ırn	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 n	Last name					Spouse's social security number		
									Presidential Election Campaign		
City, town, or post office. If you have a foreign address, also con				mplete spaces below.			ZIP code	Check here if you, or your 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 Fo			Foreign postal code				
Filing Status		Single				Head of h	ousehold (HOH)				
Check only		Married filing jointly (even if only or	ne had	income)		_					
one box.		☐ 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		ny time during 2023, did you: (a) rece	,				•		□ Vos. □ No.		
Assets Standard	exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No Someone can claim: You as a dependent Your spouse as a dependent										
Deduction	_	Spouse itemizes on a separate return	•		•	•					
Δαe/Rlindness		Were born before January 2, 19		Are blind	Spo		rn before January	2 1959	Is blind		
Dependents			000	(2) Social s		(3) Relationsh	(4) (0)		fies for (see instructions):		
If more		rst name Last name		numb	,	to you	Child tax o	redit	Credit for other dependents		
than four											
dependents, see instructions											
and check											
here \square											
Income	1a	Total amount from Form(s) W-2, bo	•					. 1a	_		
Attach Form(s)		b Household employee wages not reported on Form(s) W-2									
W-2 here. Also attach Forms	c d	Tip income not reported on line 1a Medicaid waiver payments not rep	•	•				. 1c	_		
W-2G and	e	Taxable dependent care benefits for		` '	•	istructions)		. 1u			
1099-R if tax was withheld.	f	Employer-provided adoption bene						. 1f			
If you did not	g	Wages from Form 8919, line 6.						. 1g			
get a Form	h	Other earned income (see instructi						. 1h			
W-2, see instructions.	i	Nontaxable combat pay election (s	see ins	tructions)		1i					
	z	Add lines 1a through 1h						. 1z			
Attach Sch. B	2a	· -	2a			b Taxable interes	t	. 2b			
if required.	3a	· ·	3a			b Ordinary divide		. 3b			
Standard	4a -		4a			b Taxable amoun		. 4b			
Deduction for—	5a		5a		_	b Taxable amounb Taxable amoun		. 5b			
Single or Married filing	6a c	Social security benefits (6a lection	method check				. 6b			
separately, \$13,850	7	·			•	•	[7			
Married filing jointly or	8										
Qualifying surviving spouse,	9	· · · · · · · · · · · · · · · · · · ·									
\$27,700	10	0 Adjustments to income from Schedule 1, line 26 10 1 Subtract line 10 from line 9. This is your adjusted gross income 11 2 Standard deduction or itemized deductions (from Schedule A) 12 3 Qualified business income deduction from Form 8995 or Form 8995-A 13									
Head of household,	11										
\$20,800 If you checked	12										
any box under Standard	13										
Deduction, see instructions.	14	Add lines 12 and 13									
	15	Subtract line 14 from line 11. If zer					Oct. No. 11220B	. 15	Form 1040 (2022)		