

Copy 2 -- To Be Filed with Employee's State, City, or Local Income Tax Return.		OMB NO. 1545-0008	
a. Employee's Soc Sec No 123-45-6789	1 Wages, tips, other comp. 37160.56	2 Federal income tax withheld 3894.54	
b. Employer ID number (EIN) 98-7654321	3 Social security wages 37160.56	4 Social security tax withheld 2303.95	
	5 Medicare wages and tips 37160.56	6 Medicare tax withheld 538.83	
c Employer's name, address and ZIP code CONTOSO LTD 123 MICROSOFT WAY REDMOND, WA 98765			
d Control Number 000086242			
e Employee's name, address, and ZIP code ANGEL BROWN 4567 MAIN STREET BUFFALO, WA 12345			
7 Social security tips 302.30	8 Allocated tips 874.20	9	
10 Dependent care benefits 9873.20	11 Nonqualified plans 653.21	12a Code See inst. for box 12 DD 6939.68	
13 Statutory employee <input checked="" type="checkbox"/>	14 Other DISINS 170.85	12b Code F 5432.00	
Retirement plan <input checked="" type="checkbox"/>		12c Code D 876.30	
Third-party sick pay <input checked="" type="checkbox"/>		12d Code C 123.30	
PA 87654321	37160.56	1135.65	
WA 12345678	9631.20	1032.30	
15 State Employer's state ID number		17 State income tax	
18 Local wages, tips, etc. 37160.56	19 Local income tax 51.00		20 Locality name Cmberland Vly/Mddl
37160.56	594.54		E.Pennsboro/E.Pnns

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning **January 1st**, 2023, ending **December 31st**, 2023. See separate instructions.

Your first name and middle initial Pascale		Last name Weydert		Your social security number 1 2 3 4 5 6 7 8 9	
If joint return, spouse's first name and middle initial John		Last name Weydert		Spouse's social security number 9 8 7 6 5 4 3 2 1	
Home address (number and street). If you have a P.O. box, see instructions. 123 Fremont ave				Apt. no. 66	
City, town, or post office. If you have a foreign address, also complete spaces below. Settle			State WA		ZIP code 98103
Foreign country name		Foreign province/state/county		Foreign postal code	
Presidential Election Campaign 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. <input checked="" type="checkbox"/> You <input type="checkbox"/> 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

(1) First name Last name		(2) Social security number		(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit Credit for other dependents	
Elton Weydert		741	85	2963	Son	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>
						<input type="checkbox"/> <input type="checkbox"/>

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)		1a	987,654.00			
	b	Household employee wages not reported on Form(s) W-2		1b	963.00			
	c	Tip income not reported on line 1a (see instructions)		1c	852.00			
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		1d	741.00			
	e	Taxable dependent care benefits from Form 2441, line 26		1e	123.00			
	f	Employer-provided adoption benefits from Form 8839, line 29		1f	456.00			
	g	Wages from Form 8919, line 6		1g	789.00			
	h	Other earned income (see instructions)		1h	987.00			
	i	Nontaxable combat pay election (see instructions)	1i	654.00				
	z	Add lines 1a through 1h			1z	321.00		
Attach Sch. B if required.	2a	Tax-exempt interest	2a	112.00	b	Taxable interest	2b	223.00
	3a	Qualified dividends	3a	334.00	b	Ordinary dividends	3b	445.00
	4a	IRA distributions	4a	556.00	b	Taxable amount	4b	667.00
	5a	Pensions and annuities	5a	778.00	b	Taxable amount	5b	889.00
	6a	Social security benefits	6a	990.00	b	Taxable amount	6b	741.00
	c	If you elect to use the lump-sum election method, check here (see instructions)						
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here			<input checked="" type="checkbox"/>	7	852.00	
	8	Additional income from Schedule 1, line 10				8	963.00	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income				9	357.00	
	10	Adjustments to income from Schedule 1, line 26				10	169.00	
Standard Deduction for— • Single or Married filing separately, \$13,800 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions.	11	Subtract line 10 from line 9. This is your adjusted gross income		11	123.00			
	12	Standard deduction or itemized deductions (from Schedule A)		12	747.00			
	13	Qualified business income deduction from Form 8995 or Form 8995-A		13	141.00			
	14	Add lines 12 and 13		14	252.00			
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		15	323.00			

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023Attachment
Sequence No. **12**

Name(s) shown on return

Pascale Weydert

Your social security number

123-45-6789Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☒ **Yes** ☐ **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	321.00	123.00		543.00
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	168.00	166.00	158.33	987.00
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	126.21	21.00	548.22	398.01
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	169.00	589.00	156.22	54.00
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	1,654.00
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	123.00
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	(159.00)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			7	215.00

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	575.00	23.00		325.00
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	248.00	268.00	441.00	125.00
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	159.00	236.00	156.00	189.00
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	496.00	176.00	199.33	128.00
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	189.22
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	333.11
13 Capital gain distributions. See the instructions			13	123.89
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	(368.11)
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back			15	123.22

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

Cat. No. 11338H

Schedule D (Form 1040) 2023

1

WOODGROVE BANK
PO BOX 6543
SEATTLE, WA 98122-0123
800-123-4567

2021

Student Loan Interest Statement

BORROWER'S TIN
987-654-3210

\$5,432.10

PASCALE WEYDERT
123 FREMONT AVE, APT. 55
SEATTLE WA 98001

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for student loan interest.

2 If checked, box 1 does not include loan origination fees and/or capitalized interest for loans made before September 1, 2004

☒

(keep for your records)

www.irs.gov/Form1098E

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. CONTOSO BANK P.O. BOX 6543 SEATTLE WA 98122-4567 PHONE NO. 1-206-123-4567		1a Total ordinary dividends		OMB No. 1545-0110	
		\$ 123,456.00		Form 1099-DIV	
		1b Qualified dividends		(Rev. January 2022)	
		\$ 321.00		For calendar year 20 23	
		2a Total capital gain distr.		2b Unrecap. Sec. 1250 gain	
		\$ 654.00		\$ 987.00	
PAYER'S TIN	RECIPIENT'S TIN	2c Section 1202 gain		2d Collectibles (28%) gain	
12-3456789	987-65-4321	\$ 741.00		\$ 852.00	
		2e Section 897 ordinary dividends		2f Section 897 capital gain	
		\$ 369.00		\$ 258.00	
RECIPIENT'S name		3 Nondividend distributions		4 Federal income tax withheld	
PASCALE WEYDERT		\$ 159.00		\$ 1,850.25	
Street address (including apt. no.)		5 Section 199A dividends		6 Investment expenses	
123 FREMONT AVE, APT. 55		\$ 654.00		\$ 987.00	
City or town, state or province, country, and ZIP or foreign postal code		7 Foreign tax paid		8 Foreign country or U.S. possession	
SEATTLE WA 98001-0432		\$ 731.00		U.S.	
		9 Cash liquidation distributions		10 Noncash liquidation distributions	
		\$ 761.00		\$ 943.00	
		12 Exempt-interest dividends		13 Specified private activity bond interest dividends	
		\$ 751.00		\$ 962.00	
		11 FATCA filing requirement			
		<input type="checkbox"/>			
Account number (see instructions)		14 State		15 State identification no.	
123456789		WA		123456789	
		PA		987654321	
		16 State tax withheld			
		\$ 321.00		\$ 123.00	

This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Dividends and Distributions

**Copy B
For Recipient**