## 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                                   |                   |   |  | See separate instructions. |              |          |                      |                                 |                                 |              |            |            |
|---|---|--|---|-------------------|---|--|----------------------------|--------------|----------|----------------------|---------------------------------|---------------------------------|--------------|------------|------------|
| Your first name and middle initial Last                             |   |  |   | Last na           | ast name  |  |                            |              |          |                      | Your social security number     |                                 |              |            |            |
| If joint return, spouse's first name and middle initial Last        |   |  |   | Last na           | ast name  |  |                            |              |          |                      | Spouse's social security number |                                 |              |            |            |
| Home address  | s (num  | nber and street). If   | you have a P.O. b                                     | ox, see           | instruct  | ions.  |                            |              |          | Apt. no.             |                                 | Presidential Election Campaign  |              |            |            |
| City, town, or post office. If you have a foreign address, also com |   |  |   |                   | Check here if you, or you spouse if filing jointly, we to go to this fund. Check box below will not chart |  |                            |              |          | want \$3<br>ecking a |                                 |                                 |              |            |            |
| Foreign country name  |   |  |   |                   | reign pr  | ign province/state/county Foreign postal cod |                            |              |          |                      | code                            | your tax or refund.  You Spouse |              |            |            |
| Filing<br>Status  | ☐ Single ☐ Married filing jointly (even if only one had income) ☐ Married fili☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS) |  |   |                   |   |  |                            |              | _        |                      | -                               |                                 |              |            |            |
| Check only one box.   | If yo   | ou checked the Note if the qualifying  | MFS box, entering person is a c                       | the na<br>hild bu | ime of y  | your spou<br>our depei                       | ıse. I<br>nden             |              |          | he HOH<br>           |                                 |                                 |              |            |            |
| Digital<br>Assets   | pro   | any time durin<br>perty or servi<br>a financial inte                                     | ces); or (b) se                                       | ll, ex            | chang   | e, or oth                                    | nerw                       | ise dis      | pose o   | f a digi             | ital a                          | sset                            | ☐ Yes        |            | No         |
| Standard  | Sor   | neone can cla  | aim: 🗌 You  | ı as a            | depe  | ndent  |                            | Your s       | pouse    | as a d               |                                 |                                 |              |            |            |
| Deduction   | □ ;   | Spouse itemiz  | •   |                   |   | -  |                            |              |          |                      |                                 |                                 |              |            |            |
|   | <u>Ag</u>   | e/Blindness  |   |                   |   | rn befor<br>n before                         |                            |              |          | )                    | Are b<br>s bli                  |                                 | Add \$       | 185        | 065+: /    |
| Dependents  | S (1) 5   |  |   |                   | <b>(2)</b> Soci   | al security nu                               | umber                      |              | •        | (4) Check            | the bo                          | x if quali                      | ifies for (s | ee inst    | ructions): |
| (see instructions)  |   | -irst name   | Last name   |                   |   |  |                            | yc           | ou       | Child                | tax cre                         | edit                            | Credit for   | other d    | lependents |
| If more than four dependents, see                                   |   |  |   |                   |   |  |                            |              |          |                      |                                 |                                 |              |            |            |
| instructions and check here   |   |  |   |                   |   |  |                            |              |          |                      |                                 |                                 |              | _ <u>_</u> |            |
| Income  | 1a  | Total amount from Form(s) W-2, box 1 (see instructions)                                  |   |                   |   |  |                            | 18           | <b>a</b> |                      |                                 |                                 |              |            |            |
| Attach<br>Form(s) W-2   | b   | Household employee wages not reported on Form(s) W-2                                     |   |                   |   |  |                            |              | 1k       | )                    |                                 |                                 |              |            |            |
| here. Also<br>attach Forms  | С   | Tip income r   | Fip income not reported on line 1a (see instructions) |                   |   |  |                            |              |          | 10                   | >                               |                                 |              |            |            |
| W-2G and<br>1099-R if tax   | d   | Medicaid wa  |   |                   |   |  |                            |              |          |                      |                                 |                                 |              |            |            |
| was<br>withheld.  | е   | e Taxable dependent care benefits from Form 2441, line 26                                |   |                   |   |  |                            |              |          |                      |                                 |                                 |              |            |            |
| If you did not get a Form   | f   |  |   |                   |   |  |                            |              | 11       | f                    |                                 |                                 |              |            |            |
| W-2, see instructions.  | g   |  |   |                   |   |  |                            |              |          |                      |                                 |                                 |              |            |            |
|   | h   | Other earned income (see instructions)   |   |                   |   |  |                            | 1ŀ           | 1        |                      |                                 |                                 |              |            |            |
|   | i Nontaxable combat pay election (see instructions) . 1i  |  |   |                   |   |  |                            |              |          |                      |                                 |                                 |              |            |            |
|   | Z   | Add lines 1a   | through 1h  |                   |   |  | ; ·                        |              |          |                      |                                 | 12                              | Z            |            |            |
| Attach Schedule B   | <b>2</b> a  | Tax-exempt   | interest .  | <b>2</b> a        |   |  | 4                          | <b>b</b> Tax | able in  | terest               |                                 | 2k                              | )            |            |            |
| if required.  | 3a  | Qualified div  | ridends   | 3a                |   |  | _                          | <b>b</b> Ord | inary d  | ividend              | ds .                            | 3k                              | <b>)</b>     |            |            |
|   | 4a  | IRA distribut  | ions  | 4a                |   |  |                            | <b>b</b> Tax | able ar  | nount                |                                 | 4k                              | <b>)</b>     |            |            |
|   | 5a  | Pensions an  | d annuities   | 5a                |   |  | _                          | <b>b</b> Tax | able ar  | mount                |                                 | 5k                              | <b>)</b>     |            |            |
|   | 6a  | Social securit   | ty benefits .   | 6a                |   |  |                            | <b>b</b> Tax | able ar  | mount                |                                 | 6k                              | ו            |            |            |
|   | С   | <b>c</b> If you elect to use the lump-sum election method, check here (see instructions) |   |                   |   |  |                            |              |          |                      |                                 |                                 |              |            |            |

