## Form 1040 Department of the Treasury — Internal Revenue Service U.S. Individual Income Tax Return

2023

OMB No. 1545-007

IRS Use Only — Do not write or staple in this space.

| For the year Jan.   | 1-Dec.        | 31, 2023, or other tax y  | ear beginning _                         | ,                            | ending                      | ,                   |                             | Se  | e sepa                 | rate i | instructio                         | ons.           |                               |  |
|---|---------------|---|---|------------------------------|-----------------------------|---------------------|-----------------------------|---|------------------------|--------|------------------------------------|----------------|-------------------------------|--|
| Your first name and middle initial Last name  |               |   |   |                              |                             |                     | Your social security number |   |                        |        |                                    |                |                               |  |
| If joint return, spouse   | e's first na  | ame and middle initial  | Last name                               |                              |                             |                     |                             | Spouse's social security number                           |                        |        |                                    |                |                               |  |
| -<br>Home address (numb   | per and s     | reet). If you have a P.O. bo  | x, see instructions.                    |                              |                             | Apt. no.            |                             | Dr  | acidant                | tial F |                                    |                | aian                          |  |
|   |               |   |   |                              |                             | ·                   |                             | Presidential Election Campaign Check here if you, or your |                        |        |                                    |                |                               |  |
| City town or post of  | fice If vo    | u have a foreign address, a   | lso complete spaces l                   | pelow. State                 |                             | ZIP code            |                             | to  | go to th               | his fu | j jointly,<br>and. Che<br>not char | cking          |                               |  |
| Foreign country name  |               | Foreign province/state/county   |   |                              | Foreign postal code         |                     |                             | ur tax c  |                        |        |                                    |                |                               |  |
| Filing Status   | Sir           | ngle  |   | Hea                          | ad of hous                  | ehold (HOH)         |                             |   |                        |        | <u> </u>                           | <u> </u>       | spouse                        |  |
| Check only one box.   | If you persor | rried filing jointly (even<br>rried filing separately (N<br>checked the MFS box, e<br>i is a child but not your | MFS) anter the name of you              | Qu<br>your spouse. If you ch | ecked the                   |                     | x, enter t                  |   | <u> </u>               | name   | if the q                           | ualify         | ving<br>. <u>—</u> —          |  |
| Digital<br>Assets   | -             | time during 2023, did yo<br>ge, or otherwise dispose  |   |                              | -                           |                     |                             |   |                        |        | Yes                                | X              | No                            |  |
| Standard  |               |   | ou as a dependen                        | _                            |                             | dependent           |                             |   |                        |        |                                    |                |                               |  |
| Deduction   | Spo           | use itemizes on a sepa  | rate return or you                      | were a dual-status alie      | en                          |                     |                             |   |                        |        |                                    |                |                               |  |
|   | You:          | Were born before  | January 2, 1959                         |                              | Spouse:                     | Was born b          |                             |   |                        | L      | ls bli                             |                |                               |  |
| Dependents (se  |               | ,   |   | (2) Social security number   | (3)                         | Relationship to you |                             |   | the box i<br>ix credit |        |                                    |                | structions):<br>er dependents |  |
| If more (1) F than four   | irst name     | Last  | name                                    |                              |                             |                     | CIII                        | iu ta   | ix credit              |        | Credit id                          | N OUTE         | er dependents                 |  |
| dependents, -   |               |   |   |                              |                             |                     |                             | ┾   | 1                      |        | +                                  | $\blacksquare$ |                               |  |
| see instructions<br>and check   |               |   |   |                              |                             |                     |                             | ╁   | 1                      |        | +                                  | $\dashv$       |                               |  |
| here  |               |   |   |                              |                             |                     |                             | t   |                        |        |                                    | Ħ              |                               |  |
| Income  | 1 a           | Total amount from   | Form(s) W-2, bo                         | x 1 (see instruction         | ns)                         |                     |                             |   | 1                      | а      |                                    | (              | 50,283.                       |  |
|   |               | Household employe   | • | •                            | •                           |                     |                             |   |                        | b      |                                    |                | ,                             |  |
| Attach Form(s)  | С             | Tip income not reported on line 1a (see instructions).  |   |                              |                             |                     |                             |   | 1                      | С      |                                    |                |                               |  |
| W-2 here. Also<br>attach Forms  |               | Medicaid waiver payments not reported on Form(s) W-2 (see instructions)   |   |                              |                             |                     |                             |   |                        | d      |                                    |                |                               |  |
| W-2G and<br>1099-R if tax   |               | Taxable dependent care benefits from Form 2441, line 26.  |   |                              |                             |                     |                             |   |                        | le     |                                    |                |                               |  |
| was withheld.   | f             | Employer-provided adoption benefits from Form 8839, line 29   |   |                              |                             |                     |                             |   |                        | lf     |                                    |                |                               |  |
| If you did not  |               | Wages from Form 8919, line 6.   |   |                              |                             |                     |                             |   | -                      | q      |                                    |                |                               |  |
| get a Form  | 9<br>h        | Other earned income (see instructions)  |   |                              |                             |                     |                             |   |                        | h      |                                    |                |                               |  |
| W-2, see instructions.  |               | Nontaxable combat pay election (see instructions)   |   |                              |                             |                     |                             |   | · · · ·                |        |                                    |                |                               |  |
|   |               | Add lines 1a throug   |   |                              |                             |                     |                             |   | 1                      | lz     |                                    | $\epsilon$     | 50,283.                       |  |
| Attach<br>Sch. B if<br>required.  | 2a            | Tax-exempt interes  | t 2a                                    |                              | <b>b</b> Ta                 | xable interest      |                             |   | 2                      | 2b     |                                    |                | 9,077.                        |  |
|   | 3a            | Qualified dividends   | 3a                                      |                              | <b>b</b> Ordinary dividends |                     |                             | 3b  |                        |        | 1,276.                             |                |                               |  |
|   | 4a            | IRA distributions   | 4a                                      |                              | <b>b</b> Ta                 | xable amount        |                             |   | 4                      | lb     |                                    | 15             | 57,534.                       |  |
|   | 5a            | Pensions and annu   | ities <b>5a</b>                         |                              | <b>b</b> Ta                 | xable amount        |                             |   | 5                      | 5b     |                                    |                |                               |  |
|   | 6a            |   |   |                              |                             | xable amount        |                             |   | <b>-</b>               | Sb S   |                                    |                |                               |  |
|   |               | If you elect to use the lump-sum election method, check here (see instructions)                                 |   |                              |                             |                     |                             |   |                        |        |                                    |                |                               |  |
|   | 7             | Capital gain or (loss). Attach Schedule D if required. If not required, check here                              |   |                              |                             |                     |                             |   |                        | 7      |                                    |                |                               |  |
| Standard  | 8             | Additional income from Schedule 1, line 10  |   |                              |                             |                     |                             |   | [                      | 8      |                                    | 1              | 6,391.                        |  |
| • Single or   | 9             | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                                    |   |                              |                             |                     |                             |   | 9                      | 9      |                                    | 24             | 14,561.                       |  |
| Married filing separately, \$13,8   | 10            | Adjustments to income from Schedule 1, line 26.   |   |                              |                             |                     |                             |   | 1                      | 0      |                                    |                | 1,458.                        |  |
| <ul> <li>Married filing jointly or Qualifying</li> </ul>                                  | g 11          | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>   |   |                              |                             |                     |                             |   | 1                      | 1      |                                    | 24             | 13,103.                       |  |
| surviving spouse,<br>\$27,700   | 12            | Standard deduction or itemized deductions (from Schedule A)   |   |                              |                             |                     |                             |   | 1                      | 2      |                                    | 2              | 27,700.                       |  |
| Head of household, \$20,800 13 Qualified business income deduction from Form 8995 or Form |               |   |   |                              |                             | Form 8995-A         |                             |   | 1                      | 13     |                                    |                | 3,047.                        |  |
| If you checked any<br>box under Standar   |               | Add lines 12 and 13   | 3                                       |                              |                             |                     |                             |   | 1                      | 4      | _                                  | 3              | 30,747.                       |  |
| Deduction, see instructions.  |               | Subtract line 14 from line 11. If zero or less, enter -0. This is your <b>taxable income</b>                    |   |                              |                             |                     |                             |   |                        | 15     | -                                  |                | 2 356                         |  |

