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 , 20						See separate instructions.		
Your first name and middle initial				Last name					Your social security number			
If joint return, spouse's first name and middle initial				Last name					Spouse's social security number			
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.									Presidential Election Campaign Check here if you, or your			
City, town, or post office. If you have a foreign address, also complete					olete spaces below. State ZIF				spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change			
Foreign country name				Foreign province/state/county			Foreign postal code	ŭ .				
Filing Status	; [Single					Head of h	ousehold (HOH)	•			
Check only one box.		☐ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS) ☐ 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:										
Digital Assets												
Standard	Som	eone can claim: 🔲 You as a de	pende	nt 🗌	Your spou	se as	a dependent					
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alier	1					
Age/Blindness	You:	Were born before January 2, 1	959	Are b	olind Sr	ouse	: Was bor	n before January	2, 1959	s blind		
Dependents				_	Social securi		(3) Relationsh	(4) (1)		ies for (see instructions):		
If more		irst name Last name		(-)	number	.,	to you	Child tax c	redit	Credit for other dependents		
than four	_											
dependents, see instructions												
and check	_											
here L												
Income	1a	Total amount from Form(s) W-2, b										
Attach Form(s)	b	Household employee wages not re	•						. 1b			
W-2 here. Also attach Forms	C	Tip income not reported on line 1a			•				. 1c			
W-2G and	d	Medicaid waiver payments not rep Taxable dependent care benefits f				ınstru	uctions)		. 1d			
1099-R if tax was withheld.	e f	Employer-provided adoption bene							. 1e			
If you did not	g	Wages from Form 8919, line 6.			•				. 1g			
get a Form	h	Other earned income (see instruct							. 1h			
W-2, see instructions.	i	Nontaxable combat pay election (s					1i					
	z	Add lines to through th							. 1z			
Attach Sch. B	2a	Tax-exempt interest	2a			b T	axable interes	t	. 2b			
if required.	3a	Qualified dividends	3a			b C	Ordinary divide	nds	. 3b			
	4a	IRA distributions	4a			b T	axable amoun	t	. 4b			
Standard Deduction for—	5a	Pensions and annuities	5a			b T	axable amoun	t	. 5b			
Single or	6a	,	6a				axable amoun	t	. 6b			
Married filing separately, c If you elect to use the lump-sum election method, check here (see instructions)							Ⅎ ├					
\$13,850 Married filing	8 Additional income from Schedule 1, line 10											
jointly or Qualifying												
surviving spouse, \$27,700												
Head of												
household, \$20,800	11 Subtract line 10 from line 9. This is your adjusted gross income											
If you checked any box under	13 Qualified business income deduction from Form 8995 or Form 8995-A											
Standard Deduction,	14 Add lines 12 and 13											
see instructions.	15	Subtract line 14 from line 11. If zer			-0 This is	your	taxable incom	ne	. 15			

Form 1040 (2023))								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌		16	
Credits	17	Amount from Schedule 2, lin	e3					17	
	18	Add lines 16 and 17						18	
	19	Child tax credit or credit for	other dependent	ts from Schedi	ule 8812			19	
	20	Amount from Schedule 3, lin	e8					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-er						23	
	24	Add lines 22 and 23. This is	your total tax					24	
Payments	25	Federal income tax withheld							
•	а	Form(s) W-2				25a			
	b	Form(s) 1099				25b			
	С	Other forms (see instructions	s)			25c			
	d	Add lines 25a through 25c						25d	
If you have a	26	2023 estimated tax payment	s 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	n Schedule 8812			28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30	Reserved for future use .				30			
	31	Amount from Schedule 3, lin	e 15			31			
	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							
Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid .							34		
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here							
Direct deposit?	b	Routing number							
See instructions.	d	Account number							
	36	Amount of line 34 you want a	applied to your	2024 estimate	d tax	36			
Amount	37	Subtract line 33 from line 24							
You Owe				www.irs.gov/Payments or see instructions					
	38	Estimated tax penalty (see in	nstructions) .			38			
Third Party		you want to allow another						. 1	□ N.
Designee		tructions		Phone			omplete b onal identif		∐ No
	nar	signee's ne		no.			ber (PIN)	CallOII	
Sign		der penalties of perjury, I declare th							
Here	bel	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.							
11010	You	ur signature		Date	Your occupation				nt you an Identity
1								Protection PIN, enter it here (see inst.)	
Joint return? See instructions.	Spe	ouse's signature. If a joint return, b	ooth must sign	Date	Spouse's occupat	,			nt your spouse an
Keep a copy for	Op.	Spouse's signature. If a joint return, both must sign.			Date Spouse's occupant			entity Protection PIN, enter it here	
your records.							nst.)		
		one no.		Email address			T		
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer									Self-employed
Use Only	Firm's name Pho							e no.	
	Firm's address Firm's EIN								
Go to www.irs.ac	v/Forn	n1040 for instructions and the lates	st information.						Form 1040 (2023)