## WITH HBB LOSS

E1040 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.

Single or Married filing separately, \$13,850  Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household, \$20,800 If you checked any box under Standard Deduction, see instructions.  Ga b Taxable amount	For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20				See separate instructions.			
Home address (number and street). If you have a P.O. box, see instructions.  City, town, or post office. If you have a foreign address, also complete spaces below.  State  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Foreign province/state/county  Married filing jointly (even if only one had income)  Married filing separately (MFS)  If you checked the MFS box, enter the name of your spouse. If you checked the MFS box, enter the name of your spouse. If you checked the MFS box, enter the harned filing separately (MFS)  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  At any time during 2023, did you (a) receive (as a reward, award, or payment for property or services); or (b) sell,  Assets  Standard  Someone can claim:	Your first name and middle initial				Last name					Your social security number		
City, town, or post office. If you have a foreign address, also complete spaces below.  State  ZIP code  The code of the control of the control of the code of the	If joint return, spouse's first name and middle initial				Last name					Spouse's social security number		
City, town, or post office. If you have a foreign address, also complete spaces below.   State	Home address	(numbe	er and street). If you have a P.O. box, see	instruc	tions.			A	ot. no.	Presidential Election Campaign		
Foreign country name	City, town, or pe	ost offic	ce. If you have a foreign address, also co	mplete	olete spaces below. State Z				de	spouse if filing jointly, want \$3 to go to this fund. Checking a		
Check only one box.   Married filing plantly (even if only one had income)   Qualifying surviving spouse (QSS)   If you checked the MPS 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:   At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)   Yes   No exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)   Yes   No exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)   Yes   No exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)   Yes   No exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)   Yes   No exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)   Yes   No exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)   Yes   No exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)   Yes   No exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)   Yes   No exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)   Yes   No exchange of the properties of the properties of the digital asset (or a financial interest in a digital asset)? (See instructions)   Yes   No exchange of the properties of the digital asset (or a financial interest in a digital asset	Foreign country	name			Foreign province/state/county F			Foreigr	n postal code	your tax or refund.		
Check only one box.	Filing Status		Single				Head of	househo	old (HOH)			
Assets Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien Spouse itemizes on a separate return or you were a dual-status alien Spouse itemizes on a separate return or you were a dual-status alien Spouse itemizes on a separate return or you were a dual-status alien Spouse itemizes on a separate return or you were a dual-status alien Spouse itemizes on a separate return or you were a dual-status alien Spouse itemizes on a separate return or you were a dual-status alien Spouse itemizes on a separate return or you were a dual-status alien Spouse itemizes on a separate return or you were a dual-status alien Spouse itemizes on a separate return or you were a dual-status alien Spouse itemizes on a separate return or you were a dual-status alien Spouse instructions): (2) Social security (3) Relationship to you Cheld tax credit or the dependent of the provided of the point of the point of the point of the point of the serior see instructions and check here or here or here or see instructions Income 1	•		Married filing separately (MFS)  Qualifying surviving spouse (QSS)  you checked the HOH or QSS box, enter the child's name if the									
Standard Deduction			, , , , , ,	,				,	,,	. , ,	Yes No	
Age/Blindness Vou: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind  Dependents (see instructions): If more than four dependents, see instructions and check here (see instructions)  Income  1 Total amount from Form(s) W-2, box 1 (see instructions)  1 Total amount from Form(s) W-2, box 1 (see instructions)  2 Total amount from Form(s) W-2, box 1 (see instructions)  3 Household employee wages not reported on Form(s) W-2  4 Total amount from Form(s) W-2, box 1 (see instructions)  4 Household employee wages not reported on Form(s) W-2  5 Tip income not reported on line 1a (see instructions)  4 Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  5 Engle or Market Blind (was born before January 2, 1959 Is blind  1 Income  1 Total amount from Form(s) W-2, box 1 (see instructions)  5 Household employee wages not reported on Form(s) W-2  6 Tip income not reported on line 1a (see instructions)  6 Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  7 Employer-provided adoption benefits from Form 8839, line 29  11 If you did not get a Form W-2, sae instruction for Instruction												
Dependents (see instructions):  (1) First name Last name						•	•					
See instructions:   (2) Social security number   (3) Relationship to you   (4) Check the box if qualifies for (see instructions):   (1) First name	Age/Blindness	You:	Were born before January 2. 19	959	Are b	lind <b>Spo</b>	use: Was b	orn befo	re Januarv 2	. 1959	☐ Is blind	
If more than four dependents, see instructions and check here					<del>-</del>	·		(4)		•	ies for (see instructions):	
than four dependents, see instructions and check here	•			, ,					Child tax credit C		Credit for other dependents	
