

|  |                               |  |                          |
|--|-------------------------------|--|--------------------------|
| 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<br><u>Rosemarie</u>   | Last name<br><u>Reece</u>     | Your social security number<br><u>062 78 8888</u>  |                          |
| If joint return, spouse's first name and middle initial<br><u>Jermaine W</u>                               | Last name<br><u>Merritt</u>   | Spouse's social security number<br><u>110 82 3455</u>  |                          |
| Home address (number and street). If you have a P.O. box, see instructions.<br><u>74014 Steele View CT</u> |                               | Presidential Election Campaign<br>Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |                          |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br><u>Waxhaw</u>    | State<br><u>NC</u>            |  | ZIP code<br><u>28173</u> |
| Foreign country name   | Foreign province/state/county |  | Foreign postal code      |

**Filing Status** ☐ Single ☐ Head of household (HOH)  
☒ Married filing jointly (even if only one had income)  
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)  
Check only one box.  
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** 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.) ☐ Yes ☒ No

**Standard Deduction** **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You: ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

| Dependents (see instructions): |               | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions): |                                     |
|--------------------------------|---------------|----------------------------|-------------------------|--|-------------------------------------|
| (1) First name                 | Last name     |                            |                         | Child tax credit                                       | Credit for other dependents         |
| Julian C                       | Reece-Merritt | 103-94-0567                | Son                     | <input type="checkbox"/>                               | <input checked="" type="checkbox"/> |
| Adrian A                       | Reece-Merritt | 104-98-4196                | Son                     | <input checked="" type="checkbox"/>                    | <input type="checkbox"/>            |
|                                |               |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>            |
|                                |               |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>            |

|  |  |                                       |
|--|--|---------------------------------------|
| <b>Income</b>  | <b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions)  | <b>1a</b> 49,021.                     |
|  | <b>b</b> Household employee wages not reported on Form(s) W-2  | <b>1b</b>                             |
|  | <b>c</b> Tip income not reported on line 1a (see instructions)   | <b>1c</b>                             |
|  | <b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions)                                     | <b>1d</b>                             |
|  | <b>e</b> Taxable dependent care benefits from Form 2441, line 26   | <b>1e</b>                             |
|  | <b>f</b> Employer-provided adoption benefits from Form 8839, line 29   | <b>1f</b>                             |
|  | <b>g</b> Wages from Form 8919, line 6  | <b>1g</b>                             |
|  | <b>h</b> Other earned income (see instructions)  | <b>1h</b> 0.                          |
|  | <b>i</b> Nontaxable combat pay election (see instructions) <b>1i</b>   |                                       |
|  | <b>z</b> Add lines 1a through 1h   | <b>1z</b> 49,021.                     |
| <b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b><br>If you did not get a Form W-2, see instructions. | <b>2a</b> Tax-exempt interest <b>2a</b>  | <b>2b</b> Taxable interest <b>2b</b>  |
|  | <b>3a</b> Qualified dividends <b>3a</b>  | <b>b</b> Ordinary dividends <b>3b</b> |
|  | <b>4a</b> IRA distributions <b>4a</b>  | <b>b</b> Taxable amount <b>4b</b>     |
|  | <b>5a</b> Pensions and annuities <b>5a</b>   | <b>b</b> Taxable amount <b>5b</b>     |
|  | <b>6a</b> Social security benefits <b>6a</b>   | <b>b</b> Taxable amount <b>6b</b>     |
|  | <b>c</b> If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>    |                                       |
|  | <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | <b>7</b>                              |
|  | <b>8</b> Additional income from Schedule 1, line 10  | <b>8</b>                              |
|  | <b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                                | <b>9</b> 49,021.                      |
|  | <b>10</b> Adjustments to income from Schedule 1, line 26   | <b>10</b>                             |
|  | <b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                                    | <b>11</b> 49,021.                     |
|  | <b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A)   | <b>12</b> 27,700.                     |
|  | <b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A  | <b>13</b>                             |
|  | <b>14</b> Add lines 12 and 13  | <b>14</b> 27,700.                     |
|  | <b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>              | <b>15</b> 21,321.                     |

