E 1040-SR Department of the Treasury—Internal Revenue Service U.S. Tax Return for Seniors



OMB No. 1545-007

IRS Use Only-Do not write or staple in this space

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning				, 2023, ending , 20			S	See separate instructions.							
Your first name and middle initial Last r			Last na	name					Y	Your social security number					
If joint return, spouse's first name and middle initial Last n					ame						Sį	oouse's	s social s	ecurit	y number
Home address	s (num	nber and street). If	you have a P.O. b	ox, see	instruct	ions.				Apt. no.					ampaign
City, town, or post office. If you have a foreign address, also com					omplete spaces below. State ZIP code Check here if you, or spouse if filing jointly, to go to this fund. Check here if you, or spouse if filing jointly, to go to this fund. Check here if you, or spouse if filing jointly, to go to this fund. Check here if you, or spouse if filing jointly, to go to this fund. Check here if you, or spouse if filing jointly, to go to this fund. Check here if you, or spouse if filing jointly, to go to this fund. Check here if you, or spouse if filing jointly, to go to this fund. Check here if you, or spouse if filing jointly, to go to this fund. Check here if you, or spouse if filing jointly, to go to this fund. Check here if you, or spouse if filing jointly, to go to this fund. Check here if you, or spouse if filing jointly, to go to this fund. Check here if you, or spouse if filing jointly, to go to this fund. Check here if you, or you have a spouse if filing jointly, to go to this fund. Check here if you have a spouse if you have						intly, d. Che	want \$3 cking a			
Foreign country name Fo					oreign province/state/county Foreign postal code				ode y	your tax or refund. You Spouse			Spouse		
Filing Status		☐ Single ☐ Married filing jointly (even if only one had income) ☐ Married fil								ing s	epara	tely	(MFS)		
Check only one box.	If yo	\square Head of household (HOH) \square Qualifying surviving spouse (QSS) f you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS name if the qualifying person is a child but not your dependent:													
Digital Assets	pro	any time durin perty or service	ces); or (b) se	ll, ex	chang	e, or oth	erw	ise dis	pose o	of a digita	al as	set	√vos		lo.
Standard		a financial inte neone can cla								as a de			162		NO
Deduction		Spouse itemiz													
	Age	e/Blindness	∫ You: Spouse:			rn befor									
Dependents		'	(орошот							1		x if qualifies for (see instructions):			
(see instructions)	Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you Child tax cred								· 1			ependents			
If more than four dependents, see															
instructions and															
check here															
Income	1a	Total amoun	t from Form(s	s) <mark>W-</mark>	2, box	1 (see i	nstr	uctions	s)			1a			
Attach Form(s) W-2	b	Household employee wages not reported on Form(s) W-2							1b	1					
here. Also attach Forms	С	Tip income r	ncome not reported on line 1a (see instructions)							1c					
W-2G and 1099-R if tax	d	Medicaid wa			•			. ,	٠			1d			
was withheld.	е	Taxable <mark>dep</mark>	endent care l	benef	<mark>its</mark> fro	m <mark>Form</mark>	244	<u>1, line</u>	26 = Cl	<mark>hildcare B</mark>	enefil	<u>s</u> 1e			
If you did not get a Form	f	f Employer-provided adoption benefits from Form 8839, line 29 = Adopt Bene. 1f g Wages from Form 8919, line 6													
W-2, see instructions.	g														
	h								1h						
	i	Nontaxable combat pay election (see instructions) . 1i													
	Z	Add lines 1a	through 1h									1z			
Attach Schedule B	2a	Tax-exempt	interest .	2a				b Tax	able in	terest		2b	,		
if required.	3a	Qualified div	ridends	За				b Ord	linary d	lividends	3.	3b			
Schedule B	4a	IRA distribut	ions	4a				b Tax	able ar	nount		4b)		
= Int & Divs	5a	Pensions and	d annuities	5a				b Tax	able ar	mount		5b			
	6a	Social securit	ty benefits .	6a				b Tax	able ar	mount		6b			
	c If you elect to use the lump-sum election method, check here (see														
	instructions)														

