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

NO H	HBB
turn	2023

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 name			ame	me				Your social security number				
If joint return, spouse's first name and middle initial Last name			name					Spouse	's social securit	y number		
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.							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 co	ZIP code to		if filing jointly, to this fund. Che	want \$3 cking a	
Foreign country name				Foreign p	Foreign province/state/county			Foreigr	reign postal code your tax or refu		x or refund.	Spouse
Filing Status		Single					Head of he	ouseho	ld (HOH)			
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	Som	eone can claim: You as a de Spouse itemizes on a separate return	pender	nt 🗌	Your spous	e as	a dependent	, ,		•		
Age/Blindness	You:	Were born before January 2, 1	959	Are bl	lind Sp	ouse	: Was bor	n befor	e January	2, 1959	☐ Is blind	
Dependents	nts (see instructions): (2) Social security (3) Relationship (4) Check the box if							•	'	,		
If more	(1) F	(1) First name Last name		number			to you		Child tax credit		Credit for other d	ependents
than four dependents,	-								$ \frac{\sqcup}{\sqcup}$			
see instructions	; —								$ \dashv$			
and check here \square												
Income	1a	Total amount from Form(s) W-2, bo	ox 1 (s	ee instruc	ctions) .					. 1a	i	
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	ı (see ir	nstruction	ns)					. 10	;	
attach Forms W-2G and	d	Medicaid waiver payments not rep			,	nstru	ictions)			. 10		
1099-R if tax	e	Taxable dependent care benefits f								. 16		
was withheld. If you did not	f	Employer-provided adoption bene Wages from Form 8919, line 6.								. 1f		
get a Form	g h	Other earned income (see instructi						•		. 1g		
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	t .		. 2b		
if required.	3a	Qualified dividends	3a			b 0	rdinary divider	nds .		. 3b		
N	4a	IRA distributions	4a			b Ta	axable amoun	t		. 4b		
Standard Deduction for—	5a		5a			b Ta	axable amoun	t		. 5b	,	
Single or Married filing	6a	,	6a				axable amoun	t		. 6b		
separately,	_C	If you elect to use the lump-sum el								╡┝ <u>-</u>		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched										
jointly or Qualifying	8 9	Additional income from Schedule Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7,	•							. 8 . 9		
surviving spouse, \$27,700	10	Add liftes 12, 25, 35, 45, 35, 65, 7, Adjustments to income from Sche		•						. 10		
Head of household,	11	Subtract line 10 from line 9. This is								. 11		
\$20,800	12	Standard deduction or itemized	•	-	_					. 12		
If you checked any box under	by 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 le	ss, enter	-0 This is y	our t	taxable incom	ie .		. 15		

Form 1040 (2023)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	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	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	your total tax					24		
Payments	25	Federal income tax withheld								
	а	Form(s) W-2								
	b	Form(s) 1099				25b				
	С	Other forms (see instructions								
	d	Add lines 25a through 25c	25d							
If you have a	26	2023 estimated tax payments and amount applied from 2022 return								
qualifying child,	27	Earned income credit (EIC)								
attach Sch. EIC.	28	Additional child tax credit from								
	29	American opportunity credit								
	30	Reserved for future use								
	31	Amount from Schedule 3, line								
	32	Add lines 27, 28, 29, and 31.	32							
	33	Add lines 25d, 26, and 32. These are your total payments								
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amou	nt you overpaid		34		
	35a	Amount of line 34 you want r	35a							
Direct deposit?	b	Routing number c Type: Checking Savings								
See instructions.	d	Account number								
	36	Amount of line 34 you want a	applied to your	2024 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)								
Third Party		you want to allow another	person to disc	cuss this retur	n with the IRS?					
Designee		nstructions							∐ No	
	Des nar	signee's ne		Phone no.			onal identif ber (PIN)	ication		
Sign		der penalties of perjury, I declare th	nat I have examined		accompanying sche			ne best	of my knowledge and	
Here		belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.								
пеге	You	our signature		Date	Your occupation				nt you an Identity	
								e inst.)		
Joint return? See instructions.		Spouse's signature. If a joint return, both must sign.		Data	0	,				
Keep a copy for	Spo	ouse's signature. If a joint return, b	Date	Spouse's occupat	ion			nt your spouse an ection PIN, enter it here		
your records.							(see inst.)			
	Pho	one no.		Email address						
Daid	Pre	parer's name	Preparer's signature			Date	PTIN		Check if:	
Paid									Self-employed	
Preparer	Firr	Firm's name Phon						e no.		
Use Only	Firm's address Firm's							s EIN		
Go to www.irs.gov/Form1040 for instructions and the latest information.								Form 1040 (2023)		