

Taxpayer

Robert H Miles JR
XXX-XX-0729

813 Iowa St
Sioux City, IA 51103

2023 Federal Return Information Prepared: 02-16-2024

Filing Status: Single

Wages, Salaries, Tips, etc.:	\$	21,409
Total Income:	\$	24,210
Total Adjustments:	\$	0
Adjusted Gross Income:	\$	24,210
Total Deductions:	\$	13,850
QBI Amount:	\$	560
Taxable Income:	\$	9,800
Tax (before credits):	\$	983
Total Non-Refundable Credits:	\$	0
Tax (after credits):	\$	983
Earned Income Credit:	\$	0
Total Payments, Refundable Credits:	\$	1,004
Amount You Overpaid:	\$	21
Your Tax Refund:	\$	21
Refund You Applied to 2024:	\$	0
Amount of Tax Owed (balance due):	\$	0
Tax Rate (percentage):		10

State Return Information Resident State: MA

State	AGI	Taxable Income	Tax	Refund	Balance Due
MA	\$ 21,409	\$ 12,371	\$ 619	\$ 319	

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____

See separate instructions.

Your first name and middle initial	Last name	Your social security number
Robert H	Miles JR	010-64-0729
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

813 Iowa St

Apt. no.

Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below.

Sioux City

State

IA

ZIP code

51103

Foreign country name

Foreign province/state/county

Foreign postal code

☐ You ☐ Spouse

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):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Income

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	21,409
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	21,409

Attach Sch. B if required.

2a	Tax-exempt interest	2a		b	Taxable interest	2b	
3a	Qualified dividends	3a		b	Ordinary dividends	3b	2,801
4a	IRA distributions	4a		b	Taxable amount	4b	
5a	Pensions and annuities	5a		b	Taxable amount	5b	
6a	Social security benefits	6a		b	Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions)		<input type="checkbox"/>				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here		<input type="checkbox"/>			7	
8	Additional income from Schedule 1, line 10					8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income					9	24,210
10	Adjustments to income from Schedule 1, line 26					10	
11	Subtract line 10 from line 9. This is your adjusted gross income					11	24,210
12	Standard deduction or itemized deductions (from Schedule A)					12	13,850
13	Qualified business income deduction from Form 8995 or Form 8995-A					13	560
14	Add lines 12 and 13					14	14,410
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income					15	9,800

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> . . .	16	983
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	983
19	Child tax credit or credit for other dependents from Schedule 8812	19	
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	983
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	983

Payments

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	1,004
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	1,004
26	2023 estimated tax payments and amount applied from 2022 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit from 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	31	
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	0
33	Add lines 25d, 26, and 32. These are your total payments	33	1,004

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid . . .	34	21																
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. <input type="checkbox"/>	35a	21																
b	Routing number <table><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings							
X	X	X	X	X	X	X	X	X	X										
d	Account number <table><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
36	Amount of line 34 you want applied to your 2024 estimated tax	36																	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	0
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes**. Complete below. ☒ **No**

Designee's name	Phone no.	Personal identification number (PIN)						
		<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

Sign Here

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 Laborer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Phone no. 712-870-1001	Email address								

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Preparer's name	Phone no.		
Firm's name			
Firm's address	Firm's EIN		

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleB for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **08**

Name(s) shown on return

Robert H Miles JR

Your social security number

010-64-0729

Part I

Interest

(See instructions
and the
Instructions for
Form 1040,
line 2b.)

Note: If you
received a
Form 1099-INT,
Form 1099-OID,
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

Amount	
1	
2	
3	
4	

- 2** Add the amounts on line 1
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b . . .

Note: If line 4 is over \$1,500, you must complete Part III.

Part II

**Ordinary
Dividends**

(See instructions
and the
Instructions for
Form 1040,
line 3b.)

Note: If you
received a
Form 1099-DIV
or substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

- 5** List name of payer: Commonwealth of Massachusetts

DIVIDEND SUBTOTAL **2,801**

5	
6	2,801

- 6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b . . .

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

**Foreign
Accounts
and Trusts**

Caution: If
required, failure to
file FinCEN Form
114 may result in
substantial
penalties.
Additionally, you
may be required
to file Form 8938,
Statement of
Specified Foreign
Financial Assets.
See instructions.

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a** At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b** If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) are located: _____
- 8** During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes	No
	X
	X

For Paperwork Reduction Act Notice, see your tax return instructions.

