

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		Your social security number			
John		Homeowner		999 40 5000			
If joint return, spouse's first name and middle initial		Last Name		Spouse's social security number			
Mary		Homeowner		500 22 2000			
Home address (number and street). If you have a P.O. box, see instructions.				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. <input type="checkbox"/> You <input type="checkbox"/> Spouse	
175 13th Street							
City, town, or post office. If you have a foreign address, also complete spaces below.			State	Zip Code			
Washington			DC	20013			
Foreign country name		Foreign province/state/county		Foreign Postal Code			

Filing Status	<input type="checkbox"/> Single	<input type="checkbox"/> Head of household (HOH)
	<input type="checkbox"/> Married filing jointly (even if only one had income)	
	<input type="checkbox"/> Married filing separately (MFS)	<input type="checkbox"/> 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:	
Check only one box.	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien		
Age/Blindness	You: <input type="checkbox"/> Were born before January 2, 1960 <input type="checkbox"/> 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)	
	(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"/>

Income	1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	143,920
	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	
Attach Form(s) W-2 here. Also attach Forms W2-G and 1099-R if tax was withheld.	i	Nontaxable combat pay election (see instructions)			1i	
	z	Add lines 1a through 1h			1z	143,920
	2a	Tax-exempt interest	2a		2b	
	3a	Qualified dividends	3a		3b	
	4a	IRA distributions	4a		4b	
	5a	Pensions and annuities	5a		5b	
	6a	Social security benefits	6a		6b	
	c	If you elect to use the lump-sum election method, check here (see instructions)			<input type="checkbox"/>	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here			<input type="checkbox"/> 7	
	8	Additional income from Schedule 1, line 10			8	28,341
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9	172,261	
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	172,261	
12	Standard deduction or itemized deductions (from Schedule A)			12	29,200	
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	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	143,061

Form 1040 (2024)

Page 2

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:					
	a	Form(s) W-2	25a	21,588			
	b	Form(s) 1099	25b				
	c	Other forms (see instructions)		25c			
	d	Add lines 25a through 25c		25d	21,588		
	26	2024 estimated tax payments and amount applied from 2023 return		26	0		
	27	Earned income credit (EIC)		27			
	28	Additional child tax credit from Schedule 8812		28			
	29	American opportunity credit from Form 8863, line 8		29			
	30	Reserved for future use		30			
	31	Amount from Schedule 3, line 15		31			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits				32	0
33	Add lines 25d, 26, and 32. These are your total payments				33	21,588	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid				34	
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>				35a	
	b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
	d	Account number					
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 <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						
	Your signature		Date	Your Occupation	If the IRS Sent you an Identity Protection PIN, enter it here		
				Self - Employed	(see inst.)		
	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		
Joint return? See instructions. Keep a copy for your records.					(see inst.)		
	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)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2024

Attachment
Sequence No. 09

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

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) 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.). City, town or post office, state, and ZIP code		175 13th Street 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 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	18	Office expense (see instructions)	18	667
9	Car and truck expenses (see instructions)	9	930	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	1,813	21	Repairs and maintenance	21	1,896
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	938	23	Taxes and licenses	23	354
16	Interest (see instructions):			24	Travel and meals		
a	Mortgage (paid to banks, etc.)	16a	521	a	Travel	24a	458
b	Other	16b		b	Deductible meals (see instructions)	24b	146
17	Legal and professional services	17	792	25	Utilities	25	146
28	Total Expenses before expenses for business use of home. Add lines 8 through 27b	28	9,597	26	Wages (less employment credits)	26	
29	Tentative profit (or loss). Subtract line 28 from line 7	29	29,487	27a	Other expenses (from line 48)	27a	
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: 2,500 and (b) the part of your home used for business: 650. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	1,146	b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
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.	31	28,341				
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.		

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.
36	Purchases less cost of items withdrawn for personal use
37	Cost of labor. Do not include any amounts paid to yourself
38	Materials and supplies
39	Other costs
40	Add lines 35 to 39
41	Inventory at end of year
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4

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	3,100				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		

[illegible]

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 beginning1/31, 2023, ending1/31, 2023

See separate instructions.

