOF	I or QSS box, ente	er the chi	ld's name if the		
	qı	ualifying person is a child but not you	ır deper	ndent:						
Digital		ny time during 20XX, did you: (a) rec					(b)			
Assets		exchange, or otherwise dispose of a						Yes X No		
Standard	inst	ructions.) Someone can claim: X	You a	s a dependent \square	Your spouse as	a dependent				
Deduction		Spouse itemizes on a separate retur	n or you	u were a dual-status a	alien					
Age/Blindness	s You	: Were born before January 2, 1	959 F	Are blind Spo	use: Was bo	rn before January 2	2. 1959	☐ Is blind		
Dependents				(2) Social security	(3) Relationsh	(4) Check the b	ox if quali	fies for (see instructions):		
If more		First name Last name		number	to you	·		Credit for other dependents		
than four										
dependents, see instructions										
and check	`									
here										
Income	1a	Total amount from Form(s) W-2, be	•		52 (MV) (25) b) b)	2 2 12 12 120 1	. 1a			
Attach Form(s)	b	Household employee wages not re			9 35 JW K 8	* * * * * *	, 1b	-		
W-2 here. Also attach Forms	Also c Tip income not reported on line 1a (see instructions)						1c			
W-2G and	d	Medicaid waiver payments not rep		`,	,	× × × × × ×	1d			
1099-R if tax was withheld.	e f	Taxable dependent care benefits f Employer-provided adoption bene		·	23 N. 12 V. V.	* * * * * **	1e	-		
If you did not	g	Wages from Form 8919, line 6		•	54 NAO 143 40 40 455 AVAS 27 NO 52	20 00 00 000 000 000	. 1g			
get a Form	h	Other earned income (see instructi				5 7 6 CO W	. 1h			
W-2, see instructions.	i	Nontaxable combat pay election (s			_ , , , _1i		52			
	z	Add lines 1a through 1h			2-01 00-0 -0 -0 -0	10 00 00 001 1000	. 1z			
Attach Sch. B	2a	Tax-exempt interest	2a		b Taxable interes	t	. 2b			
if required.	3a	Qualified dividends	3a		b Ordinary divide	nds	. 3b			
24	4a	IRA distributions	4a		b Taxable amoun	t	. 4b			
Standard Deduction for—	5a	Pensions and annuities	5a		b Taxable amoun	t	. 5b			
Single or Married filing	6a	5 2 N	6a		b Taxable amoun	t. չ և ը այլ	. 6b			
separately,	С	If you elect to use the lump-sum e		,	•	8 8 8 9 W				
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched		•	•	3 7 3 A 20 L	 			
jointly or Qualifying	8	Add lines 17 3b 3b 4b 5b 6b 7					. 8	_		
surviving spouse, \$27,700	9 10	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, Adjustments to income from Sche			onle	M 38 58 380 690	9	-		
Head of	11	Subtract line 10 from line 9. This is			100 C C C	90 94 94 94 9400 10 N A2 97 A2	11			
household, \$20,800	12	Standard deduction or itemized				u w w w w	12			
If you checked any box under	13	Qualified business income deducti		•	•	T G N E EN C	13			
Standard Deduction,	14	Add lines 12 and 13					. 14			
see instructions.	15	Subtract line 14 from line 11. If zer			our taxable incom	ne , , ,	. 15			

Form 1040 (20XX)						-		Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🔲 8814	4 2 🗌 4972	з 🗌	990 F	16	,
Credits	17	Amount from Schedule 2, line	e3				(B) (E)	17	
	18	Add lines 16 and 17					· ·	18	
	19	Child tax credit or credit for o	other dependent	s from Sched	ule 8812		856 150	19	
	20	Amount from Schedule 3, line	e8	60 E E E E	. 25 38/ 390 50 5		800 50	20	
	21	Add lines 19 and 20	F 3F 3F 3F 3F3		· (# 3#) (#5 #5 #		1985 +0	21	·
	22	Subtract line 21 from line 18.	. If zero or less, e	enter -0-	. 24 19 280 CHS A	× × × × ×	-540- C#S	22	
	23	Other taxes, including self-er	mployment tax,	from Schedule	2, line 21		885 / K3	23	
	24	Add lines 22 and 23. This is	your total tax		F 39 50 700 FS F		785 8	24	
Payments	25	Federal income tax withheld				90 00			
•	а	Form(s) W-2				25a			
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)	* * * * *		25c			
	d	Add lines 25a through 25c					-000 00	25d	
If you have a	26	2023 estimated tax payment	s and amount a	oplied from 20	22 return		S80 (86	26	
qualifying child,	27	Earned income credit (EIC)	e se se selloses	6 6 6 X X	r 54 561 585 48	27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812	2 2 2 3	r or can one an	28			
	29	American opportunity credit	from Form 8863	, line 8 .		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line				31			
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	yments and refu	ndable credits	1987 - 61 - 3	32	
	33	Add lines 25d, 26, and 32. TI	hese are your to	tal payments	SE 280 326 E E		328 5	33	
Refund	34	If line 33 is more than line 24	, subtract line 24	4 from line 33.	This is the amour	nt you overpaid	1902 - 60	34	
	35a	Amount of line 34 you want r	refunded to you	ı. If Form 8888	is attached, chec	k here	- Carr	35a	
Direct deposit?	b	Routing number c Type: Checking Savings							
See instructions.	d	Account number							
2	36	Amount of line 34 you want a	applied to your	20XX estimate	ed tax	36			
Amount	37	Subtract line 33 from line 24.		•					
You Owe		For details on how to pay, go	o to <i>www.ir</i> s.gov	//Payments or	see instructions .		101 E	37	
	38	Estimated tax penalty (see instructions)							
Third Party		you want to allow another	•						
Designee		tructions					•		∐ No
	Des	signee's ne		Phone no.			nal identific er (PIN)	ation _	
Sign	Und	der penalties of perjury, I declare th	nat I have examined	this return and	accompanying sche		· ,	e best of	my knowledge and
Here	beli	ef, they are true, correct, and comp	plete. Declaration of	of preparer (other	than taxpayer) is ba	sed on all informatio	n of which p	preparer l	has any knowledge.
пеге	You	ır signature	Date Your occupation					you an Identity	
									, enter it here
Joint return? See instructions.		and the standard of the fall of the fall	Athenus to de la Deta Consula de la consula				(see in		
Keep a copy for	Spo	ouse's signature. If a joint return, b	ootn must sign.	Date	Spouse's occupati	on			your spouse an tion PIN, enter it here
your records.								ist.)	
	Pho	one no.		Email address	1		1		
Doid	Pre	parer's name	Preparer's signat	ure		Date	PTIN	C	Check if:
Paid								[]	Self-employed
Preparer	Firn	Firm's name Phone							
Use Only	Firm's address Firm'								
Go to www.irs.go	v/Form	1040 for instructions and the lates	st information.						Form 1040 (20xx)