EEA

Schedule B (Form 1040) 2023

Computation of Regular Tax

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

Robert H Miles JR

010-64-0729

Statement for line 16 of Form 1040

Tax from Tax Table found in form instructions \$ 983

\$ 983 Tax computed using only available method

Form 1040 or
1040-SR

Investment Income for the
Earned Income Credit

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

Robert H Miles JR

010-64-0729

Interest and Dividends

1. Enter any amount from Form 1040 or 1040-SR, line 2b 1. _____
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b 2. _____
3. Enter any amount from Form 1040 or 1040-SR, line 3b 3. 2,801
4. Enter the amount from Schedule 1 (Form 1040), line 8z, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) 4. _____

Capital Gain Net Income

5. Enter the amount from Form 1040 or 1040-SR, line 7. If the amount on that line is a loss, enter -0- 5. _____
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) 6. _____
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) 7. _____

Royalties and Rental Income From Personal Property

8. Enter any royalty income from Schedule E, line 23b, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 8l. Subtract any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Schedule 1 (Form 1040), line 24b. (If the result is less than zero, enter -0-) 8. _____

Passive Activities

9. Enter the total of any net income from passive activities (such as income included on Schedule E, line 26, 29a (col. (h)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, line 26, 29b (col. (g)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-) 9. 0
10. Adjustment from EIC screen 10. _____
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. **This is your investment income** 11. 2,801
12. Is the amount on line 11 more than **\$11,000**?
☐ **Yes.** You can't take the credit.
☒ **No.** Go to *Step 3* of the Form 1040 instructions for line 27 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to *Rule 7*, next).

Instructions for line 9. In figuring the amount to enter on line 9, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, isn't from a passive activity, enter "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for three (3) years.

If you consent to us disclosing your tax return information (including but not limited to information such as refund amount, amount owed, refund method, payment method, business loss carryforward, estimated tax payments, student loan interest, tax credit amount, income information) to MoneyLion for the purposes of

MoneyLion using your tax return information to contact you and provide personalized information, products and offers to me regarding: personalized financial product experiences, banking products, lending or loan products, investments or retirement related products or additional products and services that MoneyLion provides. Sign and date your consent provides. Sign and date your consent to disclosure of your tax return information.

I, Robert H Miles JR

authorize Column Tax to disclose my tax return information for tax year 2023 that is necessary for MoneyLion to contact me, to provide information about the following topics and to use my tax return information for the following purposes: personalized financial product experiences, banking products, lending or loan products, investment or retirement related products, or additional products and services that MoneyLion provides.

If you approve disclosure of your tax return information by Column Tax to MoneyLion for a term of three (3) years, please sign below.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

CONSENT TO USE OF TAX RETURN INFORMATION

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the use of your tax return information, Federal law may not protect your return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the use of your tax return information, your consent is valid for three (3) years.

If you consent to the use of your tax return information (including but not limited to information such as refund amount, amount owed, refund method, payment method, business loss carryforward, estimated tax payments, student loan interest, tax credit amount, income information) by MoneyLion for the purpose of providing personalized information, products and offers regarding: personalized financial product experiences, banking products, lending or loan products, investment or retirement investments or retirement related products or additional products and services that MoneyLion provides. Sign and date your consent to use of your tax return information.

I, Robert H Miles JR

authorize MoneyLion to contact me, to provide information about the following topics and to use my tax return information to provide me personalized information, products or offers regarding: personalized financial product experiences, banking products, lending or loan products, investment or retirement related products, or additional products and services that MoneyLion provides.

If you approve use of your tax return information by MoneyLion, Inc. for a term of three (3) years, please sign below.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

**Qualified Business Income Deduction
Simplified Computation****2023**Department of the Treasury
Internal Revenue Service**Attach to your tax return.**
Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

Robert H Miles JR**010-64-0729**

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 0	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 0	
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	0
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 2,801	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8 2,801	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	560
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	560
11	Taxable income before qualified business income deduction (see instructions)	11 10,360	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 0	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 10,360	
14	Income limitation. Multiply line 13 by 20% (0.20)	14	2,072
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15	560
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0)

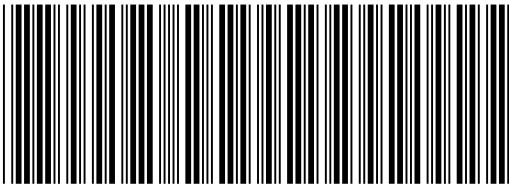
For Privacy Act and Paperwork Reduction Act Notice, see instructions.Form **8995** (2023)