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

Form 1040 (2023)

|                        |  |  |           |        |
|------------------------|--|--|-----------|--------|
| <b>Tax and Credits</b> | <b>16</b>  | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | <b>16</b> | 2,133. |
|                        | <b>17</b>  | Amount from Schedule 2, line 3   | <b>17</b> |        |
|                        | <b>18</b>  | Add lines 16 and 17  | <b>18</b> | 2,133. |
|                        | <b>19</b>  | Child tax credit or credit for other dependents from Schedule 8812   | <b>19</b> | 1,461. |
|                        | <b>20</b>  | Amount from Schedule 3, line 8   | <b>20</b> | 672.   |
|                        | <b>21</b>  | Add lines 19 and 20  | <b>21</b> | 2,133. |
|                        | <b>22</b>  | Subtract line 21 from line 18. If zero or less, enter -0-  | <b>22</b> | 0.     |
|                        | <b>23</b>  | Other taxes, including self-employment tax, from Schedule 2, line 21   | <b>23</b> | 0.     |
| <b>24</b>              | Add lines 22 and 23. This is your <b>total tax</b> | <b>24</b>  | 0.        |        |

|                 |   |   |            |        |
|-----------------|---|---|------------|--------|
| <b>Payments</b> | <b>25</b>   | Federal income tax withheld from:                               |            |        |
|                 | <b>a</b>  | Form(s) W-2   | <b>25a</b> | 5,152. |
|                 | <b>b</b>  | Form(s) 1099  | <b>25b</b> |        |
|                 | <b>c</b>  | Other forms (see instructions)                                  | <b>25c</b> |        |
|                 | <b>d</b>  | Add lines 25a through 25c                                       | <b>25d</b> | 5,152. |
|                 | <b>26</b>   | 2023 estimated tax payments and amount applied from 2022 return | <b>26</b>  |        |
|                 | <b>27</b>   | Earned income credit (EIC)                                      | <b>27</b>  | 2,201. |
|                 | <b>28</b>   | Additional child tax credit from Schedule 8812                  | <b>28</b>  | 1,039. |
|                 | <b>29</b>   | American opportunity credit from Form 8863, line 8              | <b>29</b>  | 394.   |
|                 | <b>30</b>   | Reserved for future use   | <b>30</b>  |        |
| <b>31</b>       | Amount from Schedule 3, line 15   | <b>31</b>   |            |        |
| <b>32</b>       | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | <b>32</b>   | 3,634.     |        |
| <b>33</b>       | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 | <b>33</b>   | 8,786.     |        |

|               |  |   |  |        |
|---------------|--|---|--|--------|
| <b>Refund</b> | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | <b>34</b>  | 8,786. |
|               | <b>35a</b>   | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | <b>35a</b>   | 8,786. |
|               | <b>b</b>   | Routing number 2 5 3 1 7 7 0 4 9  | <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |        |
|               | <b>d</b>   | Account number 3 7 9 9 8 5 2 1  |  |        |
| <b>36</b>     | Amount of line 34 you want <b>applied to your 2024 estimated tax</b> | <b>36</b>   |  |        |

|                       |           |   |           |  |
|-----------------------|-----------|---|-----------|--|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | <b>37</b> |  |
|                       | <b>38</b> | Estimated tax penalty (see instructions)  | <b>38</b> |  |

|                             |   |           |                                      |
|-----------------------------|---|-----------|--------------------------------------|
| <b>Third Party Designee</b> | Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> <b>Yes</b> . Complete below. <input checked="" type="checkbox"/> <b>No</b> |           |                                      |
|                             | Designee's name   | Phone no. | Personal identification number (PIN) |

|                  |  |               |                     |   |
|------------------|--|---------------|---------------------|---|
| <b>Sign Here</b> | 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. |               |                     |   |
|                  | Your signature   | Date          | Your occupation     | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
|                  | Spouse's signature. If a joint return, <b>both</b> must sign.  | Date          | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
|                  | Phone no. (980) 777-0544   | Email address |                     |   |

|                               |                 |                      |      |      |   |
|-------------------------------|-----------------|----------------------|------|------|---|
| <b>Paid Preparer Use Only</b> | Preparer's name | Preparer's signature | Date | PTIN | Check if:<br><input type="checkbox"/> Self-employed |
|                               | Firm's name     | Self-Prepared        |      |      | Phone no.   |
|                               | Firm's address  |                      |      |      | Firm's EIN  |

