Must be 2023

i 1 U4U		rtment of the Treasury-Internal Rev		U //// \\ =.	J-2	- 1					
	U.	S. Individual Incom		eturn 202	OMB No. 15	45-0074	IRS Use Only	-Do not write or	staple in this space.		
For the year Jan	. 1–Dec	. 31, 2023, or other tax y		. INIDEDENI	SENIT CTIL	DENI	T		tructions.		
Your first name	and mi	ddle initial	you ar	n INDEPENI			ı, you	name	ty number		
				must	appear h	ere					
If joint return, sp	oouse's	first name and middle							curity number		
Home address	(numbe	r and street). If you have a P.O.	box, see instru	ictions.		A	pt. no.	Presidential	Election Campaign		
Check here if you, or your											
City, town, or p	ost offi	ce. If you have a foreign address	e spaces below.	elow. State		ode		ng jointly, want \$3 fund. Checking a			
				1				box below w	vill not change		
Foreign country	name			Foreign province/state	e/county	Foreig	n postal code	your tax or re	efund. You Spouse		
iling Status		Single			☐ Head of	househo	old (HOH)				
heck only		Married filing jointly (even i	f only one ha	d income)							
ne box.		Married filing separately (M	1FS)		Qualifyir	ng surviv	ing 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										
	qu	alifying person is a child but	not your dep	pendent:							
At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell,											
ssets	exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)										
tandard											
Deduction Spouse itemizes on a separate return or you were a dual-status alien											
		Were born before Janu	ary 2,	you are a [	PEPENDEN	TZ TL	UDEN	T vou	name mu		
ependents				-				ı, you	manne mo		
more nan four	(1) F	appear on one of these lines									
an four											
ependents,				opear on o	ne ot thes	e line	es				
ee instructions				OTE If you're				ırately f	rom your pa		
ependents, ee instructions nd check ere			N	· OTE If you're	Dependent	and f	île sepa	•			
ee instructions nd check ere	1a	Total amount from Form(s)	N( W-2,	OTE If you're ovide your o	Dependent	and f	ile sepa	•			
ee instructions nd check ere	1a b	Household employee wage	W-2, pro	OTE If you're over over one of the over over one of the over one of the over over over one of the over over over over one of the over over over over one of the over over over over over over over ove	Dependent	and f	ile sepa	rent's d			
nd check ere	1a b	Household employee wage Tip income not reported or	NC W-2, es not reporte n line 1a (see	OTE If you're ovide your over one of the state of the sta	Dependent wn tax doc	and f	ile sepa	rent's d			
nd checkere	1a b c	Household employee wage Tip income not reported or Medicaid waiver payments	W-2, pro	OTE If you're ovide your oved on Form(s) W-2 . instructions) d on Form(s) W-2 (see	Dependent wn tax doc	and f	ile sepa	1b 1c 1d			
ncome  ttach Form(s) -2 here. Also tach Forms -2G and	1a b c d	Household employee wage Tip income not reported or Medicaid waiver payments Taxable dependent care b	W-2, es not reported enefits from F	OTE If you're ovide your over one on Form(s) W-2 . instructions) d on Form(s) W-2 (see Form 2441, line 26	Dependent	and f	ile sepa	1b 1c 1d 1e			
ncome ttach Form(s) -2 here. Also tach Forms -2G and 999-R if tax as withheld.	1a b c d e f	Household employee wage Tip income not reported of Medicaid waiver payments Taxable dependent care b Employer-provided adoption	W-2, es not reported enefits from F on benefits from	OTE If you're ovide your over one on Form(s) W-2 . instructions) d on Form(s) W-2 (see Form 2441, line 26	Dependent	and f	ile sepa	1b 1c 1d 1e 1f			
