<b>1040</b>		artment of the Treasury—Internal Revenue Servi S. Individual Income Ta		turn	20	X	OMB No. 1	545-0074	IRS Us	se Only—E	Do not write	or stap	le in this space	
For the year Jan. 1–Dec. 31, 20XX, or other tax year beginning					, 20XX, ending, 20, 20,					See	See separate instructions.			
Your first name and middle initial Last name											Your social security number			
Rita A Bentl					ley						XXX XX XXXX			
If joint return, spouse's first name and middle initial					me					Spou	Spouse's social security number			
Homo addross	(numbe	er and street). If you have a P.O. box, see	instruc	tions				Apt.	200	Dress	id a natio l C		Carronalana	
31 Peach	•		manuc	lions.				~pi.	110.		k here if		<b>i Campaign</b> r vour	
City, town, or p	ce. If you have a foreign address, also co	spaces bel	paces below. State ZIP cod				)	spou	se if filing	g jointly	y, want \$3			
Anytown				US 10				1001	1		b to this fi below wil		hecking a hange	
Foreign country name				Foreign province/state/county Foreign postal code					le your	tax or ret		-		
											יצ	'ou	Spouse	
Filing Status		] Single		:		L	Head of h	ousehold	(HOH)					
Check only		Married filing jointly (even if only of Married filing separately (MFS)	ne nao	income)		Г	Qualifying	eunvivin		م ( <i>C</i> SS)				
one box.	lf v	ou checked the MFS box, enter the	name	of your si	oouse. If vo							ame if	the	
		alifying person is a child but not you			, <b>,</b>				,					
Digital	Δt ar	ny time during 20XX, did you: (a) rec	oivo (a	s a roward	d award or	navm	ent for prope	nty or se	vices).	or (b)				
Assets		exchange, or otherwise dispose of a	•				• •	•		01 (D)	ר <u> </u>	(es	🔀 No	
Standard	instr	uctions.) Someone can claim: 🛛 🛛	You	as a depe	ndent	] You	ir spouse as a	a depend	lent					
Deduction		Spouse itemizes on a separate retur	n or yc	ou were a	dual-status	alien								
Age/Blindness	You	: 🗌 Were born before January 2, 1	959	🗌 Are bl	lind <b>Sp</b>	ouse:	Was bor	rn before	Januar	y 2, 195	9	ls blin	d	
Dependents	s (see	see instructions): (2) Social security (3) Relationship (4) Check the box if (									•			
If more	(1) F	irst name Last name	number				to you Child ta		Child tax	credit	Credit	for othe	r dependents	
than four dependents,				-				-		]	_		]	
see instruction	s ——					-				]	-		]	
and check here										]	-		]	
Income	1a	Total amount from Form(s) W-2, b	ox 1 (s	ee instruc	tions)	A 87	NN (56 N Tr		87 0.0	14	1a			
Attach Form(s)	b	b Household employee wages not reported on Form(s) W-2									1b			
W-2 here. Also	С	c Tip income not reported on line 1a (see instructions)								1c				
attach Forms W-2G and	d	· · · · · · · · · · · · · · · · · · ·							.9 000		1d			
1099-R if tax was withheld.	e f	Taxable dependent care benefits f Employer-provided adoption bene		-		1 2	1967 - R. R. R.	* * *	25 - 336) 	÷ -	1e 1f			
lf you did not	g	Wages from Form 8919, line 6			639, III le 29	54 8 - 450			- 54 - 546 - 455 - 666		1g			
get a Form	h	Other earned income (see instructi						2.2.3			1h			
W-2, see instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		5 50 N 64	[_1i		- 55 - 686					
	z	Add lines 1a through 1h	a ar						SAU 1993		1z			
Attach Sch. B if required.	2a		2a				xable interes		90 OS		2b			
	<u>3a</u>		3a				dinary divide		(e) (e)		3b			
Standard	4a 5a		4a 5a				xable amoun xable amoun		94. 94 	-	4b 5b			
<ul> <li>Deduction for —</li> <li>Single or</li> </ul>	6a		6a				xable amoun			-	6b			
Married filing separately,	С	If you elect to use the lump-sum election method, check here (see instructions)												
\$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7				
<ul> <li>Married filing jointly or Qualifying</li> </ul>	8	<ul> <li>Additional income from Schedule 1, line 10</li> <li>Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income</li> <li>Adjustments to income from Schedule 1, line 26</li> </ul>								8				
