E1040	Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Re			turn	20 23 OMB No. 1545-0		-0074	074 IRS Use Only—E			ite or star	ole in tł	nis space.		
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20					Se	See separate instructions.				
Your first name and middle initial Last n					ame					Yo	Your social security number				
If joint return, spouse's first name and middle initial Last name									Sp	oouse'	s social :	securi	ity number		
Home address (number and street). If you have a P.O. box, see instructions.								Apt. no.			esider	i itial Eleo	ction	Campaign	
										ere if yo					
City, town, or post office. If you have a foreign address, also complete					spaces below. State				ZIP code			spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change			
Foreign country name				Foreign pr	Foreign province/state/county Fo				gn postal co			or refur	nd.	Spouse	
Filing Status	; [Single Head of household (HOH)							
Check only		Married filing jointly (even if only or	ne hac	l income)			_								
one box.		Married filing separately (MFS)					Qualifying								
		you checked the MFS box, enter the			pouse. If you	ı che	ecked the HOH	l or Q	SS box, e	nter th	ne chi	d's nan	ne if t	the	
	qı	alifying person is a child but not you	ir depe	endent:											
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.)													
Standard	Son	neone can claim: 🗌 You as a de	pende	nt 🗌	Your spouse	e as	a dependent								
Deduction		Spouse itemizes on a separate return	n or yo	ou were a	dual-status	alien	I								
Age/Blindness	You	: 🗌 Were born before January 2, 1	959	Are bl	lind Spo	ouse	: 🗌 Was bor	rn befo	ore Janua	ry 2, 1	959	🗌 Is	blind	I	
Dependents	s (see	ee instructions): (2) Social security (3) Relationship (4) Check the box if qualifies for (see										,			
If more	(1) F	(1) First name Last name			number to you			Child tax crec			t	Credit for	other	dependents	
than four dependents,															
see instructions	s —									<u></u>			<u> </u>		
and check here	-									 7			⊢⊢		
Income	1a	Total amount from Form(s) W-2, be	ox 1 (s	ee instruc	tions)						1a				
	b	Household employee wages not re	•								1b		-		
Attach Form(s) W-2 here. Also	с										1c				
attach Forms W-2G and	d	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)								1d					
1099-R if tax	е								1e						
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							·	1f					
lf you did not get a Form	g	Wages from Form 8919, line 6 . <th .<="" td=""><td>·</td><td>1g</td><td></td><td></td><td></td></th>								<td>·</td> <td>1g</td> <td></td> <td></td> <td></td>	·	1g			
W-2, see	h i								•	1h					
instructions.	z	Add lines 1a through 1h		siluctions							1z				
Attach Sch. B	2a		2a		· · · ·	b Т	axable interes	t.			2b				
if required.	3a		3a			b C	ordinary divide	nds .			3b				
	4a	IRA distributions	4a			bТ	axable amoun	t			4b				
Standard Deduction for—	5a	Pensions and annuities	5a			bΤ	axable amoun	t			5b				
 Single or Married filing 	6a	Social security benefits	b Taxable amount					<u>.</u>	6b						
separately, \$13,850	_c										-				
 Married filing 		 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here													
jointly or Qualifying	8 9									-					
surviving spouse, \$27,700	9 10														
 Head of household, 	11														
 \$20,800 If you checked Γ 	12														
any box under	13 Qualified business income deduction from Form 8995 or Form 8995-A														
Standard Deduction,	14 Add lines 12 and 13							14							
see instructions.	15 Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income 15										0.40				
For Disclosure	Priver	v Act and Paperwork Reduction Act N	otice .	see senara	to instruction	1C		Cat !	No 11320B				orm	040 (2023)	

Form 1040 (2023)								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 8814	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 Schedu	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, e	enter -0				22			
	23	Other taxes, including self-e	nployment tax, from Schedule 2, line 21								
	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									
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	, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, line 15									
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits									
	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 from line 33. This is the amount you overpaid									
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here									
Direct deposit?	b	Routing number	s								
See instructions.	d	Account number									
	36	Amount of line 34 you want a	applied to your 2	2024 estimate	dtax	36					
Amount	37	Subtract line 33 from line 24. This is the amount 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				38					
Third Party	Do you want to allow another person to discuss this return with the IRS? See										
Designee		nstructions							No		
	nar	signee's ne		Phone no.			umber (PIN				
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and										
Here	beli	elief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which							er has any knowledge.		
nere	Υοι	ur signature	Date Your occupation				If the IRS sent you an Identity				
Joint return? See instructions.								rotection P ee inst.)	tection PIN, enter it here e inst.)		
		ouse's signature. If a joint return, t	oth must sign	th must sign. Date Spouse's occupatio					e IRS sent your spouse an		
Keep a copy for	эр	Juse s signature. Il a joint return, t	Date Spouse's occupation				Identity Protection PIN, ent				
your records.							ee inst.)				
	Pho	one no.	Email address								
Paid	Pre	parer's name	Preparer's signat	ure		Date	PTIN		Check if:		
Preparer									Self-employed		
Use Only	Firr	Firm's name Phone									
	Firr	n's address	rm's EIN								
Go to www.irs.ac	v/Form	1040 for instructions and the late	st information.						Form 1040 (2023)		