EEA

Amount from Form 1040, line 11..... 24,210

Amount from Form 1040, line 12..... 13,850

Line 11 above is the difference between these amounts..... 10,360



2023 Form 1

MA23001011024

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2023 or other taxable

Year beginning

Ending

ROBERT

H MILES JR

010-64-0729

813 IOWA ST

SIOUX CITY

IA 51103

Fill in if:

Amended return

Other jurisdiction change

Enter date of change

09012023

Federal amendment

Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund:

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

Taxpayer deceased

Fill in if under age 18

Fill in if name change

\$1 You

\$1 Spouse

TOTAL

You

Spouse

You

Spouse

You

Spouse

You

Spouse

X Fill in if noncustodial parent

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

a. Total federal income

24210

b. Federal adjusted gross income

24210

1. Filing status (select one only):

X Single

Married filing jointly

Married filing separate return

Head of household

NRA

You are a custodial parent who has released claim to exemption for child(ren)

2. Exemptions

a. Personal exemptions

2a

4400

b. Number of dependents. (Do not include yourself or your spouse.) Enter number

x \$1,000 = 2b

c. Age 65 or over before 2024

You +

Spouse =

x \$700 = 2c

d. Blindness

You +

Spouse =

x \$2,200 = 2d

e. Medical/dental

2e

f. Adoption

2f

g Total exemptions. Add items 2a through 2f. Enter here and on line 18

2g

4400

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature

Date

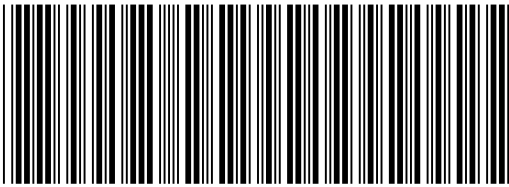
Spouse's signature

Date

7128701001

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

02-16-2024



2023 Form 1, pg. 2

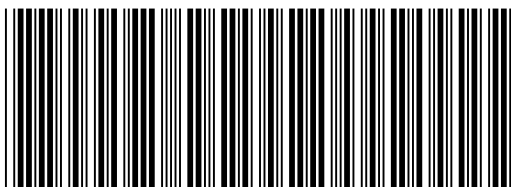
MA23001021024

Massachusetts Resident Income Tax Return

010-64-0729

3.	Wages, salaries, tips	3	21409
4.	Taxable pensions and annuities	4	
5.	Mass. bank interest: a.	- b. exemption = 5	
6a.	Business/profession income/loss	6a	
6b.	Farming income/loss	6b	
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	
8a.	Unemployment	8a	
8b.	Mass. lottery winnings	8b	
9.	Other income from Schedule X, line 7	9	
10.	TOTAL 5.0% INCOME	10	21409
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	1638
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	
12.	Reserved for future use	12	
13.	Reserved for future use	13	
14.	Rental deduction. a. 6000	÷ 2 = 14	3000
15.	Other deductions from Schedule Y, line 19	15	
16.	Total deductions. Add lines 11 through 15	16	4638
17.	5.0% INCOME AFTER DEDUCTIONS. Subtract line 16 from line 10. Not less than "0"	17	16771
18.	Exemption amount	18	4400
19.	5.0% INCOME AFTER EXEMPTIONS. Subtract line 18 from line 17. Not less than "0"	19	12371
20.	INTEREST AND DIVIDEND INCOME	20	
21.	TOTAL TAXABLE 5.0% INCOME. Add lines 19 and 20	21	12371
22.	TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585	22	619
23.	INCOME FROM SCHEDULE B. Not less than "0."		
a.	x .085 = 23a		
b.	x .12 = 23b		
	TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 23a and 23b	23	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1