ee instructions nd check ere	1a b c d	Household employee wage Tip income not reported or Medicaid waiver payments Taxable dependent care b	W-2, proper solution in the factor of the fa	OTE If you're ovide your over one on Form(s) W-2 . instructions) d on Form(s) W-2 (see Form 2441, line 26	Dependent	and f	ile sepa	1b 1c 1d 1e			
ee instructions nd check ere	1a b c d e f	Household employee wag Tip income not reported or Medicaid waiver payments Taxable dependent care b Employer-provided adoption Wages from Form 8919, lir	W-2, proper solution in the factor of the fa	OTE If you're ovide your over on Form(s) W-2 . instructions)	Dependent wn tax doc	and f	ile sepa	1b 1c 1d 1e 1f 1g 1g			
ee instructions and check ere	1a b c d e f g	Household employee wage Tip income not reported of Medicaid waiver payments Taxable dependent care b Employer-provided adoption Wages from Form 8919, lin Other earned income (see	W-2, proper solution in the factor of the fa	OTE If you're ovide your over on Form(s) W-2 . instructions)	Dependent wn tax doc	and f	ile sepa	1b 1c 1d 1e 1f 1g 1g			
ne instructions of check ere	1a b c d e f g h	Household employee wage Tip income not reported of Medicaid waiver payments Taxable dependent care be Employer-provided adoption Wages from Form 8919, lin Other earned income (see Nontaxable combat pay el Add lines 1a through 1h Tax-exempt interest	W-2, proper solution in the factor of the fa	OTE If you're ovide your over on Form(s) W-2 . instructions)	Dependent wn tax doc	and f	ile sepa	1b 1c 1d 1e 1f 1g 1h 1z 2b			
ee instructions nd check ere	1a b c d e f g h i z 2a 3a	Household employee wage Tip income not reported of Medicaid waiver payments Taxable dependent care be Employer-provided adoption Wages from Form 8919, lin Other earned income (see Nontaxable combat pay el Add lines 1a through 1h Tax-exempt interest Qualified dividends	W-2, es not reported enefits from F on benefits from e 6 instructions) ection (see in	OTE If you're ovide your over on Form(s) W-2 . instructions)	Dependent wn tax doc  instructions)  9  1  b Taxable intere b Ordinary divide	and f	ile sepa	1b 1c 1d 1e 1f 1g 1h 1z 2b 3b			
ncome ttach Form(s)2 here. Also2 here. Also2 hard	1a b c d e f g h i z 2a 3a	Household employee wage Tip income not reported of Medicaid waiver payments Taxable dependent care be Employer-provided adoption Wages from Form 8919, lin Other earned income (see Nontaxable combat pay el Add lines 1a through 1h Tax-exempt interest Qualified dividends	W-2, pro- es not reported en line 1a (see en not reported en effts from Front benefits from e 6	OTE If you're ovide your over on Form(s) W-2 . instructions)	Dependent wn tax doc  instructions)	and f	ile sepa	1b 1c 1d 1e 1f 1g 1h 1z 2b 3b 4b			
ne instructions of check ere	1a b c d e f g h i z 2a 3a 4a 5a	Household employee wage Tip income not reported of Medicaid waiver payments Taxable dependent care be Employer-provided adoption Wages from Form 8919, lin Other earned income (see Nontaxable combat pay ele Add lines 1a through 1h Tax-exempt interest Qualified dividends	W-2, es not reported en line 1a (see on the not reported enefits from Front benefits from the 6	OTE If you're ovide your over on Form(s) W-2 . instructions)	Dependent wn tax doc  instructions)  b Taxable inter b Ordinary divid b Taxable amod b Taxable amod	and f	ile sepa	1b 1c 1d 1e 1f 1g 1h 1z 2b 3b 4b 5b			