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|----------------------------------|---|--|-----|--------|
|                                  | 7   | 7  |     |        |
|                                  | 8   | 8  |     |        |
|                                  | 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   | 10  |        |
| <b>0</b>                         | 11  | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                  | 11  |        |
| Standard<br>Deduction            | 12  | Standard deduction or itemized deductions (from Schedule A)                              | 12  |        |
| See Standard                     | 13  | Qualified business income deduction from Form 8995 or Form 8995-A .                      | 13  |        |
| Deduction Chart on the last page | 14  | Add lines 12 and 13  | 14  |        |
| of this form.                    | 15  | Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income     | 15  |        |
| Tax and                          | 16  | Tax (see instructions). Check if any from:   |     |        |
| Credits                          |   | <b>1</b> □ Form(s) 8814 <b>2</b> □ Form(s) 4972 <b>3</b> □                               | 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  | Subtract line 21 from line 18. If zero or less, enter -0                                 | 22  |        |
|                                  | 23  | Other taxes, including self-employment tax, from Schedule 2, line 21                     | 23  |        |
|                                  | 24  | Add lines 22 and 23. This is your <b>total tax</b>                                       | 24  |        |
| <b>Payments</b>                  | 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 |        |
|                                  | 26  | 2023 estimated tax payments and amount applied from 2022 return                          | 26  |        |
| If you have a qualifying         | 27  | Earned income credit (EIC) 27  |     |        |
| child, attach<br>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 | 32  |        |

33 Add lines 25d, 26, and 32. These are your total payments . . . . . .

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|---|-----------------|--|--|---|------|------|---|--|--------------------------|--|--|--|
| Refund  | 34              |  | an line 24, subtract line 24 from line 33. This is the |   |      |      |   | 34   |                          |  |  |  |
|   | 35a             | Amount of line 34 yo check here  | u want <b>ref</b>                                      | want <b>refunded to you</b> . If Form 8888 is attached, |      |      |   |  |                          |  |  |  |
| Direct deposit?<br>See                                | b               | Routing number   |  |   |      |      |   |  |                          |  |  |  |
| instructions.   | d               | Account number   |  |   |      |      |   |  |                          |  |  |  |
|   | 36              | Amount of line 34 y estimated tax  |  |   | -    | 36   |   |  |                          |  |  |  |
| Amount<br>You Owe                                     | 37              | Subtract line 33 from l<br>For details on how to   |  |   | •    |      | ctions  | 37   |                          |  |  |  |
|   | 38              | Estimated tax penalty  | (see instru  | uctions) .  |      | 38   |   |  |                          |  |  |  |
| Third Party<br>Designee                               |                 | Do you want to allow another person to discuss this return with the IRS? See instructions  |  |   |      |      |   |  |                          |  |  |  |
|   | Designee's name |  |  | Phone Personal iden no. number (PIN)                    |      |      |   |  |                          |  |  |  |
| Sign<br>Here  | of              | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is be information of which preparer has any knowledge. |  |   |      |      |   |  |                          |  |  |  |
| Joint return?   | Yo              | Your signature   |  | Date  | Prot |      | e IRS sent you an Identity<br>ection PIN, enter it here<br>inst.) |  |                          |  |  |  |
| See instructions.<br>Keep a copy for<br>your records. | Sp              | Spouse's signature. If a joint return, <b>both</b> must sign.  |  |   | Iden |      |   | e IRS sent your spouse an<br>tity Protection PIN, enter it her<br>inst.) |                          |  |  |  |
|   | Ph              | Phone no.  |  |   |      |      |   |  |                          |  |  |  |
| Paid  | Pr              | eparer's name  | Preparer's si  | signature   |      | Date | PTIN  |  | Check if:  Self-employed |  |  |  |
| Preparer<br>Use Only                                  | Fir             | Firm's name Phot   |  |   |      |      |   |  | one no.                  |  |  |  |
|   | Fir             | m's address  | i's EIN  |   |      |      |   |  |                          |  |  |  |

Go to 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                          |  |  |  |  |  |

<sup>\*</sup>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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<sup>\*\*</sup>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.