**SCHEDULE 3**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
Rosemarie Reece & Jermaine W Merritt

Your social security number  
062-78-8888

**Part I Nonrefundable Credits**

|           |   |           |      |
|-----------|---|-----------|------|
| <b>1</b>  | Foreign tax credit. Attach Form 1116 if required . . . . .  | <b>1</b>  |      |
| <b>2</b>  | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .          | <b>2</b>  |      |
| <b>3</b>  | Education credits from Form 8863, line 19 . . . . .   | <b>3</b>  | 592. |
| <b>4</b>  | Retirement savings contributions credit. Attach Form 8880 . . . . .                                       | <b>4</b>  | 80.  |
| <b>5a</b> | Residential clean energy credit from Form 5695, line 15 . . . . .   | <b>5a</b> |      |
| <b>b</b>  | Energy efficient home improvement credit from Form 5695, line 32 . . . . .                                | <b>5b</b> |      |
| <b>6</b>  | Other nonrefundable credits:  |           |      |
| <b>a</b>  | General business credit. Attach Form 3800 . . . . .   | <b>6a</b> |      |
| <b>b</b>  | Credit for prior year minimum tax. Attach Form 8801 . . . . .   | <b>6b</b> |      |
| <b>c</b>  | Adoption credit. Attach Form 8839 . . . . .   | <b>6c</b> |      |
| <b>d</b>  | Credit for the elderly or disabled. Attach Schedule R . . . . .   | <b>6d</b> |      |
| <b>e</b>  | Reserved for future use . . . . .   | <b>6e</b> |      |
| <b>f</b>  | Clean vehicle credit. Attach Form 8936 . . . . .  | <b>6f</b> |      |
| <b>g</b>  | Mortgage interest credit. Attach Form 8396 . . . . .  | <b>6g</b> |      |
| <b>h</b>  | District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                              | <b>6h</b> |      |
| <b>i</b>  | Qualified electric vehicle credit. Attach Form 8834 . . . . .   | <b>6i</b> |      |
| <b>j</b>  | Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                            | <b>6j</b> |      |
| <b>k</b>  | Credit to holders of tax credit bonds. Attach Form 8912 . . . . .   | <b>6k</b> |      |
| <b>l</b>  | Amount on Form 8978, line 14. See instructions . . . . .  | <b>6l</b> |      |
| <b>m</b>  | Credit for previously owned clean vehicles. Attach Form 8936 . . . . .                                    | <b>6m</b> |      |
| <b>z</b>  | Other nonrefundable credits. List type and amount: _____  | <b>6z</b> |      |
| <b>7</b>  | Total other nonrefundable credits. Add lines 6a through 6z . . . . .                                      | <b>7</b>  |      |
| <b>8</b>  | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . | <b>8</b>  | 672. |

(continued on page 2)

**Part II Other Payments and Refundable Credits**

|           |  |            |  |
|-----------|--|------------|--|
| <b>9</b>  | Net premium tax credit. Attach Form 8962 . . . . .   | <b>9</b>   |  |
| <b>10</b> | Amount paid with request for extension to file (see instructions) . . . . .                        | <b>10</b>  |  |
| <b>11</b> | Excess social security and tier 1 RRTA tax withheld . . . . .                                      | <b>11</b>  |  |
| <b>12</b> | Credit for federal tax on fuels. Attach Form 4136 . . . . .  | <b>12</b>  |  |
| <b>13</b> | Other payments or refundable credits:  |            |  |
| <b>a</b>  | Form 2439 . . . . .  | <b>13a</b> |  |
| <b>b</b>  | Credit for repayment of amounts included in income from earlier years . . . . .                    | <b>13b</b> |  |
| <b>c</b>  | Elective payment election amount from Form 3800, Part III, line 6, column (i) . . . . .            | <b>13c</b> |  |
| <b>d</b>  | Deferred amount of net 965 tax liability (see instructions) . . . . .                              | <b>13d</b> |  |
| <b>z</b>  | Other payments or refundable credits. List type and amount:  | <b>13z</b> |  |
| <b>14</b> | Total other payments or refundable credits. Add lines 13a through 13z . . . . .                    | <b>14</b>  |  |
| <b>15</b> | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . . | <b>15</b>  |  |

**SCHEDULE EIC  
(Form 1040)**Department of the Treasury  
Internal Revenue Service**Earned Income Credit**  
Qualifying Child Information**Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.**  
**Go to [www.irs.gov/ScheduleEIC](https://www.irs.gov/ScheduleEIC) for the latest information.**

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **43**

Name(s) shown on return

Rosemarie Reece &amp; Jermaine W Merritt

Your social security number

062-78-8888

If you are separated from your spouse, filing a separate return, and meet the requirements to claim the EIC (see instructions), check here ☐**Before you begin:**

- See the instructions for Form 1040, line 27, to make sure that (a) you can take the EIC, and (b) you have a qualifying child. See also Pub. 596.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If your child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information****Child 1****Child 2****Child 3****1 Child's name**

If you have more than three qualifying children, you have to list only three to get the maximum credit.

