

Form
1040

Department of the Treasury - Internal Revenue Service

US Individual Income Tax Return**2024**

OMB No. 1545-0074

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

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning		1/31	3	1/31	, 20	24	See separate instructions.	
Your first name and middle initial		Last Name Homeowner				Your social security number 999 40 5000		
John								
If joint return, spouse's first name and middle initial		Last Name Homeowner				Spouse's social security number 500 22 2000		
Mary								
Home address (number and street). If you have a P.O. box, see instructions. 175 13th Street						Apt. No.	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.	
City, town, or post office. If you have a foreign address, also complete spaces below. Washington						State DC	Zip Code 20013	<input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county		Foreign Postal Code				
Filing Status		<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly (even if only one had income) <input type="checkbox"/> Married filing separately (MFS)				<input type="checkbox"/> Head of household (HOH) <input type="checkbox"/> 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: <input type="checkbox"/> If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):								
Digital Assets		At any time during 2024, 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.)						
Standard Deduction		Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Age/Blindness		You: <input type="checkbox"/> Were born before January 2, 1960		Are Blind		Spouse: <input type="checkbox"/> Was born before January 2, 1960	<input type="checkbox"/> Is blind	
Dependents		(see instructions)		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions)		
If more than four dependents, see instructions and check here . . . <input type="checkbox"/>		(1) First Name Last Name				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"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
Income		1a Total amount from Form(s) W-2, box 1 (see instructions) b Household employee wages not reported on Form(s) W-2 c Tip income not reported on line 1a (see instructions) d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) e Taxable dependent care benefits from Form 2441, line 26 f Employer-provided adoption benefits from Form 8839, line 29 g Wages from Form 8919, line 6 h Other earned income (see instructions) i Nontaxable combat pay election (see instructions) z Add lines 1a through 1h				1a	143,920	
Attach Form(s) W-2 here. Also attach Forms W2-G and 1099-R if tax was withheld.						1b		
						1c		
						1d		
						1e		
						1f		
						1g		
						1h		
						1i		
						1z	143,920	
If you did not get a Form W-2, see instructions.						2a		
Attach Sch. B if required.		3a 4a 5a 6a		3a 4a 5a 6a		b		
						b		
						b		
						b		
						b		
						7		
						8	28,341	
						9	172,261	
						10	0	
						11	172,261	
						12	29,200	
						13		
						14	29,200	
						15	143,061	
For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11302B Form 1040 (2024)								

Tax and Credits	16 Tax (see instructions). Check if any from Form(s):	16	28,612		
	17 Amount from Schedule 2, line 3	17			
	18 Add lines 16 and 17	18	28,612		
	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	28,612		
	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	28,612		
Payments	25 Federal income tax withheld from:	25a	21,588		
	a Form(s) W-2	25b			
	b Form(s) 1099	25c			
	c Other forms (see instructions)	25d	21,588		
	d Add lines 25a through 25c	26	0		
If you have a qualifying child, attach Sch., EIC.	26 2024 estimated tax payments and amount applied from 2023 return	27			
	27 Earned income credit (EIC)	28			
	28 Additional child tax credit from Schedule 8812	29			
	29 American opportunity credit from Form 8863, line 8	30			
	30 Reserved for future use	31			
	31 Amount from Schedule 3, line 15	32	0		
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	33	21,588		
	33 Add lines 25d, 26, and 32. These are your total payments	34			
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34			
Direct deposit? See instructions	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a			
	b Routing number [redacted] c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
	d Account number [redacted]				
	36 Amount of line 34 you want applied to your 2025 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	28,612		
	38 Estimated tax penalty (see instructions)				
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions Designee's name				
		<input type="checkbox"/> Yes	Complete below.		
		Phone no.	Personal identification number (PIN)		
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	If the IRS Sent you an Identity Protection PIN, enter it here (see inst.)	
			Self - Employed	[redacted]	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's Occupation	If the IRS Sent you an Identity Protection PIN, enter it here (see inst.)	
				[redacted]	
	Phone no.	Email Address			
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's Name				Phone no.
	Firm's Address				Firms' EIN

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2024)

**SCHEDULE 1
(Form 1040)**

Additional Income and Adjustments to Income

OMB No. 1545-0074

2024

Attachment
Sequence No. 09

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041.
Go to www.irs.gov/Form1040 for instructions and the latest information.

