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Most forms and publications have a page on IRS.gov: IRS.gov/Form1040 for Form 1040; IRS.gov/Pub501 for Pub. 501; IRS.gov/W4 for Form W-4; and IRS.gov/ScheduleA for Schedule A (Form 1040), for example, and similarly for other forms, pubs, and schedules for Form 1040. When typing in a link, type it into the address bar of your browser, not a Search box on IRS.gov.

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

2023

OMB No. 1545-0074

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

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20 , 20					, 20	See separate instructions.				
Your first name and middle initial				Last name					Your so	Your social security number				
If joint return, spouse's first name and middle initial				Last name						Spouse's social security number				
										Presidential Election Campaign				
City, town, or p	mplete spaces below. State ZIP					ZIP co	ode	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change						
Foreign country name				Foreign province/state/county Foreign postal county					n postal code	your ta	x or refu	_	Spouse	
Filing Status Check only one box.	eck only Married filing jointly (even if only one had income)													
Digital Assets		ny time during 2023, did you: (a) rece lange, or otherwise dispose of a digi						_	, .	, ,		es [No	
Standard Deduction	Som	exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . Yes No 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, 1	959	Are b	lind	Spou	se: Was bor		re January			s blind		
Dependents				(2)	Social s		(3) Relationsh	hip (4) Check the b			•		
If more	(1) F	irst name Last name			numb	er	to you		Child tax o	credit	Credit to	or otner	dependents	
than four dependents,	-											屵		
see instructions	; ——											⊢⊢		
and check												井		
here \square		Table of Care English (A) W O I	4 /-											
Income	1a	Total amount from Form(s) W-2, bo								16				
Attach Form(s)	b	Household employee wages not reported on Form(s) W-2								- 1k				
W-2 here. Also	C	Tip income not reported on line 1a								. 10				
attach Forms W-2G and	d	Medicaid waiver payments not rep					tructions)			. 10				
1099-R if tax	е	Taxable dependent care benefits f								. 16				
was withheld.	f	Employer-provided adoption bene								11				
If you did not get a Form	g	Wages from Form 8919, line 6							. 10					
W-2, see	h	Other earned income (see instructions)								. 11	1			
instructions.	i	Nontaxable combat pay election (s	see inst	ructions)			<u>1</u> i	i						
	Z	Add lines 1a through 1h				- 1 -				. 12				
Attach Sch. B if required.	2a	· —	2a			_	Taxable interes							
ii required.	3a		3a				Ordinary divide							
Standard	4a		4a			_	Taxable amoun							
Deduction for—	5a		5a				Taxable amoun							
Single or Married filing	6a	,	6a				Taxable amoun)			
separately,	С			ection method, check here (see instructions)										
\$13,850 • Married filing 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here														
jointly or Qualifying	8	Additional income from Schedule												
surviving spouse, 9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income														
\$27,700 • Head of	10	Adjustments to income from Schedule 1, line 26												
household,	11	Subtract line 10 from line 9. This is your adjusted gross income												
\$20,800 • If you checked _{\(\Gamma\)}	12	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '												
any box under Standard	13	Qualified business income deducti									3			
Deduction,	retion, 14 Add lines 12 and 13									-				
see instructions.	15	Subtract line 14 from line 11. If zer	o or les	ss, enter	-0 Th	is is you	ır taxable incom	ne .		. 15	5			

Form 1040 (2023)	5)								Page 2	
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 🗌 4972	3 🗌		16		
Credits	17	Amount from Schedule 2, line	e3					17		
	18	Add lines 16 and 17						18		
	19	Child tax credit or credit for o	19							
	20	Amount from Schedule 3, line 8								
	21	Add lines 19 and 20								
	22	Subtract line 21 from line 18.	22							
	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		
Payments	25	Federal income tax withheld	from:							
	а	Form(s) W-2				25a				
	b	Form(s) 1099				25b				
	С	Other forms (see instructions	s)			25c				
	d	Add lines 25a through 25c .				/		25d		
If you have a	26	2023 estimated tax payment				, , , , , ,		26		
qualifying child, attach Sch. EIC.	27	Earned income credit (EIC) .				27				
	28	Additional child tax credit from	n Schedule 8812			28				
	29	American opportunity credit				29				
	30	Reserved for future use				30		-		
	31	Amount from Schedule 3, line				31				
	32	Add lines 27, 28, 29, and 31.						32		
	33	Add lines 25d, 26, and 32. The						33		
Refund	34	If line 33 is more than line 24				•		34		
D: 1.1 '10	35a	Amount of line 34 you want r	efunded to you	ı. If Form 8888	·	ck here Checking		35a		
Direct deposit? See instructions.	b	Routing number								
	d	Account number		0004		1 22		-		
	36	Amount of line 34 you want a				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 <i>www.irs.gov/Payments</i> or see instructions								
100 OWE	38	Estimated tax penalty (see in	_	-		38		37		
Third Party		you want to allow another								
Designee							omplete b	elow.	□No	
Boolgiloo		signee's		Phone			onal identif			
	nan			no.			ber (PIN)			
Sign		der penalties of perjury, I declare the ef, they are true, correct, and comp			_ , ,				,	
Here			Diete. Declaration C	· · · ·		ised on an imormati				
	YOU	ur signature	Date	Your occupation			f the IRS sent you an Identity Protection PIN, enter it here			
Joint return?								(see inst.)		
See instructions.	Spo	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupati	ion			nt your spouse an	
Keep a copy for your records.							l l	dentity Protection PIN, enter it here see inst.)		
,				- "		(366)	1131.)			
		parer's name	Preparer's signat	Email address		Date	PTIN		Check if:	
Paid	FIE	parci s name	i reparer s signat	uiG		Date	1 1111		Self-employed	
Preparer	— Eire	n's namo					Dhan	0.00	ocn cripioyed	
Use Only	Firm's name Phon Firm's address Firm's						ne no.			
Go to www irs ar		n 5 address n 1040 for instructions and the lates	st information				1 11111	S LIIV	Form 1040 (2023)	