First name

Last name

Julian C Reece-Merritt

First name

Last name

Adrian A Reece-Merritt

First name

Last name

**2 Child's SSN**

The child must have an SSN as defined in the instructions for Form 1040, line 27, unless the child was born and died in 2023 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2023 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.

103-94-0567

104-98-4196

**3 Child's year of birth**Year 2 0 0 5  
If born after 2004 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.Year 2 0 0 9  
If born after 2004 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.Year \_\_\_\_\_  
If born after 2004 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.**4a** Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse, if filing jointly)?☐

Yes.

☐

No.

Go to  
line 5.

Go to line 4b.

☐

Yes.

☐

No.

Go to  
line 5.

Go to line 4b.

☐

Yes.

☐

No.

Go to  
line 5.

Go to line 4b.

**b** Was the child permanently and totally disabled during any part of 2023?☐

Yes.

☐

No.

Go to  
line 5.The child is not a  
qualifying child.☐

Yes.

☐

No.

Go to  
line 5.The child is not a  
qualifying child.☐

Yes.

☐

No.

Go to  
line 5.The child is not a  
qualifying child.**5 Child's relationship to you**

(for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)

Son

Son

**6 Number of months child lived with you in the United States during 2023**

- If the child lived with you for more than half of 2023 but less than 7 months, enter "7."
- If the child was born or died in 2023 and your home was the child's home for more than half the time he or she was alive during 2023, enter "12."

12 monthsDo not enter more than 12  
months.12 monthsDo not enter more than 12  
months.         monthsDo not enter more than 12  
months.

**SCHEDULE 8812**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Credits for Qualifying Children  
and Other Dependents**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **47**

Name(s) shown on return

Rosemarie Reece & Jermaine W Merritt

Your social security number

062-78-8888

**Part I Child Tax Credit and Credit for Other Dependents**

|  |   |           |          |
|--|---|-----------|----------|
| <b>1</b>   | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR . . . . .  | <b>1</b>  | 49,021.  |
| <b>2a</b>  | Enter income from Puerto Rico that you excluded . . . . .   | <b>2a</b> |          |
| <b>b</b>   | Enter the amounts from lines 45 and 50 of your Form 2555 . . . . .  | <b>2b</b> | 0.       |
| <b>c</b>   | Enter the amount from line 15 of your Form 4563 . . . . .   | <b>2c</b> |          |
| <b>d</b>   | Add lines 2a through 2c . . . . .   | <b>2d</b> | 0.       |
| <b>3</b>   | Add lines 1 and 2d . . . . .  | <b>3</b>  | 49,021.  |
| <b>4</b>   | Number of qualifying children under age 17 with the required social security number   | <b>4</b>  | 1        |
| <b>5</b>   | Multiply line 4 by \$2,000 . . . . .  | <b>5</b>  | 2,000.   |
| <b>6</b>   | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number . . . . .   | <b>6</b>  | 1        |
| <b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.                |   |           |          |
| <b>7</b>   | Multiply line 6 by \$500 . . . . .  | <b>7</b>  | 500.     |
| <b>8</b>   | Add lines 5 and 7 . . . . .   | <b>8</b>  | 2,500.   |
| <b>9</b>   | Enter the amount shown below for your filing status.<br>• Married filing jointly—\$400,000 }<br>• All other filing statuses—\$200,000 }   | <b>9</b>  | 400,000. |
| <b>10</b>  | Subtract line 9 from line 3.<br>• If zero or less, enter -0-.<br>• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc. } | <b>10</b> | 0.       |
| <b>11</b>  | Multiply line 10 by 5% (0.05) . . . . .   | <b>11</b> | 0.       |
| <b>12</b>  | Is the amount on line 8 more than the amount on line 11? . . . . .  | <b>12</b> | 2,500.   |
| <input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. |   |           |          |
| <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.  |   |           |          |
| <b>13</b>  | Enter the amount from <b>Credit Limit Worksheet A</b> . . . . .   | <b>13</b> | 1,461.   |
| <b>14</b>  | Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents</b> . . . . .   | <b>14</b> | 1,461.   |

**Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

**Part II-A Additional Child Tax Credit for All Filers****Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

|   |   |                          |
|---|---|--------------------------|
| <b>15</b>   | Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .   | <input type="checkbox"/> |
| <b>16a</b>  | Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .  | <b>16a</b> 1,039.        |
| <b>b</b>  | Number of qualifying children under 17 with the required social security number: <u>1</u> x \$1,600.<br>Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .  | <b>16b</b> 1,600.        |
| <b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4. |   |                          |
| <b>17</b>   | Enter the <b>smaller</b> of line 16a or line 16b . . . . .  | <b>17</b> 1,039.         |
| <b>18a</b>  | Earned income (see instructions) . . . . .  | <b>18a</b> 49,021.       |
| <b>b</b>  | Nontaxable combat pay (see instructions) . . . . .  | <b>18b</b>               |
| <b>19</b>   | Is the amount on line 18a more than \$2,500?<br><input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20.<br><input checked="" type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .   | <b>19</b> 46,521.        |
| <b>20</b>   | Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . .<br><b>Next.</b> On line 16b, is the amount \$4,800 or more?<br><input checked="" type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27.<br><input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. | <b>20</b> 6,978.         |

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

|           |  |           |
|-----------|--|-----------|
| <b>21</b> | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions. . . . . | <b>21</b> |
| <b>22</b> | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . . . .   | <b>22</b> |
| <b>23</b> | Add lines 21 and 22 . . . . .  | <b>23</b> |
| <b>24</b> | <b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. }<br><b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }   | <b>24</b> |
| <b>25</b> | Subtract line 24 from line 23. If zero or less, enter -0- . . . . .  | <b>25</b> |
| <b>26</b> | Enter the <b>larger</b> of line 20 or line 25 . . . . .<br><b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.   | <b>26</b> |

**Part II-C Additional Child Tax Credit**

|           |  |                  |
|-----------|--|------------------|
| <b>27</b> | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . . | <b>27</b> 1,039. |
|-----------|--|------------------|

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

Attach to Form 1040 or 1040-SR.

Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

OMB No. 1545-0074

**2023**Attachment  
Sequence No. **50**

Name(s) shown on return

Rosemarie Reece &amp; Jermaine W Merritt

Your social security number

062 | 78 | 8888

*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

|          |   |          |          |
|----------|---|----------|----------|
| <b>1</b> | After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .  | <b>1</b> | 986.     |
| <b>2</b> | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse . . . . .   | <b>2</b> | 180,000. |
| <b>3</b> | Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead . . . . .  | <b>3</b> | 49,021.  |
| <b>4</b> | Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .   | <b>4</b> | 130,979. |
| <b>5</b> | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse . . . . .  | <b>5</b> | 20,000.  |
| <b>6</b> | If line 4 is:<br>• Equal to or more than line 5, enter 1.000 on line 6 . . . . .<br>• Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .   | <b>6</b> | 1.000    |
| <b>7</b> | Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/> . . . . . | <b>7</b> | 986.     |
| <b>8</b> | <b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . . . .  | <b>8</b> | 394.     |

**Part II Nonrefundable Education Credits**

|           |   |           |      |
|-----------|---|-----------|------|
| <b>9</b>  | Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . . . .  | <b>9</b>  | 592. |
| <b>10</b> | After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .  | <b>10</b> |      |
| <b>11</b> | Enter the smaller of line 10 or \$10,000 . . . . .  | <b>11</b> |      |
| <b>12</b> | Multiply line 11 by 20% (0.20) . . . . .  | <b>12</b> |      |
| <b>13</b> | Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying surviving spouse . . . . .   | <b>13</b> |      |
| <b>14</b> | Enter the amount from Form 1040 or 1040-SR, line 11. But if you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter instead . . . . .                                    | <b>14</b> |      |
| <b>15</b> | Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .   | <b>15</b> |      |
| <b>16</b> | Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying surviving spouse . . . . .  | <b>16</b> |      |
| <b>17</b> | If line 15 is:<br>• Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 . . . . .<br>• Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . . | <b>17</b> |      |
| <b>18</b> | Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) . . . . .  | <b>18</b> |      |
| <b>19</b> | <b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . . . .  | <b>19</b> | 592. |



