

### **Federal Return**

Thank you for using FreeTaxUSA.com to prepare your 2023 income tax return.

You can view the status of your tax return by signing in to your account at www.freetaxusa.com.

2024 tax preparation on FreeTaxUSA.com will be available starting in January of 2025.

We look forward to preparing your 2024 tax return.

E1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2023

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For the year Jar	n. 1–Dec	c. 31, 2023, or other tax year beginning			, 2	2023, end	ing			, 20		See se	parate inst	tructions.
Your first name	and m	iddle initial	Last na	ame								Your so	ocial securi	ty number
ERIN R			BEA	CHKOI	FSK	I						390	19 7	7974
If joint return, s	pouse's	s first name and middle initial	Last na	ame								Spouse	's social se	curity number
Home address	(numbe	er and street). If you have a P.O. box, see	e instruct	ions.						Apt. no.		Preside	ential Electi	on Campaign
		ENWORTH ST										Check here if you, or your spouse if filing jointly, want \$		
		ce. If you have a foreign address, also c	omplete :	spaces be	elow.		Sta			to ac			0,	Checking a
SAN FR							<u> </u>	CA	_	9410		box bel	low will not	change
Foreign country name				Foreign p	provinc	ce/state/c	count	iy	Fore	ign posta	code	your tax	x or refund.  You	. Spouse
	. 🔽	7 0:									21.1/		rou	Spouse
Filing Status	S L≙	Single  Married filing in the (even if each or	no had	incomo)				☐ Head of h	ousei	noia (Hi	JH)			
Check only		Married filing jointly (even if only only only only only only only only	nie nau	income)				☐ Qualifying	ı elin/	ivina en	ouse (	(220		
one box.	If v	you checked the MFS box, enter the	e name	of vour s	snous	e If voi	che						ild's name	if the
		alifying person is a child but not yo			pouc	o. 11 you	0110		. 0. 0	<b>(00 50</b> )	, 01110	1 1110 011	ina o marrio	
											`	<i>(</i> , ) , , , ,		
Digital Assets		ny time during 2023, did you: (a) red nange, or otherwise dispose of a dig	•						-				Yes	X No
		neone can claim:  You as a de						a dependent	5t) ! (C	bee IIIsti	uction	15.)	I es	⊠ MO
Standard Deduction		Spouse itemizes on a separate retu						•						
						Status (	ancri							
Age/Blindnes	s You	: Were born before January 2,	1959	Are b	lind	Spo	use	: 🗌 Was bor					Is bl	
Dependent	•	•		(2)		security		(3) Relationsh	nip (			-	1	instructions):
If more	(1) F	irst name Last name			num	iber		to you		Chile	tax cr	eait	Credit for ot	her dependents
than four dependents,				+							$\frac{\sqcup}{\sqcap}$			
see instruction	s										$\vdash$			
and check here	1 —										$\dashv$			
Income	1a	Total amount from Form(s) W-2, b	oox 1 (se	ee instru	ctions	: 3)					<u> </u>	1a	10	0,706.
	b	Household employee wages not r	,			,						1b		0,,000
Attach Form(s) W-2 here. Also	С	Tip income not reported on line 1	a (see ir	structio	ns)							10	;	
attach Forms	d	Medicaid waiver payments not re	ported o	n Form(	s) W-	2 (see ir	nstru	ictions)				10	ŀ	
W-2G and 1099-R if tax	е	Taxable dependent care benefits	from Fo	rm 2441	, line	26 .						. 1e	•	
was withheld.	f	Employer-provided adoption bene	efits fror	m Form 8	8839,	line 29						1f	f	
If you did not get a Form	g	Wages from Form 8919, line 6 .										10	9	
W-2, see	h	Other earned income (see instruc	,					1	. 1			1h	1	
instructions.	i	Nontaxable combat pay election	(see inst	ructions				<u>1</u> i	i				1.0	0 706
AII	Z	Add lines 1a through 1h  Tax-exempt interest	2a		•	3.	ь т	axable interes				1z		$\frac{0,706}{1,480}$ .
Attach Sch. B if required.	2a 3a	Qualified dividends	3a		53	_		axable interes Ordinary divide				2b		580.
	<u>5a</u>	IRA distributions	4a		<u> </u>			axable amoun				4b		500.
Standard	5a	Pensions and annuities	5a					axable amoun				5b		
Deduction for— Single or	6a	Social security benefits	6a					axable amoun				6b		
Married filing separately,	С	If you elect to use the lump-sum	election	method.	, chec	ck here (	see	instructions)			. [			
\$13,850	7	Capital gain or (loss). Attach Sche	edule D	if require	ed. If r	not requ	ired.	, check here			. 🗵	7		12.
Married filing jointly or	8	Additional income from Schedule	1, line 1	0								8		7,650.
Qualifying surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7	7, and 8.	This is y	your <b>t</b>	otal inc	ome	e				9	11	0,428.
\$27,700 Head of	10	Adjustments to income from Sche	edule 1,	line 26								10		0.
household,	11	Subtract line 10 from line 9. This i	-	-	-							. 11		0,428.
\$20,800 If you checked	12	Standard deduction or itemized										12		3,850.
any box under Standard	13	Qualified business income deduc										13		4.
Deduction, see instructions.	14											14		3,854.
200 mondonona.	15	Subtract line 14 from line 11. If ze	ro or les	ss, enter	-U T	ınıs is y	our t	taxable incom	ne .			15	ī   9	6,574.