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|--------------------------------------|------|--|-----|----------|
| Tax and<br>Credits                   | 16   |  | 16  | 37,765.  |
| Ordans                               | 17   | 24972  | 17  | 31,103.  |
|                                      | 18   | Add lines 16 and 17  | 18  | 37,765.  |
|                                      | 19   | Child tax credit or credit for other dependents from Schedule 8812   | 19  | 31,103.  |
|                                      | 20   | Amount from Schedule 3, line 8.  | 20  |          |
|                                      | 21   | Add lines 19 and 20  | 21  | 0.       |
|                                      | 22   | Subtract line 21 from line 18. If zero or less, enter -0-  | 22  | 37,765.  |
|                                      | 23   | Other taxes, including self-employment tax, from Schedule 2, line 21   | 23  | 2,316.   |
|                                      |      |  | 24  | 40,081.  |
|                                      | 24   | Add lines 22 and 23. This is your <b>total tax</b>   | 24  | 40,001.  |
| Payments                             | 25   | Federal income tax withheld from:  a Form(s) W-2   |     |          |
|                                      |      | o Form(s) 1099. 25b 38,879.  |     |          |
|                                      |      | C Other forms (see instructions). 25c  | -   |          |
|                                      |      | d Add lines 25a through 25c  | 25d | 43,723.  |
| If you have a                        | 7 26 | 2023 estimated tax payments and amount applied from 2022 return  | 26  | ,        |
| If you have a qualifying child,      | 27   | Earned income credit (EIC)   |     |          |
| attach Sch. EIC.                     | 28   | Additional child tax credit from Schedule 8812   |     |          |
|                                      | 29   | American opportunity credit from Form 8863, line 8 29  |     |          |
|                                      | 30   | Reserved for future use  |     |          |
|                                      | 31   | Amount from Schedule 3, line 15  |     |          |
|                                      | 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  | 43,723.  |
| 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  | 3,642.   |
|                                      | 35 a | a Amount of line 34 you want <b>refunded to you.</b> If Form 8888 is attached, check here  | 35a | 3,642.   |
| Direct deposit?                      |      | Routing number ecking Savings  |     | <u> </u> |
| See instructions.                    |      | Account number   |     |          |
|                                      | 36   | Amount of line 34 you want applied to your 2024 estimated tax 36   |     |          |
| Amount<br>You Owe                    | 37   | Subtract line 33 from line 24. This is the <b>amount you owe.</b> For details on how to pay, go to <i>www.irs.gov/Payments</i> or see instructions | 37  |          |
| Tou Owe                              | 38   | Estimated tax penalty (see instructions)   | 0,  |          |
| Third Party                          |      | Zetimated tax penalty (see metadonery,   |     |          |
| Designee                             |      |  |     |          |
| J                                    |      |  |     |          |
| <u>C'</u>                            |      |  |     |          |
| Sign<br>Here                         |      |  |     |          |
| Joint return?                        |      |  |     |          |
| See instructions.<br>Keep a copy for |      |  |     |          |
| your records.                        |      |  |     |          |
| Paid                                 |      |  |     |          |
| Preparer<br>Use Only                 |      |  |     |          |