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	ocial 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 be	paces below. State			ZIP code	ZIP code s		if filing jointly this fund. Ch low will not ch	v, want \$3 necking a
Foreign country name				Foreign p	Foreign province/state/county			Foreign p	oreign postal code your tax or ref		x or refund.	Spouse
Filing Status		Single					Head of he	ouseholo	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	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 <b>Sp</b>	use:	Was bor	n before	January 2	2, 1959	Is bline	d
Dependents				(2) 5	Social security		(3) Relationsh	ι <b>ρ</b>			ifies for (see in	,
If more	(1) F	irst name Last name		number			to you	o you Child tax cr		redit	Credit for other	dependents
than four dependents,	-											
see instructions	; —								-			
and check here $\square$												
Income	1a	Total amount from Form(s) W-2, be	ox 1 (se	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	(see ir	nstruction	ıs)					. 10	:	
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 Wages from Form 8919, line 6.								. 1f		
get a Form	g h	Other earned income (see instructi				•				. 1g . 1h		
W-2, see instructions.	i	Nontaxable combat pay election (s	,				1i	1				
	z	Add lines to through th								. 1z		
Attach Sch. B	2a	· ·	2a			<b>b</b> Ta	axable interest	:		. 2b	)	
if required.	3a	Qualified dividends	3a			<b>b</b> 0	rdinary divider	nds		. 3b		
Named and	4a	IRA distributions	4a			<b>b</b> Ta	axable amoun	t		. 4b	,	
Standard Deduction for—	5a	_	5a			<b>b</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 e							L	╣ ├_		
\$13,850 Married filing	7	Capital gain or (loss). Attach Sched							L	-         7           -         0		
jointly or 8 Additional income from Schedule 1, line 10									. <u>8</u>			
surviving spouse, \$27,700								. <u>9</u> . 10				
Head of household,	11											
\$20,800	12	Standard deduction or itemized	-	-	-					. 12		
If you checked any box under	ox 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 <b>t</b>	axable incom	ie		. 15		

Form 1040 (2023)	)						Page <b>2</b>
Tax and	16	Tax (see instructions). Check if any from Form	n(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	з 🗌	[1	16
Credits	17	Amount from Schedule 2, line 3				1	17
	18	Add lines 16 and 17				1	18
	19	Child tax credit or credit for other dependent	nts from Sched	ule 8812		1	19
	20	Amount from Schedule 3, line 8				2	20
	21	Add lines 19 and 20				2	21
	22	Subtract line 21 from line 18. If zero or less	enter -0			2	22
	23	Other taxes, including self-employment tax	, from Schedule	e 2, line 21		2	23
	24	Add lines 22 and 23. This is your total tax				2	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				2	5d
If you have a	26	2023 estimated tax payments and amount	applied from 20	)22 return		2	26
qualifying child,	27	Earned income credit (EIC)			27		
attach Sch. EIC.	28	Additional child tax credit from Schedule 881	2		28		
	29	American opportunity credit from Form 886	3, 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 you	r total other pa	ayments and refu	ndable credits	[3	32
	33	Add lines 25d, 26, and 32. These are your t	otal payments			3	33
Refund	34	If line 33 is more than line 24, subtract line	24 from line 33.	This is the amoun	t you <b>overpaid</b>	3	34
	35a	Amount of line 34 you want refunded to yo	<b>u</b> . If Form 8888	3 is attached, chec	k here	. 🗌 🖪	5a
Direct deposit?	b	Routing number	Savings				
See instructions.	d	Account number					
	36	Amount of line 34 you want applied to your	2024 estimate	ed tax	36		
Amount	37	Subtract line 33 from line 24. This is the arr	•				
You Owe		For details on how to pay, go to www.irs.go	ov/Payments or	see instructions.		3	37
	38	Estimated tax penalty (see instructions) .			38		
Third Party		you want to allow another person to dis			_		
Designee		tructions			_	mplete belo	<del></del>
	nar	signee's ne	Phone no.			onal identificat oer (PIN)	tion
Sign	Und	der penalties of perjury, I declare that I have examine	ed this return and	accompanying sched	ules and statement	s, and to the b	pest of my knowledge and
Here	beli	ief, they are true, correct, and complete. Declaration	of preparer (othe	r than taxpayer) is bas	sed on all information	n of which pre	eparer has any knowledge.
TICIC	You	ur signature	Date	Your occupation			S sent you an Identity
						(see inst	on PIN, enter it here
Joint return? See instructions.	Sno	ouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	`	S sent your spouse an	
Keep a copy for	Орк	ouse's signature. If a joint return, <b>both</b> must sign.	Date	opouse 3 occupation	711		Protection PIN, enter it here
your records.			(s				.)
	Pho	one no.	Email address				
Paid	Pre	parer's name Preparer's signa	ature		Date	PTIN	Check if:
Preparer							Self-employed
Use Only	Firr	n's name				Phone n	0.
—————	Firr	n's address	Firm's E	IN			
Go to www.irs.gov/Form1040 for instructions and the latest information.							