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

Cat. No. 11320B

Form **1040** (2023)

Form 1040 (2023	3) ER	IN R BEACHKOFSK	·I					39	0-19	-7974 Page <b>2</b>
Tax and	16	Tax (see instructions). Check	if any from Form	ı(s): <b>1</b> 881	4 <b>2</b> 🗌 4972	3 🗌			16	16,529.
Credits	17	Amount from Schedule 2, lir	ne 3						17	0.
	18	Add lines 16 and 17							18	16,529.
	19	Child tax credit or credit for	other dependen	ts from Sched	ule 8812				19	
	20	Amount from Schedule 3, lir	ne 8						20	1.
	21	Add lines 19 and 20							21	1.
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	16,528.
	23	Other taxes, including self-e							23	,
	24	Add lines 22 and 23. This is							24	16,528.
Payments	25	Federal income tax withheld								,
,	а	Form(s) W-2				25a	17	,437		
	b	Form(s) 1099				25b		765		
	С	Other forms (see instruction	s)			25c				
	d	Add lines 25a through 25c	•						25d	18,202.
If you have a	26	2023 estimated tax paymen							26	
qualifying child,	27	Earned income credit (EIC)				27				
attach Sch. EIC.	28	Additional child tax credit from				28				
	29	American opportunity credit				29				
	30	Reserved for future use .		•		30				
	31	Amount from Schedule 3, lir				31				
	32	Add lines 27, 28, 29, and 31					credits		32	
	33	Add lines 25d, 26, and 32. T	•	-	-				33	18,202.
Refund	34	If line 33 is more than line 24							34	1,674.
neiuliu	35a	Amount of line 34 you want				•	-		35a	1,674.
Direct deposit?	b	Routing number 2 7 5				Checkir		Savings	Oou	1,071.
See instructions.	d	Account number 1 1 7			C Type.		ı9 Ш`	Javings		
	36	Amount of line 34 you want			ad tay	36	1			
A		•				30				
Amount You Owe	37	Subtract line 33 from line 24 For details on how to pay, g							37	0.
100 OWC	38	Estimated tax penalty (see in	ŭ	•		38			31	0.
Third Dorty		you want to allow another								
Third Party Designee		structions				_	Yes. Co	mplete	below.	$\overline{\mathbb{X}}$ No
_00.g00	De	signee's		Phone				nal ident		_
	na	me		no.			numk	er (PIN)		
Sign		der penalties of perjury, I declare the								,
Here		lief, they are true, correct, and com	ipiete. Declaration		1	ased on al	informatic			, ,
	Yo	ur signature		Date	Your occupation					nt you an Identity IN, enter it here
Joint return?					SOFTWARE E	יאים דאים	ים		inst.)	iiv, enter it nere
See instructions.	Sp	ouse's signature. If a joint return, I	both must sign.	Date	Spouse's occupat		ıK.	If th	e IRS se	nt your spouse an
Keep a copy for		, , , , , , , , , , , , , , , , , , ,	3	Sato Spoude & Goodpation				lder	tity Prot	ection PIN, enter it here
your records.								(see	inst.)	
	Ph	one no. 920-515-	4246	Email address						
Paid	Pre	eparer's name	Preparer's signat	ture		Date		PTIN		Check if:
Preparer			SELF-PREF	ARED						Self-employed
Use Only	Fir	m's name						Pho	ne no.	
Jae Only	Fir	Firm's address Firm's							ı's EIN	

