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 name			ame						Your so	cial 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	reign postal 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) First name Last name			number			to you Child tax c		hild 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	Medicaid waiver payments not rep				nstru	ctions)			. 1d		
1099-R if tax	e	Taxable dependent care benefits f								. 1e		
was withheld. If you did not	f	Employer-provided adoption bene								. 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, \$13,850	c	If you elect to use the lump-sum e							L			
Married filing	7	Capital gain or (loss). Attach Sched							L	J 7		
jointly or Qualifying	8	Additional income from Schedule 1, line 10								. 8		
surviving spouse, \$27,700	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income											
Head of household,	11											
\$20,800	12 Standard deduction or itemized deductions (from Schedule A)											
If you checked any box under	ny 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): 1 881	4 2 4972	3 🗌		16	
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	
	19	Child tax credit or credit for	other dependent	ts from Schedi	ule 8812			19	
	20	Amount from Schedule 3, lin	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-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							
•	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 payment	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	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	32	Add lines 27, 28, 29, and 31.	. These are your	total other pa	yments and ref	undable credits		32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	
Refund	34	If line 33 is more than line 24	, subtract line 24	4 from line 33.	This is the amou	nt you overpaid		34	
	35a	Amount of line 34 you want	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	d 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							
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another						. 1	□ N.
Designee		tructions		Phone			omplete b onal identif		∐ No
	nar	signee's ne		no.			ber (PIN)	CallOII	
Sign		der penalties of perjury, I declare th							
Here	bel	ief, they are true, correct, and com	plete. Declaration of	of preparer (other	than taxpayer) is b	ased on all informati	on of which	prepare	er has any knowledge.
11010	You	ur signature		Date	Your occupation				nt you an Identity
1							(see i		N, enter it here
Joint return? See instructions.	Spe	ouse's signature. If a joint return, b	Date Spouse's occupation					nt your spouse an	
Keep a copy for	Op.	odoo o oignataro. Il a joint rotarii, s	Date	орошоо о осоцра			Identity Protection PIN, enter it here		
your records.							nst.)		
		one no.		Email address			T		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer									Self-employed
Use Only	Firm's name Phon							e no.	
	Firr	n's address					Firm'	s EIN	
Go to www.irs.ac	Go to www.irs.gov/Form1040 for instructions and the latest information.								