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

Your social Security Number

John Homeowner and Mary Homeowner

999-40-5000

For 2024, Enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k

Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local incomes taxes	1	
2a Alimony received	2a	
b Date of original divorce or operations agreement (see instructions)	3	28,341
3 Business income or (loss). Attached Schedule C	4	
4 Other gains or (losses). Attach Form 4797	5	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attached Schedule E	6	
6 Farm income or (loss). Attach Schedule F	7	
7 Unemployment compensation		
8 Other income:		
a Net operating loss	8a	
b Gambling	8b	
c Cancellation of debt	8c	
d Foreign earned income exclusion from Form 2555	8d	
e Income from Form 8853	8e	
f Income from Form 8889	8f	
g Alaska Permanent Fund dividends	8g	
h Jury duty pay	8h	
i Prizes and Awards	8i	
j Activity not engaged in for profit income	8j	
k Stock options	8k	
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n Section 951(a) inclusion (see instructions)	8n	
o Section 951A(a) inclusion (see instructions)	8o	
p Section 461(I) excess business loss adjustment	8p	
q Taxable distributions from an ABLE account (see instructions)	8q	
r Scholarship and fellowship grants not reported on Form W-2	8r	
s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u wages earned while incarcerated	8u	
v Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z Other Income. List type and amount:	8z	
9 Total other income. Add lines 8a through 8z	9	0
10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	28,341

For Paperwork Reduction Act Notice, see the separate instructions

Cat. No. 11334P

Schedule 1 (Form 1040) 2024

Part II Adjustments to Income	
11 Educator Expenses	11
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12
13 Health savings account deduction. Attach Form 8889	13
14 Moving expenses for members of the Armed Forces. Attach Form 3903	14
15 Deductible part of self-employment tax. Attach Schedule	15
16 Self-employed SEP, SIMPLE, and qualified plans	16
17 Self-employed health insurance deduction	17
18 Penalty on early withdrawal of savings	18
19a Alimony paid	19a
b Recipient's SSN	
c Date of original divorce or separation agreement (see instructions): _____	
20 IRA deduction	20
21 Student loan interest deduction	21
22 Reserved for future use	22
23 Archer MSA deduction	23
24 Other Adjustments	
a Jury duty pay (see instructions)	24a
b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	24b
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c
d Reforestation amortization and expenses	24d
e Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e
f Contributions to section 501(c)(18)(D) pension plans	24f
g Contributions by certain chaplains to section 403(b) plans	24g
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h
i 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	24i
j Housing deduction from Form 2555	24j
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k
z Other adjustments. List type and amount: _____	24k
25 Total other adjustments. Add lines 24a through 24z	25 0
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26 0

Schedule 1 (Form 1040) 2024

SCHEDULE C
(Form 1040)

Department of the Treasury Internal
Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. 09

Name of proprietor John Homeowner	Social Security Number (SSN) 999-40-5000
A Principal business or profession, including product or service (see instructions)	B Enter code from instructions 5 3 2 2 8 2
C Business name. If no separate business name, leave blank. John's Silent Disco Services	D Employer ID number (EIN) (see instr) 9 9 9 9 9 9 9 9 9
E Business address (including suite or room no.) 175 13th Street City, town or post office, state, and ZIP code Washington, DC 20013	
F Accounting Method: (1) Cash <input checked="" type="checkbox"/> (2) Accrual <input type="checkbox"/> (3) <input type="checkbox"/> Other (specify)	
G Did you "materially participate" in the operation of this business during 2024? If "No", see instructions for limit on losses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2024, check here	<input type="checkbox"/>
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes", did you or will you file required Form(s) 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Part I Income	
1 Gross receipts or sales. See instructions for line 1 and check box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/> 1 152,625
2 Returns and allowances	2
3 Subtract line 2 from line 1	3 152,625
4 Cost of goods sold (from line 42)	4 115,625
5 Gross profit. Subtract line 4 from line 3	5 37,000
6 Other Income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6 2,083
7 Gross income. Add lines 5 and 6	7 39,083
Part II Expenses. Enter Expenses for business use of your home only on line 30.	
8 Advertising	8 938
9 Car and truck expenses (see instructions)	9 930
10 Commissions and fees	10
11 Contract labor (see instructions)	11
12 Depletion	12
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13 1,813
14 Employee benefit programs (other than on line 19)	14
15 Insurance (other than health)	15 938
16 Interest (see instructions): a Mortgage (paid to banks, etc.)	16a 521
b Other	16b
17 Legal and professional services	17 792
18 Office expense (see instructions)	18 667
19 Pension and profit-sharing plans	19
20 Rent or lease (see instructions): a Vehicles, machinery, and equipment	20a
b Other business property	20b
21 Repairs and maintenance	21 1,896
22 Supplies (not included in Part III)	22
23 Taxes and licenses	23 354
24 Travel and meals a Travel	24a 458
b Deductible meals (see instructions)	24b 146
25 Utilities	25 146
26 Wages (less employment credits)	26
27a Other expenses (from line 48)	27a
b Energy efficient commercial bldgs deduction (attach Form 7205)	27b
28 Total Expenses before expenses for business use of home. Add lines 8 through 27b	28 9,597
29 Tentative profit (or loss). Subtract line 28 from line 7	29 29,487
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: <u>2,500</u> and (b) the part of your home used for business: <u>650</u> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30 1,146
31 Net profit or (loss). Subtract line 30 from line 29.	31 28,341
• If a profit, Enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (if you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3.	}
• If a loss, you must go to line 32.	
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you have checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.	}
32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.	