#### **SCHEDULE 1** (Form 1040)

**Additional Income and Adjustments to Income** 

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information.

V	Sequence No. 01
	2023 Attachment
,	
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ERI	I R BEACHKOFSKI			390-1	L9-7974
Par	t I Additional Income				
1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received				
b	Date of original divorce or separation agreement (see instructions):			_	
3	Business income or (loss). Attach Schedule C				
4	Other gains or (losses). Attach Form 4797				
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Att				
6	Farm income or (loss). Attach Schedule F				
7	Unemployment compensation			7	7,650.
8	Other income:		,		
а	Net operating loss	8a	(	_)	
b	Gambling	8b		_	
С	Cancellation of debt	8c	1		
d	Foreign earned income exclusion from Form 2555	8d	(	_)	
е	Income from Form 8853	8e		_	
f	Income from Form 8889	8f		_	
g	Alaska Permanent Fund dividends	8g		_	
h	Jury duty pay	8h		_	
į	Prizes and awards	8i		_	
j	Activity not engaged in for profit income	8j		_	
k	Stock options	8k		-	
I	Income from the rental of personal property if you engaged in the rental	0.			
	for profit but were not in the business of renting such property	81		-	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	0			
	,	8m 8n		-	
	Section 951(a) inclusion (see instructions)	80		-	
0	Section 461(I) excess business loss adjustment	8p		+	
p q	Taxable distributions from an ABLE account (see instructions)	8g		_	
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form	<u> </u>		$\dashv$	
3	1040, line 1a or 1d	8s	(	)	
t	Pension or annuity from a nonqualifed deferred compensation plan or				
•	a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
	Other income. List type and amount:				
_		8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter	r here	e and on Forn	n	
	1040, 1040-SR, or 1040-NR, line 8			10	7,650.

Schedule 1 (Form 1040) 2023 Page **2** 

Par	t II Adjustments to Income			
11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basi	s government		
	officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
4	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
5	Deductible part of self-employment tax. Attach Schedule SE		15	
6	Self-employed SEP, SIMPLE, and qualified plans		16	
7	Self-employed health insurance deduction		17	
8	Penalty on early withdrawal of savings		18	
9a	Alimony paid		19a	
b	Recipient's SSN			
С	Date of original divorce or separation agreement (see instructions):			
0	IRA deduction		20	
1	Student loan interest deduction		21	
2	Reserved for future use		22	
3	Archer MSA deduction		23	
4	Other adjustments:			
а	Jury duty pay (see instructions)			
b	Deductible expenses related to income reported on line 8I from the			
	rental of personal property engaged in for profit			
С	Nontaxable amount of the value of Olympic and Paralympic medals			
•	and USOC prize money reported on line 8m			
d	The state of the s			
e	Repayment of supplemental unemployment benefits under the Trade			
·	Act of 1974			
f	Contributions to section 501(c)(18)(D) pension plans		-	
g	Contributions by certain chaplains to section 403(b) plans 24g		-	
_	Attorney fees and court costs for actions involving certain unlawful		-	
	discrimination claims (see instructions)			
	Attorney fees and court costs you paid in connection with an award		-	
•	from the IRS for information you provided that helped the IRS detect			
	tax law violations			
i	Housing deduction from Form 2555			
j k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form			
ĸ	1041)			
Z	Other adjustments. List type and amount:			
	24z			
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income. Ent			
	Form 1040, 1040-SR, or 1040-NR, line 10		26	

