Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2023

OMB No. 1545-0074

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				,	See separate instruc			nstructions.	
Your first name and middle initial				Last name					Y	Your social security number		
Robert E	:		Moyer, II						226	17	6941	
If joint return, s							pouse'	s social s	security numb			
Christine				Moyer						626 11 4660		
		er and street). If you have a P.O. box, see					A	ot. no.				ction Campaig
1210 Kir	klaı	nd Ave						Check			nere if yo	ou, or your
City, town, or post office. If you have a foreign address, also co				mplete spaces below. State								ointly, want \$3
Kirkland				WA			9803					d. Checking a ot change
Foreign country name				Foreign province/state/o	count	ounty Fo		reign postal code			cor refun	
											You	u Spous
Filing Status	, [Single				Head of ho	ouseho	Id (HOH))			
Check only		Married filing jointly (even if only o	ne had	income)								
one box.		☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS										
	If y	f you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child										ne if the
	qu	qualifying person is a child but not your dependent:										
Digital	At ar	ny time during 2023, did you: (a) rec	eive (as	s a reward award or	navn	nent for proper	rtv or s	ervices):	or (h) sell		
Assets		nange, or otherwise dispose of a dig	•	· · · · · · · · · · · · · · · · · · ·			•	, .	•	,	Yes	s 🗵 No
Standard		neone can claim: You as a de		_			, ,					
Deduction		Spouse itemizes on a separate retur	•	•		•						
		<u> </u>				_				4050		. P. 1
		: Were born before January 2, 1	1959	Are blind Spo	ouse		(4)					blind
Dependents				(2) Social security	<i>'</i>	(3) Relationshi	ip · ·					ee instructions other dependen
If more		irst name Last name		number		to you		Child tax credit			Credit for	Other dependen
than four dependents,		pert E Moyer, III		539-63-1472 Son				X				
see instructions	s Aar	rian R Moyer		126-77-833	1	Son			-	\longrightarrow		
and check								<u>_</u>	╬	\longrightarrow		
here L	4.	Total amount from Form(a) W/ O h	. o. 1 /o.	as instructions)							 	
Income	1a	Total amount from Form(s) W-2, b	•	,						1a		133,941.
Attach Form(s)	b								1b 1c			
W-2 here. Also attach Forms	c d	Tip income not reported on line 1a (see instructions)							1d			
W-2G and	e	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)							1e			
1099-R if tax was withheld.	f	Taxable dependent care benefits from Form 2441, line 26							1f			
If you did not	g	Wages from Form 8919, line 6.			•					1g		
get a Form	9 h	Other earned income (see instruct								1h		0.
W-2, see instructions.	i	Nontaxable combat pay election (,	tructions)		1 _{1i}	Ϊ.					
instructions.	z	Add lines 1a through 1h	300 1113	iructions)						1z		735,921.
Attach Sch. B			2a	· · · · · i	 b Ta	axable interest				2b		966.
if required.	3a	'	3a	14,184.		rdinary divider				3b		15,767.
	4a		4a	,		axable amount				4b		
Standard	5a		5a			axable amount				5b		
Deduction for— Single or	6a		6a			axable amount				6b		
Married filing	c	If you elect to use the lump-sum election method, check here (see instructions)										
separately, \$13,850	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here								7	٦ :	192,266.
Married filing jointly or	8	Additional income from Schedule 1, line 10								8	+	13,247.
Qualifying	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income								9	+ ,	958,167.
surviving spouse, \$27,700	10	Adjustments to income from Schedule 1, line 26								10		
Head of household,	11	Subtract line 10 from line 9. This is			ne .					11		958,167.
\$20,800	12	Standard deduction or itemized								12		29,996.
If you checked any box under	13	Qualified business income deduction from Form 8995 or Form 8995-A								13		0.
Standard Deduction,	14									14		29,996.
see instructions.	15	Subtract line 14 from line 11. If zero or less enter -0. This is your tayable income									_	928 171

Form 1040 (2023	3)								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 881	4 2 4972	з 🗌		16	238,396.		
Credits	17	Amount from Schedule 2, lin	ne 3					17			
	18	Add lines 16 and 17						18	238,396.		
	19	Child tax credit or credit for other dependents from Schedule 8812									
	20	Amount from Schedule 3, lin	ne 8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	. If zero or less,	enter -0				22	238,396.		
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 21 .			23	10,405.		
	24	Add lines 22 and 23. This is	your total tax					24	248,801.		
Payments	25	Federal income tax withheld									
•	а	Form(s) W-2									
	b	Form(s) 1099				25b	L,326.				
	С	Other forms (see instructions	s)			25c	L,112.				
	d	Add lines 25a through 25c						25d	205,809.		
If you have a	26	2023 estimated tax payment	ts and amount a	pplied from 20)22 return			26			
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit from									
	29	American opportunity credit	from Form 8863	3, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin	ne 15			31 45	5,000.				
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits							45,000.		
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				33	250,809.		
Refund	34	If line 33 is more than line 24						34	2,008.		
riorana	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							1,077.		
Direct deposit?	b	Routing number X X X X X X X X X X X X C Type: Checking Savings									
See instructions.	d	Account number X X X									
	36	Amount of line 34 you want applied to your 2024 estimated tax									
Amount	37	Subtract line 33 from line 24									
You Owe		For details on how to pay, g						37			
	38	Estimated tax penalty (see in	nstructions) .			38	931.				
Third Party	Do	you want to allow another				? See					
Designee		structions	•			_	omplete l	oelow.	⋉ No		
Ü		signee's		Phone			onal identi	fication			
		me		no.			ber (PIN)				
Sign Here		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
		•					nt vou an Identity				
	10	ur signature	Date					IN, enter it here			
Joint return? See instructions.				Program M		inst.)	•				
	Sp	ouse's signature. If a joint return, I	Date	Spouse's occupa		he IRS sent your spouse an					
Keep a copy for your records.								entity Protection PIN, enter it here e inst.)			
your records.			Accountant								
		one no. (425)283-997		Email address		T = .	T				
Paid	Pre	eparer's name	Preparer's signat	ture		Date	PTIN		Check if:		
Preparer									Self-employed		
Use Only	Fin	m's name Self-Pre	epared				Phor	ne no.			
	Fin	m's address					Firm	's EIN			
Go to www.irs.go	ov/Forn	m1040 for instructions and the late	st information.		BAA	REV 09/17/24 TTW			Form 1040 (2023)		

BAA

REV 09/17/24 TTW