For Paperwork Reduction Act Notice, see the separate instructions

Cat. No. 11334P

Schedule C (Form 1040) 2024

Part III Cost of Goods Sold (see instructions)

- | | | |
|----|---|---|
| 33 | Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation) | |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
if "Yes," attach explanation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation. | 35 41,667 |
| 36 | Purchases less cost of items withdrawn for personal use | 36 51,042 |
| 37 | Cost of labor. Do not include any amounts paid to yourself | 37 31,250 |
| 38 | Materials and supplies | 38 26,042 |
| 39 | Other costs | 39 3,125 |
| 40 | Add lines 35 to 39 | 40 153,125 |
| 41 | Inventory at end of year | 41 37,500 |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 | 42 115,625 |

Part IV **Information on Your Vehicle.** Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file for 4562.

- | | | | | |
|----------|---|--|---|-----------------------------|
| 43 | When did you place your vehicle in service for business purposes? (month/day/year) | <u>5/1/2022</u> | | |
| 44 | Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for: | | | |
| a | Business <u>3,100</u> | b Commuting (see instructions) <u>1,200</u> | c Other <u>4,600</u> | |
| 45 | Was your vehicle available for personal use during off-duty hours? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 46 | Do you (or your spouse) have another vehicle available for personal use? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 47a | Do you have evidence to support your deduction? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b | If "Yes," is the evidence written? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c | Other Evidence (checkmark if evidence not included on lines 8-26, line 27b, or line 29) | | | |

Part V Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.

48 Total other expenses. Enter here and on line 27a

48

Form
1040

Department of the Treasury - Internal Revenue Service

US 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

1/31 , 2023 , ending

1/31 , 20 23

See separate instructions.

Your first name and middle initial

John

Last Name

Homeowner

Your social security number

999 | 40 | 5000

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

Mary

Last Name

Homeowner

Spouse's social security number

500 | 22 | 2000

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

175 13th Street

Apt. No.

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.

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

Washington

State

DC

Zip Code

20013

Foreign country name

Foreign province/state/county

Foreign Postal Code

 You Spouse**Filing Status**

- Single
 Married filing jointly (even if only one had income)

 Head of household (HOH)Check only
one box.

- Married filing separately (MFS)

 Qualifying Surviving spouse (QSS)

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:

- If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

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.)

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

 Yes No**Age/Blindness**You: Were born before January 2, 1960 Are Blind Spouse: Was born before January 2, 1960 Is blind**Dependents**

(see instructions)

If more than four dependents, see instructions and check here . . .