come ach Form(s) 2 here. Also ach Forms 20 and 99-R if tax s withheld. ou did not a Form 2, see tructions. ach Sch. B equired.	1a b c d e f g h i z 2a 3a 4a 5a 6a	Household employee wage Tip income not reported of Medicaid waiver payments Taxable dependent care be Employer-provided adoption Wages from Form 8919, ling Other earned income (see Nontaxable combat pay ele Add lines 1a through 1h Tax-exempt interest	W-2, es not reported in line 1a (see is not reported enefits from F on benefits fri ne 6 instructions) ection (see in	OTE If you're povide your or ed on Form(s) W-2 instructions) d on Form(s) W-2 (see Form 2441, line 26 om Form 8839, line 2 structions)	Dependent  Instructions)  Dependent  Instructions)  Dependent  Instructions  Dependent  Dependent	and f	ile sepa	1b 1c 1d 1e 1f 1g 1h 1z 2b 3b 4b			
ne instructions de check ore	1a b c d e f g h i z 2a 3a 4a 5a 6a c	Household employee wage Tip income not reported of Medicaid waiver payments Taxable dependent care be Employer-provided adoption Wages from Form 8919, lin Other earned income (see Nontaxable combat pay el Add lines 1a through 1h Tax-exempt interest	W-2, w-2, proper sent reported an line 1a (see a not reported enefits from Fon benefits from 6	OTE If you're povide your or ed on Form(s) W-2 instructions) d on Form(s) W-2 (see Form 2441, line 26 om Form 8839, line 2 instructions)	Dependent wn tax doc  instructions)  b Taxable inter b Ordinary divid b Taxable amod b Taxable amod b Taxable amod c (see instructions)	and f	ile sepa	1b 1c 1d 1e 1f 1g 1h 1b 1z 2b 3b 4b 5b 6b			
e instructions d check re	1a b c d e f g h i z 2a 3a 4a 5a 6a c 7	Household employee wage Tip income not reported of Medicaid waiver payments Taxable dependent care be Employer-provided adoption Wages from Form 8919, lin Other earned income (see Nontaxable combat pay el Add lines 1a through 1h Tax-exempt interest	W-2, pro- w-2, in line 1a (see a not reported enefits from F on benefits from e 6 instructions) ection (see in	OTE If you're ovide your or ed on Form(s) W-2 Instructions) If on Form(s) W-2 (see Form 2441, line 26 om Form 8839, line 2 Instructions) Instructions)	Dependent wn tax doc  instructions)  b Taxable inter b Ordinary divid b Taxable amod b Taxable amod b Taxable amod c (see instructions)	and f	ile sepa	1b 1c 1d 1e 1f 1g 1h 1z 2b 3b 4b 5b 6b			
ne instructions of check ere	1a b c d e f g h i z 2a 3a 4a 5a 6a c 7 8	Household employee wage Tip income not reported of Medicaid waiver payments Taxable dependent care be Employer-provided adoption Wages from Form 8919, lin Other earned income (see Nontaxable combat pay el Add lines 1a through 1h Tax-exempt interest . Qualified dividends . IRA distributions Pensions and annuities . Social security benefits . If you elect to use the lump Capital gain or (loss). Attac Additional income from Sci	W-2, es not reported enefits from F on benefits fro	OTE If you're povide your or ovide your or ovide your or ovide on Form(s) W-2 . instructions)	b Taxable inter b Ordinary divid b Taxable amon b Taxable amon c (see instructions)	and f	ile sepa	1b 1c 1d 1e 1f 1g 1h 1z 2b 3b 4b 5b 6b 7 8			
ee instructions and check ere	1a b c d e f g h i z 2a 3a 4a 5a 6a c 7 8 9	Household employee wage Tip income not reported of Medicaid waiver payments Taxable dependent care be Employer-provided adoption Wages from Form 8919, lin Other earned income (see Nontaxable combat pay el Add lines 1a through 1h Tax-exempt interest . Qualified dividends . IRA distributions Pensions and annuities . Social security benefits . If you elect to use the lump Capital gain or (loss). Attac Additional income from Sc Add lines 1z, 2b, 3b, 4b, 50	W-2, proper service of the service o	ovide your over one of or Form (s) W-2 (see Form 2441, line 26 om Form 8839, line 2 over over over over one of or frequired. If not respect to the control of required. If not respect to the control of	Dependent wn tax doc  instructions)  b Taxable inter b Ordinary divid b Taxable amod b Taxable amod c (see instructions) cuired, check here	and f	ile sepa	1b 1c 1d 1e 1f 1g 1h 1z 2b 3b 4b 5b 6b 7 8 9			
