

Form **1040** 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 _____, 20____, ending _____

See separate instructions.
Your social security number _____
Spouse's social security number _____

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

Your first name and middle initial _____ Last name _____ Apt. no. _____
If joint return, spouse's first name and middle initial _____ Last name _____
Home address (number and street). If you have a P.O. box, see instructions. _____ State _____ ZIP code _____
City, town, or post office. If you have a foreign address, also complete spaces below. _____ Foreign postal code _____
Foreign province/state/country _____

Foreign country name _____
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)

Filing Status
Check only one box.
☐ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS)
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: _____
☐ Yes ☐ No

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.)
☐ You as a dependent ☐ Your spouse as a dependent ☐ Your spouse as a dependent

Standard Deduction
Someone can claim: ☐ Spouse itemizes on a separate return or you were a dual-status alien ☐ Was born before January 2, 1959 ☐ Is blind

Age/Blindness Your: ☐ Were born before January 2, 1959 ☐ Are blind ☐ Spouse: ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):
(1) First name _____ Last name _____
(2) Social security number _____ (3) Relationship to you _____ (4) Check the box if qualifies for (see instructions):
Child tax credit _____ Credit for other dependents _____
1a _____ 1b _____