2023 Form 1, pg. 3

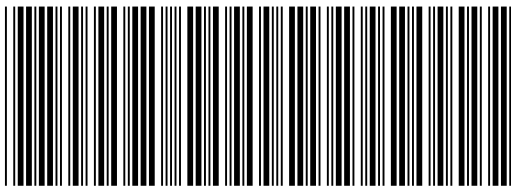
MA23001031024

Massachusetts Resident Income Tax Return

010-64-0729

24. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS			24	
Fill in if any excess exemptions were used in calculating lines 20, 23 or 24				
25. Credit recapture amount (from Credit Recapture Schedule)			25	
26. Additional tax on installment sale			26	
27. If you qualify for No Tax Status, fill in and enter "0" on line 28				
28. TOTAL INCOME TAX.				
a. Income tax. Add lines 22 through 26	28a	619		
b. 4% Surtax. (from Schedule 4% Surtax, line 7)	28b	0		
c. Total tax. Add lines 28a and 28b			28	619
29. Limited Income Credit			29	
30. Income tax due to another state or jurisdiction			30	
31. Other credits from Credit Manager Schedule			31	
32. INCOME TAX AFTER CREDITS. Subtract the total of lines 29 through 31 from line 28. Not less than "0"			32	619
33. Voluntary Contributions				
a. Endangered Wildlife Conservation			33a	
b. Organ Transplant Fund			33b	
c. Massachusetts Public Health HIV and Hepatitis Fund			33c	
d. Massachusetts U.S. Olympic Fund			33d	
e. Massachusetts Military Family Relief Fund			33e	
f. Homeless Animal Prevention and Care			33f	
Total. Add lines 33a through 33f			33	
34. Use tax due on Internet, mail order and other out-of-state purchases			34	0
35. Health care penalty a. You + b. Spouse			35	
36. Amended return only. Overpayment from original return			36	
37. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 32 through 36			37	619
38. a. Massachusetts income tax withheld from Form(s) W-2	38a	938		
b. Massachusetts income tax withheld from Form(s) 1099	38b			
c. Massachusetts income tax withheld from other forms	38c			
Total. Add lines 38a through 38c			38	938





2023 Schedule HC

MA23029011024

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).

Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

ROBERT

H MILES JR

010-64-0729

1a. Date of birth 11221982 1b. Spouse's date of birth 1c. Family size 1
2. Federal adjusted gross income 2 24210

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2023, you turned 18, you were a part-year resident or a taxpayer was deceased.

3a You:	<input checked="" type="checkbox"/> Full-year MCC	Part-year MCC	No MCC/None
3b Spouse:	Full-year MCC	Part-year MCC	No MCC/None

If you filled in the full-year or part-year MCC box, go to line 4. If you filled in No MCC/None, go to line 6.

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2023, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)	You	Spouse
4b. MassHealth. Fill in and go to line 5	<input checked="" type="checkbox"/> You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5	You	Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5	You	Spouse
4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net is not considered insurance or minimum creditable coverage.	You	Spouse

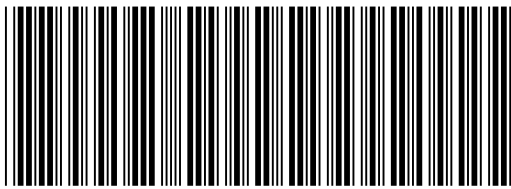
4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

4g. Spouse's Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2023, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

02-16-2024



2023 Schedule B

MA23010011024

ROBERT

H MILES JR

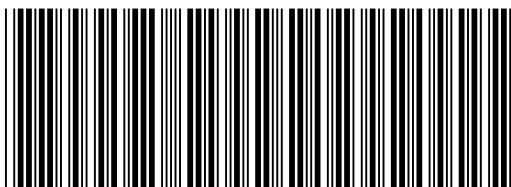
010-64-0729

Part 1. Interest and Dividend Income

1.	Total interest income	1	
2.	Total ordinary dividends	2	2801
3.	Other interest and dividends not included above	3	
4.	Total interest and dividends	4	2801
5.	Total interest from Massachusetts banks	5	
6a.	Other interest and dividends to be excluded	6a	2801
	Statement #516		
6b.	Part-year/Nonresidents only	6b	
7.	Subtotal	7	
8.	Allowable deductions from your trade or business	8	
9.	Subtotal	9	

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10.	Massachusetts short-term capital gains	10	
11.	Massachusetts long-term capital gains on collectibles and pre-1996 installment sales	11	
12.	Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	12	
13a.	Add lines 10 through 12	13a	
13b.	Part-year/Nonresidents only	13b	
13c.	Subtract line 13b from line 13a. Not less than 0	13c	
14.	Allowable deductions from your trade or business	14	
15.	Subtotal	15	
16.	Massachusetts short-term capital losses	16	
17.	Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	17	
18.	Prior short-term unused losses for years beginning after 1981	18	