see instructions and check here	than four											
Income   Total amount from Form(s) W-2, box 1 (see instructions)   Total amount from Form(s) W-2, box 1 (see instructions)   Total amount from Form(s) W-2   Total amount from Form Sol Medical data from Form Sol Medical from Form		; ——										
Income Attach Form(s) W-2 here. Also attach Forms W-2 here. Also datach Forms W-2 here. Also datach Forms W-2 hir tax was withheld. If you did not get a Form W-2, see instructions.  Attach Sch. B if required.  Attach Sch. B Standard Deduction for- Single or Married filing separately, S13,850 Married filing jointly or Qualifying jointly or Qualifying jointly or Qualifying sourviving spouse, S27,700 Head of It you dichecked any box under Jax Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 1 Total amount from Form(s) W-2 (see instructions) 1 to deduction or Forms 819, line 12 (see instructions) 1 d d d d d d d d d d d d d d d d d d d	. —											
Attach Form(s) W-2 here. Also attach Forms W-2 and W-2 and 1099- Ri tax aws withheld. If you did not get a Form W-2, see instructions.  Z Add lines 1 a through 1 h  Attach Sch. B if required.  Attach Sch. B if required.  Standard Deduction for- Single or Married filing separately, \$13,850 Married filing sourviving spouse, \$27,700 Head of Married filing sourviving spouse, \$22,7700 Head of It you decket on you will be the substance of the substan		-	Tatal are a supt five as Farma(a) M.O. b.	1 /-		+: \						
Attach Sch. B. drawn of the ported on line 1a (see instructions)  Tip income not reported on line 1a (see instructions)  d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)  f Employer-provided adoption benefits from Form 8839, line 29  ff you did not get a Form  W-2, see  in Other earmed income (see instructions)  i Nontaxable combat pay election (see instructions)  i Required.  3a Qualified dividends  5a Pensions and annuities  5a Docial security benefits  6a Social security benefits  6a Soc	Income		` ,	•		,						
attach Forms W-2G and 1099-Ri if tax was withheld. If you did not get a Form h W-2, see instructions was withheld. If you did not get a Form h W-2, see instructions was withheld. If you did not get a Form h W-2, see instructions was withheld. If you did not get a Form h W-2, see instructions was withheld. If you did not get a Form h W-2, see instructions was withheld. If you did not get a Form h W-2, see instructions was withheld. If you did not get a Form h W-2, see instructions was withheld. If you decided a feet a feet a was withheld. If you decked not get a Form was withheld. If you decked not get instructions was withheld. If you have not get instructions was withing the your have not get instructions was withing the your have not get instructions. If you decked not get instructions was withing the your get instructions was withing the your get instructions. If you decked not get instructions was was withing the your get instructions. If you decked not get instructions was was was was was was was was wa	` '											
W-26 and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If you did not get a Form W-2, see instructions.  If Dither earned income (see instructions)  In Nontaxable combat pay election (see instructions)  In Nontaxable combat pay election (see instructions)  In Nontaxable combat pay election (see instructions)  It Add lines 1a through 1h  Attach Sch. B if required.  Add lines 1a through 1h  Add lines 1a through 1h  It Add		_	·			•						
May a withheld.   f   Employer-provided adoption benefits from Form 8839, line 29   1f   1g   1g   1g   1g   1g   1g   1g			' '		,	,						
get a Form W-2, see instructions.  h Other earned income (see instructions)  i Nontaxable combat pay election (see instructions)  z Add lines 1a through 1h  Attach Sch. B if required.  3a Qualified dividends  3a Qualified dividends  3a Qualified dividends  3a Qualified dividends  4a B D Taxable interest  5a Pensions and annuities  5a Pensions and annuities  5a D Taxable amount  5b D Taxable amount  5b D Taxable amount  5b D Taxable amount  5c D T		f	'		· ·							
instructions.  In Other earned income (see instructions)  In Nontaxable combat pay election (see instructions)  It Nontaxable combat pay election (see instructions)  It Add lines 1a through 1h  Tax-exempt interest	If you did not	g							1g			
i Nontaxable combat pay election (see instructions)	•	h	• • • • • • • • • • • • • • • • • • • •							1h		
Attach Sch. B if required.  2a Tax-exempt interest		i	Nontaxable combat pay election (s	see ins	tructions)			1i				
Standard Deduction for Deduction for Married filing separately, \$13,850		Z	Add lines 1a through 1h							1z		
Standard Deduction for—Single or Married filing separately, \$13,850  Married filing or Married filing separately, \$13,850  Married filing or Married filing separately, \$13,850  Married filing or Qualifying surviving spouse, \$27,700  Head of household, \$25,700  Head of household, \$25,000  If you checked any box under \$20,800  If you checked \$20,800		2a	Tax-exempt interest	2a			<b>b</b> Taxable interest	est .		2b		
Standard Deduction for—Beduction for—Beducti	it requirea.	3a	_				•					
Pensions and annuities	Standard		_									
Married filing separately, \$13,850  Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household, \$20,800 If you checked any box under Standard Deduction, see instructions.  Married filing separately, \$2,000  If you elect to use the lump-sum election method, check here (see instructions)  Capital gain or (loss). Attach Schedule D if required. If not required, check here  7  Additional income from Schedule 1, line 10  8  Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  9  10  Adjustments to income from Schedule 1, line 26  11  Subtract line 10 from line 9. This is your adjusted gross income  11  Standard deduction or itemized deductions (from Schedule A)  12  13  Qualified business income deduction from Form 8995 or Form 8995-A  14  Add lines 12 and 13  Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income  15	Deduction for—											
