

Form 1040-SR

U.S. Tax Return for Seniors

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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2023



Form 1040-SR (Rev. 2023) Catalog Number 75395S
Department of the Treasury **Internal Revenue Service** www.irs.gov



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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		Your social security number
If joint return, spouse's first name and middle initial	Last name		Spouse's social security 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 spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code	
Foreign country name	Foreign province/state/county	Foreign postal code	

Filing Status
 Check only one box.

☐ Single
 ☐ Married filing jointly (even if only one had income)
 ☐ Married filing separately (MFS)
☐ Head of household (HOH)
 ☐ 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

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**

Standard Deduction

Someone can claim:
 ☐ You as a dependent
 ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You:
 ☐ Were born before January 2, 1959
 ☐ Are blind

Spouse:
 ☐ Was born before January 2, 1959
 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Income								
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a			
	b	Household employee wages not reported on Form(s) W-2			1b			
	c	Tip income not reported on line 1a (see instructions)			1c			
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d			
	e	Taxable dependent care benefits from Form 2441, line 26			1e			
	f	Employer-provided adoption benefits from Form 8839, line 29			1f			
	g	Wages from Form 8919, line 6			1g			
	h	Other earned income (see instructions)			1h			
	i	Nontaxable combat pay election (see instructions)			1i			
	z	Add lines 1a through 1h			1z			
Attach Schedule B if required.	2a	Tax-exempt interest	2a		b	Taxable interest	2b	
	3a	Qualified dividends	3a		b	Ordinary dividends	3b	
	4a	IRA distributions	4a		b	Taxable amount	4b	
	5a	Pensions and annuities	5a		b	Taxable amount	5b	
	6a	Social security benefits	6a		b	Taxable amount	6b	
	c	If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>						

Standard Deduction See <i>Standard Deduction Chart</i> on the last page of this form.	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	7	
	8	Additional income from Schedule 1, line 10	8	
	9	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	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income . . .	11	
	12	Standard deduction or itemized deductions (from Schedule A) . . .	12	
	13	Qualified business income deduction from Form 8995 or Form 8995-A .	13	
	14	Add lines 12 and 13	14	
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	
Tax and Credits	16	Tax (see instructions). Check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form(s) 4972 3 <input type="checkbox"/> _____		
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	
	19	Child tax credit or credit for other dependents from Schedule 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 zero or less, enter -0-	22	
23	Other taxes, including self-employment 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 from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2023 estimated tax payments and amount applied from 2022 return . .	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit from 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 15	31	
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	

If you have a qualifying child, attach Sch. EIC.