<b>£1040</b>		artment of the Treasury—Internal Revenue Ser		eturn	202	23	OMB No. 1545-	0074 IBS Hee Only	—Do not w	rite 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 na					name					Your social security number				
M !-!	1							Spouse's social security numbe						
If joint return, spouse's first name and middle initial Last n					name					Spouse's social security numbe				
Home address (r	er and street). If you have a P.O. box, see	ictions.	ons.				Presidential Election Campaign							
City town or no	et offi	ce. If you have a foreign address, also c	alow	Sta	ote .	ZIP code		ere if you, or your if filing jointly, want \$3						
City, town, or post office. If you have a foreign address, also complet				te spaces below.			Zir code		this fund. Checking a					
Foreign country		Foreign p	rovince/stat	e/coun	ty	Foreign postal code		ow will not change or refund.						
									You Spouse					
Filing Status Check only one box.		☐ Single ☐ Head of household (HOH) ☐ 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 Deduction	At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,  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.)  Yes No  Standard  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  Spouse: Was born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind												
Dependents			(2) Social security (3) Relationship			(4) Check the box if qualifies for (see instructions								
If more	(1) First name Last name			(2)	number		to you	Child tax cr	redit	Credit for other dependent				
than four														
dependents, see instructions														
and check														
here $\square$														
Income	1a	Total amount from Form(s) W-2, b	oox 1	(see instru	ctions) .				. 1a					
Attach Form(s) W-2 here. Also	b	Household employee wages not i	. 1b											
	С	Tip income not reported on line 1	. 1c											
attach Forms W-2G and	d	Medicaid waiver payments not re	. 1d											
1099-R if tax	е	Taxable dependent care benefits	. 1e											
was withheld.  If you did not get a Form W-2, see instructions.	f	Employer-provided adoption ben							. 1f					
	g	Wages from Form 8919, line 6 .							. 1g					
	h	Other earned income (see instruc	. 1h											
	2_	Nontaxable combat pay election												
Attach Sch. B if required.	Z		0-					. 1z						
	2a	Tax-exempt interest	2a				axable interest		. 2b					
4	3a	Qualified dividends	3a				avable emount	ds	. 3D					

Standard

## Deduction for

5

6a

C

7

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9

0

11

14

15

 Single or Married filing separately, \$13.850 Married filing

jointly or Qualifying surviving spouse \$27,700 6 Head of

household, Standard

see instructions.

\$20,800 If you checked any box under	12	Standard deduction or itemized deductions (from Schedule A) .	
	13	Qualified business income deduction from Form 8995 or Form 8995-A	

Adjustments to income from Schedule 1, line 26

Social security benefits . . 6a

5a Pensions and annuities .

Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

If you elect to use the lump-sum election method, check here (see instructions)

Capital gain or (loss). Attach Schedule D if required. If not required, check here

Additional income from Schedule 1, line 10 . . . . . . . . . . . . .

Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your  ${\it total\ income}$  .

Subtract line 10 from line 9. This is your adjusted gross income

Cat. No. 11320B

**b** Taxable amount .

Form 1040 (2023)

5b

6b

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