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 La			Last	Last name					Your s	ocial se	curity number
If joint return, spouse's first name and middle initial La				Last name					Spouse	's social	security number
Home address	s (nun	nber and street). If you have a P.O.	box, se	e instruc	tions.			Apt. no.	1		ection Campaign
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code to					spouse to go to box be	if filing this fu	jointly, want \$3 nd. Checking a not change				
Foreign country name			F	Foreign province/state/county Foreign postal code					your tax or refund. You Spouse		
Filing Status Check only one box.	☐ Single ☐ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS☐ 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 QSS box, enter the child's name if the qualifying person is a child but not your dependent:							er the child's			
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.)								s □ No		
Standard Deduction Someone can claim: □ You as a dependent □ Your spouse as a dependent □ Spouse itemizes on a separate return or you were a dual-status alien Age/Blindness { You: □ Were born before January 2, 1959 □ Are blind Spouse: □ Was born before January 2, 1959 □ Is blind											
Dependents (see instructions)	S (1) F	First name Last name		(2) Soc	ial security	number	(3) Relationship you		-	i .	see instructions):
		TIST HATTE LAST HATTE					, , , ,	Child tax o	credit	Credit to	or other dependents
If more than four dependents, see											
instructions and check here											
Income	1a	Total amount from Form	(s) W	-2, box	< 1 (see	instr	uctions) .		. 1	3	
Attach Form(s) W-2	b	Household employee wa	ages i	not rep	orted c	n Foi	rm(s) W-2		. 1k)	
here. Also attach Forms	c Tip income not reported on line 1a (see instructions)							>			
W-2G and 1099-R if tax	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)									
was withheld.	е	Taxable dependent care benefits from Form 2441, line 26 1e									
If you did not get a Form	f	f Employer-provided adoption benefits from Form 8839, line 29									
W-2, see instructions.	g	g Wages from Form 8919, line 6									
	h	h Other earned income (see instructions)						. <u>1</u> 1	1		
	i	Nontaxable combat pay	elect	ion (se	e instru	iction	ıs) . 1 i				
	Z	Add lines 1a through 1h							. 12	<u>z</u>	
Attach Schedule B	2 a	Tax-exempt interest .	28	a			b Taxable	interest .	. 2k)	
if required.	За	Qualified dividends	38	a			b Ordinary	dividends	. 3Ł)	
	4a	IRA distributions	48	3			b Taxable	amount .	. 4k)	
	5a	Pensions and annuities	58	3			b Taxable	amount .	. 5k)	
	6a	Social security benefits .	68	3			b Taxable	amount .	. 6k) 	
	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	
	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	
Standard 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.	^J 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		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	
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	
	26	2023 estimated tax payments and amount applied from 2022 return	26	
If you have a qualifying child, attach Sch. EIC.	27	Earned income credit (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		

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, subtract line 24 from line 33. This is the amount you overpaid				is the	34			
	35a	Amount of line 34 you check here	u want ref	unded to	you . If Form .		35a			
Direct deposit? See	b	Routing number			c Type: □	Checking	Savings			
instructions.	d	Account number								
	36	Amount of line 34 y estimated tax			-	36				
Amount You Owe	37	Subtract line 33 from I For details on how to			-		ctions	37		
	38	Estimated tax penalty	(see instru	uctions) .		38				
Third Party Designee		you want to allow another structions	person to dis	scuss this ret	urn with the IRS		. Complete	e belov	w. 🗌 No	
	De nai	signee's me		Phone Personal identif no. number (PIN)				ification		
Sign Here	ot my knowledge and heliet, they are true, correct, and complete. Declaration of proparer (other than taypayor) is									
Joint return?	Yo	our signature		Date	Prot			e IRS sent you an Identity tection PIN, enter it here inst.)		
See instructions. Keep a copy for your records.	Spo	Spouse's signature. If a joint return, both must sign.			lden			e IRS sent your spouse an tity Protection PIN, enter it here inst.)		
	Ph	Phone no.								
Paid Proparer	Pre	eparer's name	Preparer's si	gnature		Date	PTIN		Check if: Self-employed	
Preparer Use Only	Fire	Firm's name Phor							ne no.	
	Fire	Firm's address Firm						ı'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

^{*}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.

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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.