Name(s) shown on return

Rosemarie Reece &amp; Jermaine W Merritt

Your social security number

062 | 78 | 8888



**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

|   |   |
|---|---|
| <b>20</b> Student name (as shown on page 1 of your tax return)<br>Julian C<br>Reece-Merritt   | <b>21</b> Student social security number (as shown on page 1 of your tax return)<br><div style="text-align: right;">103-94-0567</div>   |
| <b>22</b> Educational institution information (see instructions)  |   |
| <b>a.</b> Name of first educational institution<br>UNIVERSAL TECHNICAL INSTITUTE OF NORTH CAROLINA, INC.<br><br><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.<br>220 BYERS CREEK ROAD<br>MOORESVILLE NC 28117<br><br><b>(2)</b> Did the student receive Form 1098-T from this institution for 2023? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>(3)</b> Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.<br><br><div style="text-align: center;">86-1035629</div> | <b>b.</b> Name of second educational institution (if any)<br><br><b>(1)</b> Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.<br><br><b>(2)</b> Did the student receive Form 1098-T from this institution for 2023? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>(3)</b> Did the student receive Form 1098-T from this institution for 2022 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. |
| <b>23</b> Has the American opportunity credit been claimed for this student for any 4 prior tax years?<br><div style="text-align: right;"> <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student.           <input checked="" type="checkbox"/> No — Go to line 24.         </div>   |   |
| <b>24</b> Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2023 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.<br><div style="text-align: right;"> <input checked="" type="checkbox"/> Yes — Go to line 25.           <input type="checkbox"/> No — <b>Stop!</b> Go to line 31 for this student.         </div>   |   |
| <b>25</b> Did the student complete the first 4 years of postsecondary education before 2023? See instructions.<br><div style="text-align: right;"> <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student.           <input checked="" type="checkbox"/> No — Go to line 26.         </div>   |   |
| <b>26</b> Was the student convicted, before the end of 2023, of a felony for possession or distribution of a controlled substance?<br><div style="text-align: right;"> <input type="checkbox"/> Yes — <b>Stop!</b> Go to line 31 for this student.           <input checked="" type="checkbox"/> No — Complete lines 27 through 30 for this student.         </div>   |   |



**You *can't* take the American opportunity credit and the lifetime learning credit for the *same student* in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.**

**American Opportunity Credit**

|  |           |       |
|--|-----------|-------|
| <b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .   | <b>27</b> | 986 . |
| <b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .  | <b>28</b> | 0 .   |
| <b>29</b> Multiply line 28 by 25% (0.25) . . . . .   | <b>29</b> | 0 .   |
| <b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . . | <b>30</b> | 986 . |

**Lifetime Learning Credit**

|   |           |  |
|---|-----------|--|
| <b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . . | <b>31</b> |  |
|---|-----------|--|

**Credit for Qualified Retirement Savings Contributions**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8880](http://www.irs.gov/Form8880) for the latest information.

OMB No. 1545-0074

**2023**  
Attachment  
Sequence No. **54**

Name(s) shown on return

Rosemarie Reece &amp; Jermaine W Merritt

Your social security number

062-78-8888



You **cannot** take this credit if **either** of the following applies.

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2006; (b) is claimed as a dependent on someone else's 2023 tax return; or (c) was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2023. **Do not** include rollover contributions . . . . .
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions) . . . . .
- Add lines 1 and 2 . . . . .
- Certain distributions received **after** 2020 and **before** the due date (including extensions) of your 2023 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception . . . . .
- Subtract line 4 from line 3. If zero or less, enter -0- . . . . .
- In each column, enter the **smaller** of line 5 or \$2,000 . . . . .
- Add the amounts on line 6. If zero, **stop**; you can't take this credit . . . . .
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11\* . . . . .
- Enter the applicable decimal amount from the table below.

|          | (a) You | (b) Your spouse |
|----------|---------|-----------------|
| <b>1</b> | 0.      | 0.              |
| <b>2</b> | 800.    |                 |
| <b>3</b> | 800.    |                 |
| <b>4</b> |         |                 |
| <b>5</b> | 800.    |                 |
| <b>6</b> | 800.    |                 |
| <b>7</b> |         | 800.            |

| If line 8 is— |               | And your filing status is— |                   |   |
|---------------|---------------|----------------------------|-------------------|---|
| Over—         | But not over— | Married filing jointly     | Head of household | Single, Married filing separately, or Qualifying surviving spouse |
| ---           | \$21,750      | 0.5                        | 0.5               | 0.5   |
| \$21,750      | \$23,750      | 0.5                        | 0.5               | 0.2   |
| \$23,750      | \$32,625      | 0.5                        | 0.5               | 0.1   |
| \$32,625      | \$35,625      | 0.5                        | 0.2               | 0.1   |
| \$35,625      | \$36,500      | 0.5                        | 0.1               | 0.1   |
| \$36,500      | \$43,500      | 0.5                        | 0.1               | 0.0   |
| \$43,500      | \$47,500      | 0.2                        | 0.1               | 0.0   |
| \$47,500      | \$54,750      | 0.1                        | 0.1               | 0.0   |
| \$54,750      | \$73,000      | 0.1                        | 0.0               | 0.0   |
| \$73,000      | ---           | 0.0                        | 0.0               | 0.0   |

