

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: **Ryan D. Work** Last name: **Work** Your social security number: [REDACTED]

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: **Sarah E. Work** Last name: **Work** Spouse's social security number: [REDACTED]

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street): **6401 Charlotte Hwy** Apt. no.: [REDACTED] Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code: **York, SC 29745** If more than four dependents, see inst. and check here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
M	Work	[REDACTED]	Daughter	<input checked="" type="checkbox"/>	
I	Work	[REDACTED]	Daughter	<input checked="" type="checkbox"/>	
T	Work	[REDACTED]	Daughter	<input checked="" type="checkbox"/>	
S	Work	[REDACTED]	Daughter	<input checked="" type="checkbox"/>	

Sign Here 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 which preparer has any knowledge.

Your signature: [REDACTED] Date: [REDACTED] Your occupation: **Engineer** If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature: [REDACTED] Date: [REDACTED] Spouse's occupation: **Accountant** If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Preparer's name: [REDACTED] Preparer's signature: **Self-Prepared** PTIN: [REDACTED] Firm's EIN: [REDACTED] Check if: 3rd Party Designee Self-employed

Firm's name: [REDACTED] Phone no.: [REDACTED]

Firm's address: [REDACTED]

BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. FDIA0112L 01/08/19 Form **1040** (2018) Page **2**

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	119,167.
	2a	Tax-exempt interest	2a	85.
	3a	Qualified dividends	3a	30.
	3b	Ordinary dividends	3b	30.
	4a	IRAs, pensions, and annuities	4a	
	4b	Taxable amount	4b	
	5a	Social security benefits	5a	
	5b	Taxable amount	5b	
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	17,355.
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	136,637.
	8	Standard deduction or itemized deductions (from Schedule A)	8	130,961.
	9	Qualified business income deduction (see instructions)	9	24,000.
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	2,258.
	11	a Tax (see inst.) 14,912. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	104,703.
	11	b Add any amount from Schedule 2 and check here	11	14,912.
	12	a Child tax credit/credit for other dependents 6,288.	12	14,912.
	12	b Add any amount from Schedule 3 and check here	12	14,912.
	13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.
	14	Other taxes. Attach Schedule 4.	14	2,398.
	15	Total tax. Add lines 13 and 14.	15	2,398.
	16	Federal income tax withheld from Forms W-2 and 1099	16	10,952.
	17	Refundable credits: a EIC (see inst.) b Sch. 8812 1,712. c Form 8863	17	
	17	Add any amount from Schedule 5 1,150.	17	2,862.
	18	Add lines 16 and 17. These are your total payments	18	13,814.
	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	11,416.
	20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here	20a	11,416.
	20a	b Routing number [REDACTED] c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	20a	d Account number [REDACTED]		
	21	Amount of line 19 you want applied to your 2019 estimated tax	21	
	22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions.	22	
	23	Estimated tax penalty (see instructions)	23	