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

2023

OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20					See separate instructions.			
Your first name and middle initial Last				ast name						Your social security number		
If joint return, spouse's first name and middle initial Last name				name						Spouse'	s social security number	
								Presidential Election Campaign Check here if you, or your				
City, town, or post office. If you have a foreign address, also complete sp				spaces below. State			ZIP code s		spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state/county			Foreign pos	postal code your tax or refund.				
Filing Status		Single				[Head of ho	ousehold (l	НОН)			
Check only one box.		☐ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:										
Digital Assets		ny time during 2023, did you: (a) rece ange, or otherwise dispose of a digi									☐ Yes ☐ No	
Standard Deduction	Someone can claim: You as a dependent Your spouse as a dependent											
Age/Blindness	You:	Were born before January 2, 1	959	Are bl	ind Spc	use:	Was bor	n before Ja	anuary 2	, 1959	Is blind	
Dependents				(2) 9	Social security		(3) Relationsh	יין קי			fies for (see instructions):	
If more	(1) F	irst name Last name		number			to you Child to		nild tax cr	edit	Credit for other dependents	
than four dependents,	_											
see instructions	;											
and check here	_											
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (se	ee instruc	tions)					. 1a		
	b	Household employee wages not re	•		,					. 1b		
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1a	•							. 1c		
attach Forms	d	Medicaid waiver payments not rep	orted	on Form(s	s) W-2 (see in	nstruc	ctions)			. 1d		
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	rom Fo	orm 2441,	line 26					. 1e		
was withheld.	f	Employer-provided adoption bene	fits fro	m Form 8	839, line 29					. 1f		
If you did not	g	Wages from Form 8919, line 6 .								. 1g		
get a Form W-2, see	h	Other earned income (see instruction	,							. 1h		
instructions.	i	Nontaxable combat pay election (s	see inst	tructions)			<u>1i</u>			_		
$\overline{}$			· i							1z		
Attach Sch. B if required.	2a		2a				xable interest			2b		
	3a		3a				dinary divider xable amount					
Standard	4a 5a		4a 5a				ixable amount					
Deduction for— Single or	6a		6a				xable amount			6b		
Married filing	С	-		method.	check here							
separately, \$13,850	7	If you elect to use the lump-sum election method, check here (see instructions)								7		
Married filing jointly or	8	Additional income from Schedule 1, line 10								. 8		
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								. 9		
\$27,700	10 Adjustments to income from Schedule 1, line 26											
Head of household,	11 Subtract line 10 from line 9. This is your adjusted gross income											
\$20,800 If you checked _F	12	Standard deduction or itemized								. 12		
any box under Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A							. 13			
Deduction, see instructions.	14	Add lines 12 and 13								. 14		
SEE ITISH UCHOUS.	15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is y	our t a	axable incom	е		15		

Form 1040 (2023)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 8814	4 2 4972	3 🗌		16	
Credits	17	Amount from Schedule 2, line	e3				[17	
	18	Add lines 16 and 17						18	
	19	Child tax credit or credit for o	other dependent	ts from Schedu	ıle 8812			19	
	20	Amount from Schedule 3, line	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0			[22	
	23	Other taxes, including self-er	mployment tax,	from Schedule	2, line 21			23	
	24	Add lines 22 and 23. This is y	our total tax				[24	
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a			
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c .						25d	
If you have a	26	2023 estimated tax payments	s and amount a	pplied from 20	22 return		[26	
qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit from	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	, line 8		29			
	30	Reserved for future use				30			
	31	Amount from Schedule 3, line	e 15			31			
	32	Add lines 27, 28, 29, and 31.	These are your	total other pa	yments and refu	ndable credits		32	
	33	Add lines 25d, 26, and 32. Th					[33	
Refund	34	If line 33 is more than line 24	, subtract line 24	4 from line 33.	This is the amoun	t you overpaid		34	
	35a	Amount of line 34 you want r	efunded to you	ı. If Form 8888	is attached, chec	k here	. 🗆 🛚	35a	
Direct deposit?	b	Routing number			c Type:	Checking S	Savings		
See instructions.	d	Account number							
	36	Amount of line 34 you want a	pplied to your	2024 estimate	d tax	36			
Amount	37	Subtract line 33 from line 24.	This is the amo	ount you owe.					
You Owe		For details on how to pay, go	to www.irs.gov	//Payments or	see instructions .			37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party	Do	you want to allow another	person to disc	uss this retur	n with the IRS?	See			
Designee	ins	tructions				. Yes. Co	mplete be	low. LN	lo
	Des nar	signee's		Phone no.			nal identific er (PIN)	ation	
Cian			at I have examined		accompanying sched			hest of my k	nowledge and
Sign	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.								
Here	You	ur signature		Date	Your occupation		If the IF	RS sent you a	an Identity
					, , , , , , , , , , , , , , , , , , , ,			tion PIN, ente	er it here
Joint return?							(see ins	·	
See instructions. Keep a copy for	Spo	ouse's signature. If a joint return, b	oth must sign.	Date Spouse's occupation				RS sent your	spouse an PIN, enter it here
your records.						(see ins		I I I I	
	———Pho	one no.		Email address					
		parer's name	Preparer's signat			Date	PTIN	Check	c if:
Paid			- p					I —	elf-employed
Preparer	———	m's name					Phone		
Use Only	Firm's address Firm's								
Go to www irs ac		11040 for instructions and the lates	st information				1		orm 1040 (2023)
20 10 11 WW.113.9C	.,, 0,11	ioi monactione and the lates							(2020)