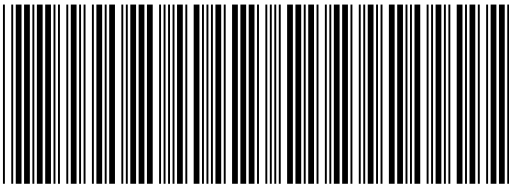
2023 Schedule B, pg. 2

010-64-0729 MA23010021024

19a.	Combine lines 15 through 18	19a
19b.	Part-year/Nonresidents only	19b
19c.	Exclude line 19b losses from line 19a	19c
20.	Short-term losses applied against interest and dividends	20
21.	Available short-term losses	21
22.	Short-term losses applied against long-term gains	22
23.	Short-term losses available for carryover in 2024	23
24.	Short-term gains and long-term gains on collectibles	24
25.	Long-term losses applied against short-term gain	25
26.	Subtotal	26
27.	Long-term gains deduction	27
28.	Short-term gains after long-term gains deduction	28

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29.	Enter the amount from line 9	29
30.	Short-term losses applied against interest and dividends	30
31.	Subtotal interest and dividends	31
32.	Long-term losses applied against interest and dividends	32
33.	Adjusted interest and dividends	33
34.	Enter the amount from line 28	34
35.	Adjusted gross interest, dividends and certain capital gains	35
36.	Excess exemptions	36
37.	Subtract line 36 from line 35	37
38.	Interest and dividends taxable at 5.0%	38
39.	Total taxable 8.5% and 12% capital gains	39
40.	Available short-term losses for carryover in 2024	40



2023 Schedule INC

MA23INC011024

ROBERT

H MILES JR

010-64-0729

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
36-2407381	281	6452	494		W2
06-1278496	198	5022	384		W2
27-1577560	459	9935	760		W2

TOTALS	938	21409	1638		
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02-16-2024

Schedule HC Worksheets and Tables

2023

(Keep for your records)

Name(s) as shown on return

ROBERT H MILES JR

Your social security number

010-64-0729

Schedule HC Worksheet for Line 6: Federal Poverty Level

1. Enter your federal adjusted gross income from Schedule HC, line 2 1 24210

2. Enter the income amount that corresponds to your family size (as entered on Schedule HC, line 1c) from the 150% FPL column from

Table 1 2 20385

If line 1 is less than or equal to line 2, your income in 2023 was at or below 150% of the Federal Poverty Level and the penalty does not apply to you in 2023. Fill in the Yes box in line 6 of Schedule HC, skip the remainder of Schedule HC and continue completing your tax return.

If line 1 is greater than line 2, your income in 2023 was above 150% of the Federal Poverty Level. Fill in the No box in line 6 of Schedule HC and go to line 7 of Schedule HC.

Table 1: Federal Poverty Level, Annual Income Standards

Family size*	150% FPL
1	\$20,385
2	\$27,465
3	\$34,545
4	\$41,625
5	\$48,705
6	\$55,785
7	\$62,865
8	\$69,945
additional	+ \$ 7,080

*Include only yourself, your spouse (if living in the same household at any point during the year), and any dependents as claimed on Form 1, line 2b or Form 1-NR/PY, line 4b. If married filing separately and living in the same household at any point during the year, include all dependents claimed by you and your spouse.

Form EFO
Personal Income Tax Declaration
of Paper Filing

2023
Massachusetts
Department of
Revenue

Electronic Filing Requirement

State revenue departments across the country have found that electronic filing (Efile) of tax return information is the fastest, most accurate and safest method of data capture. For these reasons, the Massachusetts Department of Revenue (DOR) has mandated Efile for certain tax practitioners. Technical Information Release 16-9 requires any tax practitioner who prepared more than 10 personal income tax returns on behalf of clients during calendar year 2023 to submit all prepared personal income tax returns electronically in the current tax year unless the taxpayer directs that the return be filed on paper.

Declaration and Taxpayer Signature

My tax practitioner has explained to me that he/she is mandated to file Massachusetts income tax returns electronically unless I choose to file a paper return. I authorize the filing of a paper return with my signature below. I understand that the average turnaround time for paper processing is significantly longer than the three day average associated with Efile.

Your signature

Date

Please print or type. Privacy Act Notice available upon request. For the year January 1 - December 31, 2023.

Your first name and initial

Last name

Your Social Security number

ROBERT H

MILES

010-64-0729

If a joint return, spouse's first name and initial

Last name

Spouse's Social Security number

Present street address (and apartment number)

813 IOWA ST

City/Town/Post Office

State

Zip

Filing status:

☒

Single

☐

Married filing jointly

SIOUX CITY

IA

51103

☐

Married filing separately

☐

Head of household

Note: This form must be retained by the tax practitioner and made available for review upon DOR request.

