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 name					,	Your so	ocial se	curity	number				
If joint return, spouse's first name and middle initial La				Last na	Last name					:	Spouse'	s social	securi	ity number		
											Campaign					
City, town, or p	oost o	ffice. If you have a	foreign address, als	so com	plete spa	ces below.	. Sta	ate		ZIP	code	:	Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a			
Foreign count	ry nan	ne		Foreign province/state/county Foreign postal code						oox bel your tax 1		ınd.	ange Spouse			
Filing Status Check only one box.	☐ Single ☐ Married filing jointly (even if only one had income) ☐ Married ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or 0 name if the qualifying person is a child but not your dependent:						or QS	SS box	separ	ately	(MFS)					
Digital Assets	pro	any time durin perty or servi a financial into	ces); or (b) se	ll, ex	change	e, or oth	nerw	ise (dispose	e of	a digi	tal as	sset		ome f litcoir	
Standard Deduction	Sor	neone can cl Spouse itemiz	aim: 🗌 You	ı as a	deper	ndent		Υοι	ır spou	se a	as a de					
Deduction		e/Blindness	You:	□ We	ere bo	rn befor n before	re Ja	ınua	ry 2, 19	959	□ A	Are b s blir				
Dependents	5				(2) Socia	al security n	umber	(3) F	Relationship	o to	4) Check	the box	if qualit	fies for (see ins	tructions):
(see instructions)		rirst name	Last name						you		Child	tax cre	dit	Credit fo	r other o	dependents
If more than four dependents, see																
instructions and check here																
Income	1a	Total amoun	nt from Form(s	s) <mark>W-</mark>	2, box	1 (see i	instru	ucti	ons) .				1a	1		
Attach Form(s) W-2	b	Household employee wages not reported on Form(s) W-2							1b) <u> </u>	Nann	y Pay				
here. Also attach Forms	С	Tip income not reported on line 1a (see instructions)								10	;					
W-2G and 1099-R if tax	d			<mark>ts</mark> not reported on Form(s) W-2 (s <u>ee instruction</u>					10							
was withheld.	е	Taxable dep	endent care l	benef	<mark>its</mark> fro	m <mark>Form</mark>	244	<u>1, li</u>	ne 26	= Chi	ldcare I	Benef	its 1e	•		
If you did not get a Form	did not f Employer-provided adoption benefits from Form 8839 line 29 = Adopt Bene							<mark>e.</mark> 1f	:							
W-2, see instructions.	g	Warner from Farm 2010 Page 0						1g	J							
	h	Other earned income (see instructions)							1h	1						
	i	Nontaxable combat pay election (see instructions) . 1i Combat R						Pay is 1	T-NOV	axabl	le					
	Z	Add lines 1a	through 1h										1z	<u> </u>	come	e = a-h
Attach Schedule B	2a	Tax-exempt	interest .	2a	Mur	ni Bonds		b T	axable	inte	erest		2 b)		
if required.	3a	Qualified div	ridends	3a	10	99-Div		b (Ordinar	y di	videnc	ls .	3b)		
Schedule B	4a	IRA distribut	ions	4a				b T	axable	am	ount		4b			
= Int & Divs	5a	Pensions an	d annuities	5a				b T	axable	am	ount		5b			
	6a Social security benefits . 6a SS gen. NO Tax b Taxable a				am	ount		6b)							
	С	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	Calc. Sch. D Income
	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	
	10	Adjustments to income from Schedule 1, line 26	10	
Standard Deduction See Standard Deduction Chart on the last page	11	Subtract line 10 from line 9. This is your adjusted gross income	11	AGI
	12	Standard deduction or itemized <u>deductions</u> (from <u>Schedule A</u>)	12	Calc. Schedule A
	13	Qualified business income deduction from Form 8995 or Form 8995-A .	13	QBI deduction, 19
	14	Add lines 12 and 13	14	Add all Dedcutions
of this form.	^J 15	Subtract line 14 from line 11. If zero or less, enter -0 This is your 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	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 total tax	24	

25a

25b

25c

27

28

29

30

31

If you have
a qualifying
child, attach
Sch. EIC.

26

27

28

29 30

31

32

Payments 25

33	Add lines 25d, 26, and 32. These are your total payments						
Go to www.irs.gov/Form1040SR for instructions and the latest information.							

Federal income tax withheld from:

a Form(s) W-2

c Other forms (see instructions)

d Add lines 25a through 25c

Earned income credit (EIC)

Additional child tax credit from Schedule 8812 . . .

American opportunity credit from Form 8863, line 8.

Reserved for future use

Amount from Schedule 3, line 15

2023 estimated tax payments and amount applied from 2022 return . .

Add lines 27, 28, 29, and 31. These are your total other payments and

25d

26

32

33

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Refund	34	If line 33 is more that amount you overpaid	n line 24, subtract line 24 from line 33. This is					34		
	35a	Amount of line 34 you check here	funded to you . If Form 8888 is attache				35a			
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		o you want to allow another structions	person to dis	scuss this ref	turn with the IRS		. Complet	e belov	w. 🗌 No	
Designee's name			Phone Persona number				identification PIN)			
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based of information of which preparer has any knowledge.									
Joint return?		Your signature		Date	Your occupation			IRS sent you an Identity action PIN, enter it here nst.)		
See instructions. Keep a copy for your records.	Sn	Spouse's signature. If a joint return, both must sign.		Date	Iden			IRS sent your spouse an ity Protection PIN, enter it here inst.)		
	Ph	one no.	Email address							
Paid	Pro	eparer's name	Preparer's si	gnature		Date	PTIN		Check if: Self-employed	
Preparer	Fir	Firm's name			-			Phone no.		
Use Only		Firm's address						i'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.