**Note:** If line 9 is zero, **stop**; you can't take this credit.

- Multiply line 7 by line 9 . . . . .
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions . . . . .
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4 . . . . .

|           |   |        |
|-----------|---|--------|
| <b>9</b>  | x | .1     |
| <b>10</b> |   | 80.    |
| <b>11</b> |   | 1,541. |
| <b>12</b> |   | 80.    |

\* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

## D-400 (59) 8-16-23 Individual Income Tax Return 2023

< Staple All Pages of Your  
Return and W-2s Here

North Carolina Department of Revenue

☐ Amended ReturnDOR  
Use  
Only

|  |  |   |  |
|--|--|---|--|
| For calendar year 2023, or fiscal year beginning 23 and ending   |  | Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                |  |
| ROSEMARIE REECE JERMAINE W MERRITT   |  | Is your spouse a veteran? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         |  |
| 74014 STEELE VIEW CT Your SSN: 062788888   |  | Were you granted an automatic extension to file your 2023 federal income tax return, e.g., Form 1040? |  |
| WAXHAW NC 28173 UNION Spouse's SSN: 110823455  |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                   |  |
| Filing Status <input type="checkbox"/> 1. Single <input checked="" type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately   |  | Year spouse died:   |  |
| <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)   |  |   |  |
| Were you a resident of N.C. for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | Return for deceased taxpayer. Date of death:  |  |
| Was your spouse a resident for the entire year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | Return for deceased spouse. Date of death:  |  |
| N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ 0. To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.) |  |   |  |
| <input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2024, and a U.S. citizen or resident.   |  |   |  |
| <input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.  |  |   |  |

|                      |      |            |    |     |    |     |      |       |           |       |    |       |       |       |   |
|----------------------|------|------------|----|-----|----|-----|------|-------|-----------|-------|----|-------|-------|-------|---|
| FS                   | 2    | PP         | N  | DT  | N  | OC  | N    | TPRES | Y         | SPRES | Y  | VT    | N     | SVT   | Y |
| REEC                 | 7401 | 28173      | DS | N   | EA | N   | TD   |       |           | SD    |    |       |       | FDEXT | N |
| ROSEMARIE            |      | REECE      |    |     |    |     |      |       | 062788888 |       |    |       | UNION |       |   |
| JERMAINE             |      | W MERRITT  |    |     |    |     |      |       | 110823455 |       | NC | 28173 |       |       |   |
| 74014 STEELE VIEW CT |      |            |    |     |    |     |      |       | WAXHAW    |       |    |       |       |       |   |
| 06                   |      | 49021      |    | 16  |    |     |      | 0     | 26C       |       |    | 0     |       |       |   |
| 07                   |      | 0          |    | 18  | Y  |     |      | 0     | 26E       |       |    | 0     |       |       |   |
| 09                   |      | 0          |    | 20A |    |     | 1584 |       | EU        |       |    |       |       |       |   |
| 10A                  |      | 1          |    | 20B |    |     | 0    |       | 27        |       |    | 0     |       |       |   |
| 10B                  |      | 2500       |    | 21A |    |     | 0    |       | 29        |       |    | 0     |       |       |   |
| 11                   | S    | Y          | I  | N   |    | 21B |      | 0     | 30        |       |    | 0     |       |       |   |
| 11                   |      | 25500      |    | 21C |    |     | 0    |       | 31        |       |    | 0     |       |       |   |
| 13                   |      | 00000      |    | 21D |    |     | 0    |       | 32        |       |    | 0     |       |       |   |
| 14                   |      | 21021      |    | 26A |    |     | 0    |       | 34        |       |    | 586   |       |       |   |
| 15                   |      | 998        |    | 26B |    |     | 0    |       |           |       |    |       |       |       |   |
| TN                   |      | 9807770544 |    | PN  |    |     |      |       | PP        |       |    |       |       |       |   |



