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 na			name					Your social security number				
If joint return, spouse's first name and middle initial Last name				name					Spouse'	s social secu	rity 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	ZIP code s		if filing jointly this fund. C	y, want \$3 hecking a	
Foreign country name				Foreign p	Foreign province/state/county			Foreign po	ostal code your tax or refund.			Spouse
Filing Status		Single					Head of he	ousehold ((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 Sp	use:	: Was bor	n before J	January 2	2, 1959	☐ Is blin	d
Dependents				(2) 5	Social security	,	(3) Relationsh	יין קי			fies for (see in	
If more	(1) F	irst name Last name		number			to you	to you Child tax cr		edit	Credit for othe	r dependents
than four dependents,	-]]
see instructions	; —								-H]
and check here \square]
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	ee instruc	ctions) .					. 1a		
Attach Form(s)	b	Household employee wages not re	eportec	d on Form	n(s) W-2 .					. 1b		
W-2 here. Also	С	Tip income not reported on line 1a	(see ir	nstruction	ıs)					. 1c		
attach Forms W-2G and	d	(4)								. 1d		
1099-R if tax	e	Taxable dependent care benefits f								. 1e		
was withheld. If you did not	f	Employer-provided adoption benefits from Form 8839, line 29							. 1f			
get a Form	9 h	 g Wages from Form 8919, line 6						. 1g . 1h				
W-2, see instructions.	i	Nontaxable combat pay election (s	,				l 1i					
	z	Add lines to through th								. 1z		
Attach Sch. B	2a	Tax-exempt interest	2a			b Ta	axable interest			. 2b		
if required.	3a	Qualified dividends	3a			b 0	rdinary divider	nds		. 3b		
Named and	4a	IRA distributions	4a			b Ta	axable amoun	t		. 4b		
Standard Deduction for—	5a	_	5a				axable amoun					
Single or Married filing	6a	,	6a				axable amoun	t		. 6b		
separately, c if you elect to use the lump-sum election method, check here (see instruc									L			
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched							L	J 7		
jointly or Schedule 1, line 10									. <u>8</u>			
surviving spouse, \$27,700	10	0 Adjustments to income from Schedule 1, line 26										
Head of household,	11											
\$20,800	12 Standard deduction or itemized deductions (from Schedule A)											
If you checked any box under	box under 13 Qualified business income deduction from Form 8995 or Form 8995-A							. 13				
Standard Deduction,	14	Add lines 12 and 13								. 14		
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter	-0 This is y	our t	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	3					17	
	18	Add lines 16 and 17						18	
	19	Child tax credit or credit for otl	her dependent	s from Schedu	ıle 8812			19	
	20	Amount from Schedule 3, line	8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18. If	f zero or less, e	enter -0				22	
	23	Other taxes, including self-emp	ployment tax, f	from Schedule	2, line 21			23	
	24	Add lines 22 and 23. This is yo	our total tax				[24	
Payments	25	Federal income tax withheld from							
•	а	Form(s) W-2				25a			
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)				25c			
	d	Add lines 25a through 25c .						25d	
If you have a	26	2023 estimated tax payments	and amount ap	oplied from 20	22 return			26	
qualifying child,	27	Earned income credit (EIC) .				27			
attach Sch. EIC.	28	Additional child tax credit from	Schedule 8812			28			
	29	American opportunity credit fro	om 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. T				ndable credits		32	
	33	Add lines 25d, 26, and 32. The						33	
Refund	34	If line 33 is more than line 24, s	subtract line 24	4 from line 33.	This is the amoun	t you overpaid		34	
	35a	Amount of line 34 you want re	funded 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 ap	plied to your 2	2024 estimate	d tax	36			
Amount	37	Subtract line 33 from line 24. T	This is the amo	unt you owe.					
You Owe		For details on how to pay, go t	to www.irs.gov	/Payments or	see instructions .			37	
	38	Estimated tax penalty (see inst	tructions) .			38			
Third Party	Do	you want to allow another p	erson to disc	uss this retur	n with the IRS?	See			
Designee	ins	tructions				. Yes. Co	mplete bel	low. L No)
	Des nar	signee's		Phone no.			nal identifica er (PIN)	ation	
Ciana		der penalties of perjury, I declare that	t I have examined		accompanying sched			hest of my kn	owledge and
Sign		ef, they are true, correct, and comple						•	•
Here	You	ur signature		Date	Your occupation		If the IF	RS sent you an	Identity
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Protect	tion PIN, enter	
Joint return?							(see ins	<u> </u>	
See instructions. Keep a copy for	Spo	ouse's signature. If a joint return, bo t	Date Spouse's occupation				RS sent your sp Protection PII		
your records.					(see ins		v, enter it flere		
	———Pho	one no.		Email address					
			Preparer's signati			Date	PTIN	Check i	f:
Paid			,					l —	f-employed
Preparer	———	n's name					Phone		
Use Only	Firm's address Firm's								
Go to www ire ac		1040 for instructions and the latest	information				1 11111 5		m 1040 (2023)
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