Your first name and middle initialJohn

Last NameHomeowner

Your social security number999 | 40 | 5000

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

Last NameHomeowner

Spouse's social security number500 | 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.
☐ You ☐ Spouse

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

StateDC

Zip Code20013

Foreign country name

Foreign province/state/county

Foreign Postal Code

Filing Status

☐ Single

☐ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS)

☐ Head of household (HOH)

☐ 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:
☐ 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 ☒ Yes ☐ No
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You: ☐ Were born before January 2, 1960 ☐ Are Blind

Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

Dependents

(see instructions)

(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

Income

1a Total amount from Form(s) W-2, box 1 (see instructions)

1b Household employee wages not reported on Form(s) W-2

1c Tip income not reported on line 1a (see instructions)

1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)

1e Taxable dependent care benefits from Form 2441, line 26

1f Employer-provided adoption benefits from Form 8839, line 29

1g Wages from Form 8919, line 6

1h Other earned income (see instructions)

1i Nontaxable combat pay election (see instructions)

1z Add lines 1a through 1h

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

2a Tax-exempt interest

3a Qualified dividends

4a IRA distributions

5a Pensions and annuities

6a Social security benefits

2b Taxable interest

3b Ordinary dividends

4b Taxable Amount

5b Taxable Amount

6b Taxable Amount

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

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here

8 Additional income from Schedule 1, line 10

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income

10 Adjustments to income from Schedule 1, line 26

11 Subtract line 10 from line 9. This is your adjusted gross income

12 Standard deduction or itemized deductions (from Schedule A)

13 Qualified business income deduction from Form 8995 or Form 8995-A

14 Add lines 12 and 13

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income

1a132,643

1b

1c

1d

1e

1f

1g

1h

1i

1z132,643

2a

2b

3a

3b

4a

4b

5a

5b

6a

6b

7

829,520

9162,163

100

11162,163

1229,200

13

1429,200

15132,963

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

Cat. No. 11302B

Form 1040 (2023)

Form 1040 (2023)

Page 2

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:					
	a	Form(s) W-2	25a	19,896			
	b	Form(s) 1099	25b				
	c	Other forms (see instructions)		25c			
	d	Add lines 25a through 25c		25d	19,896		
	26	2023 estimated tax payments and amount applied from 2023 return		26	0		
	27	Earned income credit (EIC)		27			
	28	Additional child tax credit from Schedule 8812		28			
	29	American opportunity credit from Form 8863, line 8		29			
	30	Reserved for future use		30			
	31	Amount from Schedule 3, line 15		31			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits		32	0		
33	Add lines 25d, 26, and 32. These are your total payments		33	19,896			
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid				34	
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>				35a	
	b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
	d	Account number					
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	26,593
	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 <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						
	Your signature		Date	Your Occupation	If the IRS Sent you an Identity Protection PIN, enter it here		
				Self - Employed	(see inst.)		
	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.)		
	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)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2023

Attachment
Sequence No. 09

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

John Homeowner and Mary Homeowner

Your social Security Number

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 sperations agreement (see instructions)		
3	Business income or (loss). Attached Schedule C	3	29,520
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attached Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income excsluion 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 cinome. 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 9	
E Business address (including suite or room no.). City, town or post office, state, and ZIP code		175 13th Street 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 <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 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	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	18	Office expense (see instructions)	18	693
9	Car and truck expenses (see instructions)	9	967	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	1,885	21	Repairs and maintenance	21	1,972
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	975	23	Taxes and licenses	23	368
16	Interest (see instructions):			24	Travel and meals		
a	Mortgage (paid to banks, etc.)	16a	542	a	Travel	24a	477
b	Other	16b		b	Deductible meals (see instructions)	24b	152
17	Legal and professional services	17	823	25	Utilities	25	152
28	Total Expenses before expenses for business use of home. Add lines 8 through 27b	28		26	Wages (less employment credits)	26	
29	Tentative profit (or loss). Subtract line 28 from line 7	29	30,666	27a	Other expenses (from line 48)	27a	
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: 2,500 and (b) the part of your home used for business: 650. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	1,146	b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
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.	31	29,520				
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 ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

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Cat. No. 11334P

Schedule C (Form 1040) 2023

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

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																			

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