ee instructions nd check ere	1a b c d e f g h i z 2a 3a 4a 5a 6a c 7 8 9 10	Household employee wage Tip income not reported or Medicaid waiver payments Taxable dependent care be Employer-provided adoption Wages from Form 8919, lin Other earned income (see Nontaxable combat pay el Add lines 1a through 1h Tax-exempt interest Qualified dividends IRA distributions Pensions and annuities . Social security benefits . If you elect to use the lump Capital gain or (loss). Attac Additional income from Sc Add lines 1z, 2b, 3b, 4b, 5d Adjustments to income from	W-2, proper service of the contraction of the contr	ovide your over ovide your over on Form(s) W-2 (see Form 2441, line 26 on Form 8839, line 2 over over over over over over over over	b Taxable inter b Ordinary divid b Taxable amon b Taxable amon c (see instructions)	and f	ile sepa	1b 1c 1d 1e 1f 1g 1h 1z 2b 3b 4b 5b 6b 7 8			
ee instructions nd check ere	1a b c d e f g h i z 2a 3a 4a 5a 6a c 7 8 9	Household employee wage Tip income not reported of Medicaid waiver payments Taxable dependent care be Employer-provided adoption Wages from Form 8919, lin Other earned income (see Nontaxable combat pay el Add lines 1a through 1h Tax-exempt interest . Qualified dividends . IRA distributions Pensions and annuities . Social security benefits . If you elect to use the lump Capital gain or (loss). Attac Additional income from Sc Add lines 1z, 2b, 3b, 4b, 50	W-2,  Proper service of the control	ovide your over ovide on Form(s) W-2 . instructions) d on Form(s) W-2 (see Form 2441, line 26 om Form 8839, line 2	Dependent wn tax doc	and f AND	vour pa	1b 1c 1d 1e 1f 1g 1h 1z 2b 3b 4b 5b 6b 7 8 9 10			
ee instructions nd check ere	1a b c d e f g h i z 2a 3a 4a 5a 6a c 7 8 9 10 11	Household employee wage Tip income not reported of Medicaid waiver payments Taxable dependent care be Employer-provided adoption Wages from Form 8919, lin Other earned income (see Nontaxable combat pay el Add lines 1a through 1h Tax-exempt interest	W-2,  Proper sent reported enefits from Front benefits from Front	ovide your over ovide your over on Form(s) W-2 (see Form 2441, line 26 om Form 8839, line 2 over over over over over over over over	Dependent wn tax doc  instructions)  b Taxable inter b Ordinary divid b Taxable amod b Taxable amod c (see instructions) cuired, check here	and f AND	vour pa	1b 1c 1d 1e 1f 1g 1h 1z 2b 3b 6b 6b 7 8 9 10 11			
ne instructions of check ere instructions of check ere in the comment of the comm	1a b c d e f g h i z 2a 3a 4a 5a 6a c 7 8 9 10 11 12	Household employee wage Tip income not reported of Medicaid waiver payments Taxable dependent care be Employer-provided adoption Wages from Form 8919, lir Other earned income (see Nontaxable combat pay el Add lines 1a through 1h Tax-exempt interest Qualified dividends IRA distributions Pensions and annuities . Social security benefits . If you elect to use the lump Capital gain or (loss). Attac Additional income from Sc Add lines 1z, 2b, 3b, 4b, 5i Adjustments to income fro Subtract line 10 from line Standard deduction or items.	W-2,  Proper sent reported enefits from Front benefits from Front	ovide your over ovide your over on Form(s) W-2 (see Form 2441, line 26 om Form 8839, line 2 over over over over over over over over	Dependent wn tax doc	and f AND	vour pa	1b 1c 1d 1e 1f 1g 1h 1z 2b 3b 6b 6b 7 8 9 10 11 12			
