

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

3 Social security wages

37160.56

4 Social security tax withheld

2303.95

b. Employer ID number (EIN)

98-7654321

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

10 Dependent care benefits

9873.20

11 Nonqualified plans

653.21

12a Code See inst. for box 12

DD 6939.68

13 Statutory employee

☒

14 Other

DISINS 170.85

12b Code

F 5432.00

Retirement plan

☒

12c Code

D 876.30

Third-party sick pay

☒

12d Code

C 123.30

PA 87654321

37160.56

1135.65

WA 12345678

9631.20

1032.30

15 State Employer's state ID number

16 State wages, tips, etc.

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) ☐ Qualifying surviving spouse (QSS)
☐ Married filing separately (MFS)
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)	<input checked="" type="checkbox"/>					
	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		

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input checked="" type="checkbox"/> 8814 2 <input type="checkbox"/> 4872 3 <input type="checkbox"/>	16	832.00
	17	Amount from Schedule 2, line 3	17	123.00
	18	Add lines 16 and 17	18	951.00
	19	Child tax credit or credit for other dependents from Schedule 8812	19	964.00
	20	Amount from Schedule 3, line 8	20	213.00
	21	Add lines 19 and 20	21	645.00
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	978.00
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	798.00
	24	Add lines 22 and 23. This is your total tax	24	465.00

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	612.00
	b	Form(s) 1099	25b	235.00
	c	Other forms (see instructions)	25c	156.00
	d	Add lines 25a through 25c	25d	129.00
	26	2023 estimated tax payments and amount applied from 2022 return	26	563.00
	27	Earned income credit (EIC)	27	213.00
	28	Additional child tax credit from Schedule 8812	28	286.00
	29	American opportunity credit from Form 8863, line 8	29	156.00
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	489.00
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	574.00
	33	Add lines 25d, 26, and 32. These are your total payments	33	148.00

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	482.00
	35a	Amount of line 34 you want refunded to you. If Form 8866 is attached, check here <input checked="" type="checkbox"/>	35a	158.00
Direct deposit? See instructions.	b	Routing number 1 2 3 4 5 6 7 8 9 c type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number 9 8 7 6 5 4 3 2 1 9 8 7 6 5 4 3 2		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	213.00

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	213.00
	38	Estimated tax penalty (see instructions)	38	158.00

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
	Designee's name John Contoso	Phone no. 206-123-4567	Personal identification number (PIN) 9 8 7 6 5	

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.

Joint return? See instructions. Keep a copy for your records.	Your signature		Date	Your occupation Engineer	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) 1 2 3 4 5 6
	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation Engineer	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) 9 8 3 2 5 8
	Phone no. 206-001-6541		Email address Pascale.Weydert@Contoso.com		

Paid Preparer Use Only	Preparer's name John Contoso	Preparer's signature	Date	PTIN 95123456	Check it: <input checked="" type="checkbox"/> Self-employed
	Firm's name Contoso Tax	Phone no. 206-001-98765			
	Firm's address 1 Contoso Way, Redmond WA 98062	Firm's EIN 12-3456789			

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

2023

Attachment
Sequence No. **12**

Name(s) shown on return

Pascale Weydert

Your social security number

123-45-6789

Did 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

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	877.66
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 		
17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	54.00
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	218.22
20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div style="border-bottom: 1px solid black; flex-grow: 1;"></div> </div>	21	231.00
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. <input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

1

RECIPIENT'S/LENDER'S name, address, city or town, state or province, country, ZIP or foreign postal code, and telephone number WOODGROVE BANK PO BOX 6543 SEATTLE, WA 98122-0123 800-123-4567		OMB No. 1545-1576 2021 Form 1098-E		Student Loan Interest Statement Copy B For Borrower 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.
RECIPIENT'S TIN 12-3456789	BORROWER'S TIN 987-654-3210	1 Student loan interest received by lender <div style="text-align: right;">\$5,432.10</div>		
BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code PASCALE WEYDERT 123 FREMONT AVE, APT. 55 SEATTLE WA 98001		2 If checked, box 1 does not include loan origination fees and/or capitalized interest for loans made before September 1, 2004. <input checked="checked" type="checkbox"/>		
Account number (see instructions)				

Form 1098-E

(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.		1a Total ordinary dividends		OMB No. 1545-0110	
CONTOSO BANK P.O. BOX 6543 SEATTLE WA 98122-4567 PHONE NO. 1-206-123-4567		\$ 123,456.00		Form 1099-DIV (Rev. January 2022)	
		1b Qualified dividends		For calendar year	
		\$ 321.00		20 <u>23</u>	
PAYER'S TIN 12-3456789		2a Total capital gain distr.		2b Unrecap. Sec. 1250 gain	
		\$ 654.00		\$ 987.00	
RECIPIENT'S TIN 987-65-4321		2c Section 1202 gain		2d Collectibles (28%) gain	
		\$ 741.00		\$ 852.00	
RECIPIENT'S name PASCALE WEYDERT		2e Section 897 ordinary dividends		2f Section 897 capital gain	
		\$ 369.00		\$ 258.00	
Street address (including apt. no.) 123 FREMONT AVE, APT. 55		3 Nondividend distributions		4 Federal income tax withheld	
		\$ 159.00		\$ 1,850.25	
City or town, state or province, country, and ZIP or foreign postal code SEATTLE WA 98001-0432		5 Section 199A dividends		6 Investment expenses	
		\$ 654.00		\$ 987.00	
11 FATCA filing requirement <input type="checkbox"/>		7 Foreign tax paid		8 Foreign country or U.S. possession	
		\$ 731.00		U.S.	
Account number (see instructions) 1123456789		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	
		14 State		15 State identification no.	
		WA 123456789		16 State tax withheld	
		PA 987654321		\$ 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**