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

Income

Attach Form(s) W-2 here. Also attach Forms W2-G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

Standard Deduction for
- Single or married filing separately, \$14,600
Married filing jointly or Qualifying surviving spouse, \$29,200
Head of household, \$21,900
If you checked any box under Standard Deduction, see instructions

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	132,643
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	132,643
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRA distributions	4b	
5a	Pensions and annuities	5b	
6a	Social security benefits	6b	
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	7	
8	Additional income from Schedule 1, line 10	8	29,520
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	162,163
10	Adjustments to income from Schedule 1, line 26	10	0
11	Subtract line 10 from line 9. This is your adjusted gross income	11	162,163
12	Standard deduction or itemized deductions (from Schedule A)	12	29,200
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	29,200
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	132,963

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

Cat. No. 11302B

Form 1040 (2023)

Tax and Credits	16 Tax (see instructions). Check if any from Form(s):	16	26,593		
	17 Amount from Schedule 2, line 3	17			
	18 Add lines 16 and 17	18	26,593		
	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	26,593		
	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	26,593		
Payments	25 Federal income tax withheld from:	25a	19,896		
	a Form(s) W-2	25b			
	b Form(s) 1099	25c			
	c Other forms (see instructions)	25d	19,896		
	d Add lines 25a through 25c	26	0		
If you have a qualifying child, attach Sch., EIC.	26 2023 estimated tax payments and amount applied from 2023 return	27			
	27 Earned income credit (EIC)	28			
	28 Additional child tax credit from Schedule 8812	29			
	29 American opportunity credit from Form 8863, line 8	30			
	30 Reserved for future use	31			
	31 Amount from Schedule 3, line 15	32	0		
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	33	19,896		
	33 Add lines 25d, 26, and 32. These are your total payments	34			
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34			
Direct deposit? See instructions	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a			
	b Routing number [redacted] c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	36			
	d Account number [redacted]	37	26,593		
Amount You Owe	36 Amount of line 34 you want applied to your 2025 estimated tax	37			
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions	<input type="checkbox"/> Yes	Complete below. <input type="checkbox"/> No		
	Designee's name	Phone no.	Personal identification number (PIN)		
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	If the IRS Sent you an Identity Protection PIN, enter it here (see inst.)	
			Self - Employed	[redacted]	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's Occupation	If the IRS Sent you an Identity Protection PIN, enter it here (see inst.)	
				[redacted]	
	Phone no.	Email Address			
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
	Firm's Name				Phone no.
	Firm's Address				Firms' EIN

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2023)

**SCHEDULE 1
(Form 1040)**

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023

Attachment
Sequence No. 09

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041.
Go to www.irs.gov/Form1040 for instructions and the latest information.

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

Your social Security Number

John Homeowner and Mary Homeowner

999-40-5000

For 2023, Enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k

Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local incomes taxes	1	
2a Alimony received	2a	
b Date of original divorce or operations agreement (see instructions)	3	29,520
3 Business income or (loss). Attached Schedule C	4	
4 Other gains or (losses). Attach Form 4797	5	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attached Schedule E	6	
6 Farm income or (loss). Attach Schedule F	7	
7 Unemployment compensation		
8 Other income:		
a Net operating loss	8a	
b Gambling	8b	
c Cancellation of debt	8c	
d Foreign earned income exclusion from Form 2555	8d	
e Income from Form 8853	8e	
f Income from Form 8889	8f	
g Alaska Permanent Fund dividends	8g	
h Jury duty pay	8h	
i Prizes and Awards	8i	
j Activity not engaged in for profit income	8j	
k Stock options	8k	
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n Section 951(a) inclusion (see instructions)	8n	
o Section 951A(a) inclusion (see instructions)	8o	
p Section 461(I) excess business loss adjustment	8p	
q Taxable distributions from an ABLE account (see instructions)	8q	
r Scholarship and fellowship grants not reported on Form W-2	8r	
s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u wages earned while incarcerated	8u	
v Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z Other Income. List type and amount:	8z	
9 Total other income. Add lines 8a through 8z	9	0
10 Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	29,520

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Cat. No. 11334P

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income	
11 Educator Expenses	11
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12
13 Health savings account deduction. Attach Form 8889	13
14 Moving expenses for members of the Armed Forces. Attach Form 3903	14
15 Deductible part of self-employment tax. Attach Schedule	15
16 Self-employed SEP, SIMPLE, and qualified plans	16
17 Self-employed health insurance deduction	17
18 Penalty on early withdrawal of savings	18
19a Alimony paid	19a
b Recipient's SSN	
c Date of original divorce or separation agreement (see instructions): _____	
20 IRA deduction	20
21 Student loan interest deduction	21
22 Reserved for future use	22
23 Archer MSA deduction	23
24 Other Adjustments	
a Jury duty pay (see instructions)	24a
b Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	24b
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c
d Reforestation amortization and expenses	24d
e Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e
f Contributions to section 501(c)(18)(D) pension plans	24f
g Contributions by certain chaplains to section 403(b) plans	24g
h Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h
i 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	24i
j Housing deduction from Form 2555	24j
k Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k
z Other adjustments. List type and amount: _____	24k
25 Total other adjustments. Add lines 24a through 24z	25 0
26 Add lines 11 through 23 and 25. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26 0