Qualifying surviving spouse,	9									9				
\$27,700 • Head of	10									10				
household, \$20,800	<u>11</u> 12													
<ul> <li>If you checked any box under</li> </ul>	12								-	12 13				
Standard Deduction,	rd data a state						5 (A)	-	14					
see instructions.	15	Subtract line 14 from line 11. If zer						ne	201 - 201 - 201 - 201		15			
For Disclosure	Drivee	v Act and Paperwork Reduction Act N	otice a	oo conara	to instruction			Cat No	11320B			Form	1040 (20XX)	

Form 1040 (20XX	()									Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 8814	4 <b>2</b> 🗌 4972	3 🗌	1941	. 16				
Credits	17	Amount from Schedule 2, lin	e3				. w	. 17				
	18	Add lines 16 and 17						. 18				
	19	Child tax credit or credit for	other dependent	ts from Sched	ule 8812 , ,		a ang j	. 19				
	20	Amount from Schedule 3, lin	e8				ar eo	. 20				
	21	Add lines 19 and 20			• a• a• a• •		•) (•)	. 21				
	22	Subtract line 21 from line 18	. If zero or less, o	enter -0- 🔒	e ne ne cas cas		9 383 3	. 22				
	23	Other taxes, including self-er	mployment tax,	from Schedule	2, line 21 🔐		a 242 J	. 23				
	24	Add lines 22 and 23. This is	your <b>total tax</b>		a ina sin'i Rinsi at		au 745	. 24				
Payments	25	Federal income tax withheld				10 00						
-	а	Form(s) W-2				25a						
	b	Form(s) 1099				25b						
	с	Other forms (see instructions	5)	* * * * *		25c						
	d	Add lines 25a through 25c	e a a acas		<ul> <li>a an an an</li> </ul>			. 25d				
If you have a	26	2023 estimated tax payment	s and amount a	pplied from 20	22 return . 🕠		9 (90) (	. 26				
qualifying child,	27	Earned income credit (EIC)	a a a ar ar		1 Se Sel SeS 43	27			-			
attach Sch. EIC.	28	Additional child tax credit from				28						
	29	American opportunity credit	from Form 8863	, line 8 .		29						
	30	Reserved for future use 🗼				30						
	31	Amount from Schedule 3, lin	e15			31						
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							2			
	33	Add lines 25d, 26, and 32. These are your total payments										
Refund	34	If line 33 is more than line 24	, subtract line 24	4 from line 33.	This is the amou	nt you <b>overpaid</b>	192	. 34				
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here										
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 to www.irs.gov/Payments or see instructions					. 37	-				
	38	Estimated tax penalty (see instructions)								1		
<b>Third Party</b>		Do you want to allow another person to discuss this return with the IRS? See instructions <b>Yes.</b> Complete below. <b>No</b>										
Designee					• • • • • •	A 57	•		No No			
	nar	signee's ne		Phone no.			sonal id nber (Pl	entification N)				
Sign	Un	der penalties of perjury, I declare th	nat I have examined	d this return and	accompanying sche	edules and stateme	nts, and	to the best	of my knowled	ge and		
Here	bel	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.										
TICIC	Yo	Your signature		Date Your occupation				If the IRS sent you an Identity				
								Protection PIN, enter it here (see inst.)				
Joint return? See instructions.	Sn	ouse's signature. If a joint return, <b>t</b>	Date Spouse's occupation									
Keep a copy for	эр	ouse's signature. It a joint return, i					the IRS sent your spouse an dentity Protection PIN, enter it here					
your records.	8						(see inst.)					
	Phe	one no.		Email address								
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:			
Preparer									Self-emp	oloyed		
Use Only	Firr	Firm's name Phone								e no.		
	Firm's address Firm's											
Go to www.irs.go	v/Forn	n1040 for instructions and the lates	st information.						Form <b>10</b>	<b>40</b> (20XX)		