

Federal Return

Thank you for using FreeTaxUSA.com to prepare your 2023 income tax return.

You can view the status of your tax return by signing in to your account at www.freetaxusa.com.

2024 tax preparation on FreeTaxUSA.com will be available starting in January of 2025.

We look forward to preparing your 2024 tax return.

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

| 2023 |
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|---|------------------------|--|----------|--|---------------|------------|----------------------|-------------------|-----------|---|-----------------------------|--------------------------|------------|--|
| For the year Jar | n. 1–Dec | c. 31, 2023, or other tax year beginning | | | , 2 | 023, endin | 9 | , 20 | Se | ee sepa | arate ir | nstructions. | | |
| Your first name and middle initial | | | | Last name | | | | | | | Your social security number | | | |
| HABEEB B | | | | IDRIS | | | | | | | 45 | 5560 | | |
| If joint return, spouse's first name and middle initial | | | | Last name | | | | | | ouse's | social | security numl | bei | |
| | | | | | | | | | | | | | | |
| Home address | instructions. Apt. no. | | | | | | 1 | | | ction Campai | ign | | | |
| 169 HU | | 1 | | | | | | | | ou, or your | 24 | | | |
| City, town, or post office. If you have a foreign address, also cor | | | | | | | | ZIP code | | spouse if filing jointly, want \$3 to go to this fund. Checking a | | | | |
| TROY | | | | NY 12180 | | | | | | | ot change | | | |
| Foreign country name | | | | Foreign province/state/county Foreign postal coc | | | | | | our tax o | or retur Yo u | | ıse | |
| Filing Status | , \(\overline{\chi}\) | 7 Single | | | | | □ Hoad of | household (UOU | ١ | | | | _ | |
| Filing Status | 5 <u>~</u> | X Single ☐ Head of household (HOH)☐ Married filing jointly (even if only one had income) | | | | | | | | | | | | |
| Check only one box. | | ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS | | | | | | | | | | | | |
| one box. | If v | you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the | | | | | | | | | d's nan | ne if the | | |
| | | ualifying person is a child but not your dependent: | | | | | | | | | | | | |
| District | Λ+ o | ny time during 2023, did you: (a) rec | oivo (oo | - rower | | | | | | | | | _ | |
| Digital Assets | | nange, or otherwise dispose of a dig | | | | | | | | | Ye | s X No | | |
| Standard | | neone can claim: You as a de | | | | | as a dependent | , , | 7 | | | | _ | |
| Deduction | _ | Spouse itemizes on a separate retur | • | | | • | • | | | | | | | |
| | | | | _ | | | | | | 050 | | I.P. al | _ | |
| | | : Were born before January 2, 1 | 959 [| _ Are b | | Spou | | orn before Janua | | | | blind see instruction | | |
| Dependent | | instructions): irst name Last name | | (2) | Social num | security | (3) Relations to you | Ship (4) Check to | | | , | other depende | , | |
| If more than four | (1) | Last name | | | | | 10 you | | 7 | | | | | |
| dependents, | | | | | | | | | _ | | | | _ | |
| see instructions and check | s | | | | | | | | | | | | _ | |
| here |] | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, b | ox 1 (se | e instru | ctions | s) | | | | 1a | | 11,588 | }. | |
| Attach Form(s) | b | Household employee wages not reported on Form(s) W-2 | | | | | | | | 1b | | | | |
| W-2 here. Also | С | Tip income not reported on line 1a (see instructions) | | | | | | | | 1c | | | | |
| attach Forms W-2G and | d | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | | | | | | | | 1d | | | | |
| 1099-R if tax | e | Taxable dependent care benefits from Form 2441, line 26 | | | | | | | | 1e | | | | |
| was withheld. If you did not | f | Wages from Form 8919, line 6. | | | | | | | | 1f | _ | | _ | |
| get a Form | 9 h | Other earned income (see instruct | | | | | | | | 1g 1h | | | _ | |
| W-2, see instructions. | i | Nontaxable combat pay election (s | | | | | | 1i | | | | | _ | |
| | z | Add lines 1a through 1h | | | | | | | | 1z | | 11,588 | 3. | |
| Attach Sch. B | 2a | 1 | 2a | | | b | Taxable intere | st | | 2b | | | _ | |
| if required. | 3a | Qualified dividends | 3a | | | b | Ordinary divid | ends | | 3b | | | | |
| | 4a | IRA distributions | 4a | | | b | Taxable amou | nt | | 4b | | | | |
| Standard Deduction for— | 5a | Pensions and annuities | 5a | | | b | Taxable amou | nt | | 5b | | | | |
| Single or Married filing | 6a | , | 6a | | | | Taxable amou | | | 6b | ₽ | | | |
| separately, | С | If you elect to use the lump-sum election method, check here (see instructions) | | | | | | | | | 4 | , | | |
| \$13,850 Married filing | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | | . Ц | 7 | - | |) <u>.</u> | |
| jointly or Qualifying | 8 | Additional income from Schedule 1, line 10 | | | | | | | | 8 | _ | 11 500 | | |
| surviving spouse, \$27,700 | 9 10 | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income | | | | | | | | 10 | | 11,588 |) . | |
| Head of household, | 11 | Adjustments to income from Schedule 1, line 26 | | | | | | | | 11 | | 11,588 | | |
| \$20,800 | 12 | Standard deduction or itemized deductions (from Schedule A) | | | | | | | | 12 | | 13,850 | | |
| If you checked any box under | 13 | Qualified business income deduct | | | | | | | | 13 | | , | · | |
| Standard Deduction, | 14 | Add lines 12 and 13 | | | | | | | | 14 | | 13,850 | <u>.</u> | |
| see instructions. | 15 | Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income | | | | | | | | | | |) . | |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form **1040** (2023)