Schedule 1 (Form 1040) 2023

SCHEDULE C
(Form 1040)

Department of the Treasury Internal
Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. 09

Name of proprietor John Homeowner	Social Security Number (SSN) 999-40-5000
A Principal business or profession, including product or service (see instructions) Equipment Rental	B Enter code from instructions 5 3 2 2 8 2
C Business name. If no separate business name, leave blank. John's Silent Disco Services	D Employer ID number (EIN) (see instr) 9 9 9 9 9 9 9 9 9
E Business address (including suite or room no.) 175 13th Street City, town or post office, state, and ZIP code Washington, DC 20013	
F Accounting Method: (1) Cash <input checked="" type="checkbox"/> (2) Accrual <input type="checkbox"/> (3) <input type="checkbox"/> Other (specify)	
G Did you "materially participate" in the operation of this business during 2023? If "No", see instructions for limit on losses • • • • •	✓ Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
H If you started or acquired this business during 2023, check here • • • • •	<input type="checkbox"/>
I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions • • • • •	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes", did you or will you file required Form(s) 1099? • • • • •	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Part I Income	
1 Gross receipts or sales. See instructions for line 1 and check box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked • • • • •	□ 1 158,730
2 Returns and allowances • • • • •	2
3 Subtract line 2 from line 1 • • • • •	3 158,730
4 Cost of goods sold (from line 42) • • • • •	4 120,250
5 Gross profit. Subtract line 4 from line 3 • • • • •	5 38,480
6 Other Income, including federal and state gasoline or fuel tax credit or refund (see instructions) • • • • •	6 2,167
7 Gross income. Add lines 5 and 6 • • • • •	7 40,647
Part II Expenses. Enter Expenses for business use of your home only on line 30.	
8 Advertising • • • • •	8 975
9 Car and truck expenses (see instructions) • • •	9 967
10 Commissions and fees • • •	10
11 Contract labor (see instructions) • • •	11
12 Depletion • • • • •	12
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) • • •	13 1,885
14 Employee benefit programs (other than on line 19) • • •	14
15 Insurance (other than health) • • •	15 975
16 Interest (see instructions): a Mortgage (paid to banks, etc.) b Other • • • • •	16a 542 16b
17 Legal and professional services • • • • •	17 823
18 Office expense (see instructions) • • • • •	18 693
19 Pension and profit-sharing plans • • • • •	19
20 Rent or lease (see instructions): a Vehicles, machinery, and equipment • • • • •	20a
b Other business property • • • • •	20b
21 Repairs and maintenance • • • • •	21 1,972
22 Supplies (not included in Part III) • • • • •	22
23 Taxes and licenses • • • • •	23 368
24 Travel and meals a Travel b Deductible meals (see instructions) • • • • •	24a 477 24b 152
25 Utilities • • • • •	25 152
26 Wages (less employment credits) • • • • •	26
27a Other expenses (from line 48) b Energy efficient commercial bldgs deduction (attach Form 7205) • • • • •	27a 27b
28 Total Expenses before expenses for business use of home. Add lines 8 through 27b • • • • •	28 9,981
29 Tentative profit (or loss). Subtract line 28 from line 7 • • • • •	29 30,666
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: <u>2,500</u> and (b) the part of your home used for business: <u>650</u> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 • • • • •	30 1,146
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, Enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (if you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. • If you have a loss, check the box that describes your investment in this activity. See instructions. • If you have checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.	31 29,520
32a <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.	

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Schedule C (Form 1040) 2023

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	35 43,333
36	Purchases less cost of items withdrawn for personal use	36 53,083
37	Cost of labor. Do not include any amounts paid to yourself	37 32,500
38	Materials and supplies	38 27,083
39	Other costs	39 3,250
40	Add lines 35 to 39	40 159,250
41	Inventory at end of year	41 39,000
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 120,250

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file for 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year)	5/1/2022
44	Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:	
a	Business	3,224
b	Commuting (see instructions)	1,200
c	Other	4,600
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.

48	Total other expenses. Enter here and on line 27a	48
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