separately, \$13,850 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here 8 Additional income from Schedule 1, line 10 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Adjustments to income from Schedule 1, line 26 11 Subtract line 10 from line 9. This is your adjusted gross income 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction from Form 8995 or Form 8995-A 14 Add lines 12 and 13 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15			,	_						6b		
Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household, \$20,800 If you checked any box under Standard Deduction, see instructions.  Married filing jointly or Qualifying Standard deduction or itemized deduction from Schedule 1, line 10  Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  9  Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income  10  Adjustments to income from Schedule 1, line 26  11  Subtract line 10 from line 9. This is your adjusted gross income  11  Standard deduction or itemized deductions (from Schedule A)  12  13  Qualified business income deduction from Form 8995 or Form 8995-A  14  Add lines 12 and 13  Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income  15	separately,											
Qualifying surviving spouse, \$27,7009Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income9Head of household, \$20,80011Subtract line 10 from line 9. This is your adjusted gross income11If you checked any box under Standard Deduction, see instructions.13Qualified business income deduction from Form 8995 or Form 8995-A1314Add lines 12 and 131415Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income15	<ul> <li>Married filing</li> </ul>		8 Additional income from Schedule 1, line 10									
Subtract line 10 from line 9. This is your adjusted gross income  10 Adjustments to income from Schedule 1, line 26	Qualifying											
Subtract line 10 from line 9. This is your adjusted gross income   11   Subtract line 10 from line 9. This is your adjusted gross income   12   Standard deduction or itemized deductions (from Schedule A)   12   13   Subtract line 12 and 13   14   Subtract line 12 and 13   Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income   15   15   Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income   15   Subtract line 14 from line 15   Subtract line 16 from line 9. This is your adjusted gross income   11   Subtract line 10 from line 9. This is your adjusted gross income   12   Standard deduction or itemized deductions (from Schedule A)   12   Standard deduction or itemized deductions (from Schedule A)   12   Standard deduction or itemized deductions (from Schedule A)   13   Subtract line 10 from line 9. This is your adjusted gross income   12   Standard deduction or itemized deductions (from Schedule A)   12   Standard deduction or itemized deduction from Form 8995 or Form 8995-A   13   Subtract line 12 and 13   14   Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income   15   Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income   15   Subtract line 14 from line 15   Subtract line 16 from line 17   Subtract line 18   Subtract line 19												
\$20,800 If you checked any box under Standard Deduction, see instructions.  \$20,800  12  \$20,800  13  Qualified business income deductions (from Schedule A)  14  Add lines 12 and 13  Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income  15  \$20,800  12  Qualified business income deductions (from Schedule A)  14  Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income  15												
ny dot checked any box under Standard Deduction, see instructions.  13 Qualified business income deduction from Form 8995 or Form 8995-A	\$20,800											
Deduction, see instructions.  14 Add lines 12 and 13	any box under											
see instructions. 15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income		14	Add lines 12 and 13						14			
		15	Subtract line 14 from line 11. If zer	o or le	ss, enter	-0 This is ye	our taxable inco	me .		15	1010	

Form 1040 (2023)	)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): <b>1</b> 🗌 881	4 <b>2</b> 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 Schedi	ule 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	your <b>total tax</b>					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	` '								
If you have a	26	2023 estimated tax payments and amount applied from 2022 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 payments and refundable credits								
	33	Add lines 25d, 26, and 32. These are your <b>total payments</b>								
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>						34		
	35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here								
Direct deposit?	b									
See instructions.	d	Account number								
	36	Amount of line 34 you want a	applied to your	2024 estimate	d tax	36				
Amount	37	Subtract line 33 from line 24.	. This is the <b>amo</b>	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				
<b>Third Party</b>		you want to allow another	person to disc	uss this retur	n with the IRS?					
Designee		tructions			. <mark></mark>				∐ No	
	Des nar	signee's ne		Phone no.			onal identi ber (PIN)	fication		
Sign		der penalties of perjury, I declare th	nat I have examined		accompanying sche			he best	of my knowledge and	
Here		pelief, 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	ur signature	Date				nt you an Identity			
								otection PIN, enter it here e inst.)		
Joint return? See instructions.		Spouse's signature. If a joint return, <b>both</b> must sign.		Dete	0	on If the			-1	
Keep a copy for	Spo			Date	Spouse's occupat				nt your spouse an ection PIN, enter it here	
your records.								inst.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Pho	one no.		Email address						
Daid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:	
Paid									Self-employed	
Preparer	Firr	n's name				•	Phor	ne no.		
Use Only	Firm's address Firm's EIN									
								Form <b>1040</b> (2023)		