|  |                                     |
|--|-------------------------------------|
| <b>Sign Return Below</b> <input checked="" type="checkbox"/> <b>Refund Due</b> 586 <input type="checkbox"/> <b>Payment Due</b> 0   |                                     |
| I declare and certify 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. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below. |                                     |
| Your Signature _____   | Date _____                          |
| Spouse's Signature (If filing joint return, both must sign.) _____   | Date _____                          |
| 9807770544<br>Contact Phone No. (Include area code)  |                                     |
| <b>PAID PREPARER USE ONLY</b> If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.   |                                     |
| <b>SELF PREPARED</b>   |                                     |
| Paid Preparer's Signature _____  | Date _____                          |
| Preparer's Contact Phone Number (Include area code) _____  | Preparer's FEIN, SSN, or PTIN _____ |
| If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001   |                                     |
| If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640  |                                     |

Last Name (First 10 Characters) REECE

Your Social Security Number

062788888

**D-400 Line-by-Line Information**

|     |   |      |        |
|-----|---|------|--------|
| 6.  | Federal Adjusted Gross Income   | 6.   | 49021  |
| 7.  | Additions to Federal Adjusted Gross Income  | 7.   | 0      |
| 8.  | Add Lines 6 and 7   | 8.   | 49021  |
| 9.  | Deductions From Federal Adjusted Gross Income   | 9.   | 0      |
| 10. | Child Deduction   |      |        |
|     | a. Enter the number of qualifying children for whom you were allowed a federal child tax credit | 10a. | 1      |
|     | b. Enter the amount of the child deduction  | 10b. | 2500   |
| 11. | N.C. Standard Deduction   | 11.  | Y      |
| 11. | N.C. Itemized Deduction   | 11.  | N      |
| 11. | Deduction amount  | 11.  | 25500  |
| 12. | a. Add Lines 9, 10b, and 11   | 12a. | 28000  |
|     | b. Subtract Line 12a from Line 8  | 12b. | 21021  |
| 13. | Part-year Residents and Nonresidents Taxable Percentage   | 13.  | 0.0000 |
| 14. | N.C. Taxable Income   | 14.  | 21021  |
| 15. | N.C. Income Tax   | 15.  | 998    |
| 16. | Tax Credits   | 16.  | 0      |
| 17. | Subtract Line 16 from Line 15   | 17.  | 998    |
| 18. | Consumer Use Tax  | 18.  | 0      |
|     | You certify that no Consumer Use Tax is due   |      | Y      |
| 19. | Add Lines 17 and 18   | 19.  | 998    |

**North Carolina Income Tax Withheld**

|      |                       |      |      |
|------|-----------------------|------|------|
| 20a. | Your tax withheld     | 20a. | 1584 |
| 20b. | Spouse's tax withheld | 20b. | 0    |

**Other Tax Payments**

|      |  |      |      |
|------|--|------|------|
| 21a. | 2023 estimated tax                                   | 21a. | 0    |
| 21b. | Paid with extension                                  | 21b. | 0    |
| 21c. | Partnership  | 21c. | 0    |
| 21d. | S Corporation  | 21d. | 0    |
| 22.  | Additional Payments                                  | 22.  | 0    |
| 23.  | Add Lines 20a through 22                             | 23.  | 1584 |
| 24.  | Previous Refunds                                     | 24.  | 0    |
| 25.  | Subtract Line 24 from Line 23                        | 25.  | 1584 |
| 26a. | <b>Tax Due</b>                                       | 26a. | 0    |
| 26b. | Penalties  | 26b. | 0    |
| 26c. | Interest   | 26c. | 0    |
| 26d. | Add Lines 26b and 26c and enter the total on 26d     | 26d. | 0    |
| EU   | Exception to Underpayment of Estimated Tax           | EU   |      |
| 26e. | Interest on the Underpayment of Estimated Income Tax | 26e. | 0    |
| 27.  | <b>Pay this Amount</b>                               | 27.  | 0    |
| 28.  | <b>Overpayment</b>                                   | 28.  | 586  |

**Amount of Refund to Apply to:**

|     |  |     |     |
|-----|--|-----|-----|
| 29. | Amount of Line 28 to be applied to 2024 Estimated Income Tax | 29. | 0   |
| 30. | N.C. Nongame and Endangered Wildlife Fund                    | 30. | 0   |
| 31. | N.C. Education Endowment Fund                                | 31. | 0   |
| 32. | N.C. Breast and Cervical Cancer Control Program              | 32. | 0   |
| 33. | Add Lines 29 through 32                                      | 33. | 0   |
| 34. | <b>Amount to be Refunded</b>                                 | 34. | 586 |