| Form 1040 (2023 | 3) HA. | BEEB B IDRIS | | | | | | 313 | <u>-45</u> | -5560 Page 2 | | |
|---------------------------------------|--------------------------------------|--|--------------------------|--------------------|-------------------|-------------|------------|--|-------------------|---------------------|--|--|
| Tax and | 16 | Tax (see instructions). Check | if any from Form | ı(s): 1 881 | 4 2 🗌 4972 | з 🗌 | | | 16 | 0. | | |
| Credits | 17 | Amount from Schedule 2, lir | ne 3 | | | | | [| 17 | 0. | | |
| | 18 | Add lines 16 and 17 | | | | | | | 18 | 0. | | |
| | 19 | Child tax credit or credit for | other dependen | ts from Sched | ule 8812 | | | [| 19 | | | |
| | 20 | Amount from Schedule 3, lir | ne 8 | | | | | [| 20 | 0. | | |
| | 21 | Add lines 19 and 20 | | | | | | [| 21 | 0. | | |
| | 22 | Subtract line 21 from line 18 | | | [| 22 | 0. | | | | | |
| | 23 | 3 , , , , , , | | | | | | | | | | |
| | 24 | Add lines 22 and 23. This is | your total tax | | | | | [| 24 | | | |
| Payments | 25 | Federal income tax withheld from: | | | | | | | | | | |
| • | а | a Form(s) W-2 | | | | | | | | | | |
| | b | o Form(s) 1099 | | | | | | | | | | |
| | С | Other forms (see instruction | s) | | | 25c | | | | | | |
| | d | Add lines 25a through 25c | | | | | | | 25d | 1,096. | | |
| If you have a | 26 | 2023 estimated tax paymen | ts and amount a | pplied from 20 |)22 return | | | [| 26 | | | |
| qualifying child, attach Sch. EIC. | 27 | Earned income credit (EIC) | | | NO | 27 | | Ī | | | | |
| | 28 | Additional child tax credit from | m Schedule 8812 | 2 | | 28 | | | | | | |
| | 29 | American opportunity credit | from Form 8863 | 3, line 8 | | 29 | | | | | | |
| | 30 | Reserved for future use . | | | | 30 | | | | | | |
| | 31 | Amount from Schedule 3, lir | ne 15 | | | 31 | | | | | | |
| | 32 | Add lines 27, 28, 29, and 31 | . These are your | total other pa | ayments and refu | ındable cre | dits . | | 32 | | | |
| | 33 | Add lines 25d, 26, and 32. T | hese are your to | tal payments | | | | | 33 | 1,096. | | |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | | | | | | | 34 | 1,096. | | |
| Horana | 35a | | | | | | | | 35a | 1,096. | | |
| Direct deposit? | b | Routing number 0 2 1 0 0 0 3 2 2 c Type: X Checking Savings | | | | | | | | | | |
| See instructions. | d | | | | | | | | | | | |
| | 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 amo | ount vou owe | | | | | | | | |
| You Owe | | For details on how to pay, go to www.irs.gov/Payments or see instructions | | | | | | | | 0. | | |
| | 38 | Estimated tax penalty (see instructions) | | | | | | | | | | |
| Third Party | Do | you want to allow another | | | | See | | | | | | |
| Designee [*] | ins | instructions | | | | | | | elow. | X No | | |
| | | signee's | | | | | | identification | | | | |
| | name no. number (PIN) | | | | | | | | - 14 | | | |
| 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 belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | | | | | | | | |
| Here | Yo | | | | | | | If the I | IRS ser | nt you an Identity | | |
| | 10 | ar signature | | Date | Tour occupation | | | | | IN, enter it here | | |
| Joint return? | | | | GRADUATE R | RESEARCH | (see ir | see inst.) | | | | | |
| See instructions. Keep a copy for | Sp | ouse's signature. If a joint return, I | Date | Spouse's occupat | ion | | | | nt your spouse an | | | |
| your records. | | | | | | | 1 | Identity Protection PIN, enter it here (see inst.) | | | | |
| , | Phone no. 518-961-1744 Email address | | | | | | (000 | | | | | |
| | | one no. <u>518-961-</u> eparer's name | Preparer's signat | · | | | | | | Check if: | | |
| Paid | | Sparor o ridirio | SELF-PREPARED | | | Date | Date PTIN | | | Self-employed | | |
| Preparer | | m's namo | ARED | | | | | Phone no. | | | | |
| Use Only | | | | | | | | | | | | |
| | гIr | III S address | | | | | | I LIIII) S | | EIN | | |