e instructions d check re	1a b c d e f g h i z 2a 3a 4a 5a 6a c 7 8 9 10 111 12 13	Household employee wage Tip income not reported or Medicaid waiver payments Taxable dependent care be Employer-provided adoption Wages from Form 8919, lin Other earned income (see Nontaxable combat pay el Add lines 1a through 1h Tax-exempt interest Qualified dividends IRA distributions	W-2, ses not reported enefits from Fon benefits from Fon benefits from Fon benefits from Section (see in Section Secti	ovide your over the covide you	Dependent wn tax doc instructions)  b Taxable inter b Ordinary divic b Taxable amor b Taxable amor c see instructions puired, check here Adjuste Income on line	and f AND   1i est dends unt unt cd Gr (AG ne 11	vour pa	1b 1c 1d 1e 1f 1g 1h 1z 2b 3b 6b 6b 7 8 9 10 11 12 13			

Form 1040 (2023	9)								Page 2
Tax and	16	Tax (see instructions). Check	if any from Form	(s): 1 🔲 881	4 <b>2</b> 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 dependen	ts from Sched	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			2. line 21			23	
	24	Add lines 22 and 23. This is your <b>total tax</b>						24	
Daymente	25	Federal income tax withheld							
Payments	a	Form(s) W-2	iioiii.			25a			
	b	Form(s) 1099				25b			
	_	Other forms (see instructions				25c			
	C		•			250		054	
	d	Add lines 25a through 25c		nolled from 00				25d	
If you have a ), qualifying child,	26	2023 estimated tax payment			zz return	27		26	
attach Sch. EIC.	27	Earned income credit (EIC)							
	28	Additional child tax credit from				28			
	29	American opportunity credit	from Form 8863	3, line 8		29			
	30					30			
	31	Amount from Schedule 3, lin				31			
	32	Add lines 27, 28, 29, and 31.		_	-	indable credits		32	
	33	Add lines 25d, 26, and 32. T						33	
Refund	34	If line 33 is more than line 24					· ·	34	
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached					. 🔲	35a	
Direct deposit? See instructions.	b	Routing number C Type: Checking Savings							
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. This is the amount you owe.							
You Owe		For details on how to pay, go	o to www.irs.go	//Payments or	see instructions .			37	
	38	Estimated tax penalty (see in	structions) .			38			
Third Party		you want to allow another	person to disc	cuss this retu	n with the IRS?				
Designee		structions				_	mplete be		No
	De	signee's		Phone no.			nal identifi er (PIN)	cation	
Cian		der penalties of perjury, I declare th	nat I have examine		accompanying sche		, ,	e hest	of my knowledge and
Sign		ief, they are true, correct, and com							
Here	Yo	ur signature		Date	Your occupation		I If the	IRS ser	nt you an Identity
		ar signature		Duic	Tour occupation		Protec	ction P	N, enter it here
Joint return?						(see in	nst.)		
See instructions.	Sp	ouse's signature. If a joint return, b	both must sign. Date Spo		Spouse's occupation				t your spouse an
Keep a copy for your records.							(see in		ection PIN, enter it here
-			Const address				1,000		
		one no.	December -i-	Email address		Data	DTIN		Charle if
Paid	Pre	eparer's name	Preparer's signat	ure		Date	PTIN		Check if:
Preparer								Self-employed	
Use Only		Firm's name Phone							
	_	Firm's address Firm's							
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.						Form 1040 (2023

\*If your family files a <u>1040-SR version</u>, you must include pages 1, 2, and 3 of the 1040 form