Schedule 1 (Form 1040) 2023

# 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 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

ERIN R BEACHKOFSKI

Your social security number 390-19-7974

Par	Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1	1.
2	Credit for child and dependent care expenses from Form 2441 Form 2441	, line 11. Attach	2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
а	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
С	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
е	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	<b>6</b> j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
1	Amount on Form 8978, line 14. See instructions	61		
m	Credit for previously owned clean vehicles. Attach Form 8936 .	6m		
Z	Other nonrefundable credits. List type and amount:			
		6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 10 1040-NR, line 20	040, 1040-SR, or	8	1
	10-10-10-10-10-10-10-10-10-10-10-10-10-1	(0)		$oxed{\mid} 1$ . ued on page 2)
		(0)		U., PUSO L/

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

Cat. No. 71480G

Schedule 3 (Form 1040) 2023

Schedule 3 (Form 1040) 2023 Page **2** 

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

Schedule 3 (Form 1040) 2023

# Form **8889**

**Health Savings Accounts (HSAs)** 

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form8889 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 52

Form **8889** (2023)

Cat. No. 37621P

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ERIN R BEACHKOFSKI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions.

390-19-7974

Betor	<i>re you begin:</i> Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, i	requ	ired.
Part	HSA Contributions and Deduction. See the instructions before completing this part. If y and both you and your spouse each have separate HSAs, complete a separate Part I for		
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2023. See instructions	X Se	elf-only
2	HSA contributions you made for 2023 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2023. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	
3	If you were under age 55 at the end of 2023 and, on the first day of <b>every</b> month during 2023, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,850 (\$7,750 for family coverage). <b>All others</b> , see the instructions for the amount to enter	3	3,850.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2023 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2023, also include any amount contributed to your spouse's Archer MSAs	4	
5	Subtract line 4 from line 3. If zero or less, enter -0	5	3,850.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2023, see the instructions for the amount to enter	6	3,850.
7	If you were age 55 or older at the end of 2023, married, and you or your spouse had family coverage under an HDHP at any time during 2023, enter your additional contribution amount. See instructions.	7	
8	Add lines 6 and 7	8	3,850.
9	Employer contributions made to your HSAs for 2023		
10	Qualified HSA funding distributions	1	
11	Add lines 9 and 10	11	1,750.
12	Subtract line 11 from line 8. If zero or less, enter -0	12	2,100.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 13	13	,
	Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.		
Part	II HSA Distributions. If you are filing jointly and both you and your spouse each have sepa	arate l	HSAs, complete
	a separate Part II for each spouse.		, <sub> </sub>
14a	Total distributions you received in 2023 from all HSAs (see instructions)	14a	391.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	
С	Subtract line 14b from line 14a	14c	391.
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	391.
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0 Also, include this		371.
10	amount in the total on Schedule 1 (Form 1040), Part I, line 8f	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20%</b> Tax (see instructions), check here	10	
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b	
Part	Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instruct completing this part. If you are filing jointly and both you and your spouse each have sep complete a separate Part III for each spouse.		
18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f .	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form		
	1040), Part II, line 17d	21	

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

# Form **8995**

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. <u>1545-2294</u>

2023

Attachment Sequence No. **55** 

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

ERIN R BEACHKOFSKI

Your taxpayer identification number 390-19-7974

**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		Qualified business income or (loss)
i				
ii				
V				
2	Total qualified business income or (loss). Combine lines 1i through 1v,			
	column (c)	2		
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		
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss)	0.1		
_	(see instructions)	6 21.		
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	1 ( )		
0	or less, enter -0	8 21.		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9	4.
10	Qualified business income deduction before the income limitation. Add lines 5 and		10	4.
11	I .	96,578.		
12	Enter your net capital gain, if any, increased by any qualified dividends	2070701		
		<b>12</b> 551.		
13	Subtract line 12 from line 11. If zero or less, enter -0	96,027.		
14	Income limitation. Multiply line 13 by 20% (0.20)		14	19,205.
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	4.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than		16	( )
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 ar			
	zero, enter -0		17	(

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

Cat. No. 37806C

Form **8995** (2023)