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 name						Y	our social security nur		number				
If joint return, spouse's first name and middle initial				Last name						S	pouse's	social	securi	ty number		
							Presidential Election Campaign Check here if you, or your									
City, town, or p	oost o	ffice. If you have a fore	ign address, als	so comp	olete spa	aces below	. Sta	ate		ZIP	code	s _l	oouse i go to	f filing j this fur	jointly, nd. Che	want \$3 ecking a
Foreign count	ry nan	ne		Fo	reign pro	ovince/sta	te/cou	inty	F	l Foreigi	n postal co		our tax	ow will i or refu	nd.	Ü
Filing Status Check only one box.	If you also had the MEO have and the same of your answer of the same also had the HOLL or OOO have and on the ability						(MFS)									
Digital Assets	pro	any time during a perty or services a financial intere	s); or (b) se	II, exc	chang	e, or otl	herw	rise	dispose	e of	a digit	al as	set 📙		me froin	
Standard Deduction		neone can clain Spouse itemizes				ndent or you						penc	lent			
Deduction		· e/Blindness ∫ Y	ou:	□ W∈	ere bo	rn befo n befor	re Ja	เทนล	ary 2, 19	959	□ A	re bli bline				
Dependents	6 (4) 5	·	4		(2) Socia	al security n	number	(3) F	Relationship	p to (4) Check th		1			
(see instructions)		erst name Las	st name						you		Child to	ax cred	it (Credit for	other d	dependents
If more than four dependents, see																
instructions and check here											<u>[</u>					
Income	1a	Total amount for	rom Form(s	s) <mark>W-2</mark>	2, box	1 (see	instru	ucti	ions) .				1a		Wag	jes
Attach Form(s) W-2	b	Household em	ployee wag	ges no	ot rep	orted o	n For	rm(s	s) W-2				1b		Nanny	<mark>y Pay</mark>
here. Also attach Forms	and R if tax d Medicaid waiver payments not reported on Form(s) W-2 (see			ructio	ons)				1c							
W-2G and 1099-R if tax					· · · · · · · · · · · · · · · · · · ·		1d	+								
was withheld.	е	Taxable <mark>depen</mark>	dent care b	penef	<mark>its</mark> fro	m <mark>Form</mark>	244	1, li	ine 26	= Chi	<mark>ldcare B</mark>	<mark>enefi</mark>	1e			
If you did not get a Form																
W-2, see instructions.	wages from Form 8919 line 6															
	h	Other earned income (see instructions)							1h	Р	assive	e, etc				
	i	i Nontaxable combat pay election (see instructions) . 1i Combat Page 1							ay is N	ION-T	<mark>axabl</mark>	e				
	Z	Add lines 1a th	rough 1h										1z	In	come	e = a-h
Attach Schedule B	2a	Tax-exempt int	terest .	2a	Mur	ni Bonds		b T	Taxable	inte	erest		2b			
if required.	3a	Qualified divide	ends	3a	10	99-Div		b(Ordinar	y div	vidends	s .	3b			
Schedule B	4a	IRA distribution	ns	4a	IRA	A, RMD		b ⁻	Taxable	am	ount		4b			
= Int & Divs	5a	Pensions and a	annuities	5a	Retire	<mark>ment, et</mark>	<mark>C</mark>	b ¯	Taxable	am	ount		5b			
6a Social security benefits . 6a SS gen. NO Tax b Taxable amount 6b																
	С	If you elect to instructions).								k h	ere (se	e . 🗆				

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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	
<u> </u>	11	Subtract line 10 from line 9. This is your adjusted gross income	11	AGI
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 .	13	QBI deduction, 199a
Deduction Chart on the last page	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	CTC, ODC
	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	<u>(ر</u>
	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	<u> </u>
	26	2023 estimated tax payments and amount applied from 2022 return	26	ر
If you have a qualifying	27	Earned income credit (EIC)	1	
child, attach Sch. EIC.	28	Additional child tax credit from Schedule 8812 28		

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 refundable credits			
33	Add lines <u>25d</u> , <u>26</u> , <u>and 32</u> . These are your total paymen			
33	Add lines 23d, 20, and 32. These are your total paymen	ııs .	•	

American opportunity credit from Form 8863, line 8.

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Refund	34	If line 33 is more that amount you overpaid	subtract line 24 from line 33. This is the							
	35a	Amount of line 34 you check here	unded to you . If Form 8888 is attached,□				35a			
Direct deposit? See	b	Routing number			c Type: \square	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		. Comple	te belov	w. 🗌 No	
Designee's name						nal identifi er (PIN)	identification PIN)			
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based information of which preparer has any knowledge.									
Joint return?		Your signature Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation If t			ne IRS sent you an Identity tection PIN, enter it here e inst.)		
See instructions. Keep a copy for your records.	Sn			Date				the IRS sent your spouse an entity Protection PIN, enter it here ee inst.)		
	Ph	hone no.		Email address						
Paid	Pro	eparer's name	Preparer's si	gnature		Date	PTIN		Check if: Self-employed	
Preparer	Fir	m's name	1				Phoi	Phone no.		
Use Only		Firm's address						n'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.