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	7	Capital gain or (loss). Attach Schedule D if required. If not required check here	·	7	Calculate: Schedule D	
	8	Additional income from Schedule 1, line 10	[8		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	AGI		
	10	Adjustments to income from Schedule 1, line 26	[10		
	11	Subtract line 10 from line 9. This is your adjusted gross income	[11		
Standard Deduction	12	Standard deduction or itemized deductions (from Schedule A)	[12	Calc. Schedule A	
See Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A	١. ل	13	Business Deduction	
Deduction Chart on the last page	14	Add lines 12 and 13	[14	Add all Dedcutions	
of this form.	15	Subtract line 14 from line 11. If zero or less, enter -0 This is y taxable income	15	Modified AGI		
Tax and	16	Tax (see instructions). Check if any from:				
Credits		1 □ Form(s) 8814 2 □ Form(s) 4972 3 □	[16		
	17	Amount from Schedule 2, line 3	[17		
	18	Add lines 16 and 17	[18		
	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		
	22	[22			
	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			
Payments	25	Federal income tax withheld from:				
	а	Form(s) W-2				
	b	Form(s) 1099				
	С	Other forms (see instructions)				
	d	Add lines 25a through 25c	[25d		
If a bar	26	2023 estimated tax payments and amount applied from 2022 return	[26		
If you have a qualifying	27	Earned income credit (EIC)				
child, attach Sch. EIC.	28	Additional child tax credit from Schedule 8812 28				
	29	American opportunity credit from Form 8863, line 8 . 29				
	30	Reserved for future use				
31		Amount from Schedule 3, line 15				
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits					
	33 Add lines 25d, 26, and 32. These are your total payments					

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Refund	34	If line 33 is more than line 24 amount you overpaid		subtract li		is the	34				
	35a	Amount of line 34 you check here	unded to you . If Form 8888 is attached								
Direct deposit? See	b	Routing number	c Type: ☐ Checking ☐ Savings								
instructions.	d	Account number									
	36	Amount of line 34 ye estimated tax			-	36					
Amount You Owe	37	Subtract line 33 from I For details on how to I					ctions	37			
	38	Estimated tax penalty	(see instru	uctions) .		38					
Third Party Designee		Do you want to allow another person to discuss this return with the IRS? See instructions									
Designee's name				Phone no.		nal identification er (PIN)					
Sign Here	of	nder penalties of perjury, I decla my knowledge and belief, they formation of which preparer has	are true, corre	ct, and compl							
Joint return?		our signature		Date	. P		Prote	he IRS sent you an Identity otection PIN, enter it here se inst.)			
See instructions. Keep a copy for your records.	Sn	Spouse's signature. If a joint return, both must sign.			Ider			e IRS sent your spouse an tity Protection PIN, enter it here inst.)			
	Ph	one no.	Email address			•					
Paid	Pro	eparer's name	Preparer's si	Preparer's signature			PTIN		Check if: Self-employed		
Preparer	Fir	m's name	1				Phoi	ne no.			
Use Only		Firm's address						m'e FIN			

Firm's EIN

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Firm's address

Go to $\emph{www.irs.gov/Form1040SR}$ for instructions and the latest information.

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Standard Deduction Chart*

Add the number of boxes checked in the "Age/Blindness" section of Standard Deduction on page 1

IF your filing status is	AND the number of boxes checked is	THEN your standard deduction is
Single	1	\$15,700
Sirigie	2	17,550
	1	\$29,200
Married	2	30,700
filing jointly	3	32,200
	4	33,700
Qualifying	1	\$29,200
surviving spouse	2	30,700
Head of	1	\$22,650
household	2	24,500
	1	\$15,350
Married filing	2	16,850
separately**	3	18,350
	4	19,850

^{*}Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

Go to www.irs.gov/Form1040SR for instructions and the latest information.

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^{**}You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.