1040 Department of the Treasury—Internal Revenue Service U.S. Individual Income Tax Return

2023

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space

CS.								•			
For the year Jan.	1–Dec	2. 31, 2023, or other tax year beginning		, 2023, end	ing		, 20	See se	parate instructions.		
Your first name and middle initial John				Last name Doe					Your social security number		
If joint return, spouse's first name and middle initial				Last name					Spouse's social security number		
Home address (er 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 co San Francisco							ZIP code 94103	spouse to go to	if filing jointly, want \$3 this fund. Checking a		
Foreign country name				Foreign province/state/county			Foreign postal code	box below will not change your tax or refund.			
Filing Status		Single				Head of ho	usehold (HOH)				
Check only	☐ Married filing jointly (even if only one had income)										
one box.	☐ Married filing separately (MFS)										
	-	ou checked the MFS box, enter the	ter the ch	r the child's name if the							
	qu	alifying person is a child but not you	ır depe	endent:							
Digital Assets		ny time during 2023, did you: (a) rece nange, or otherwise dispose of a digi	•	5000 500 500 500 500 500 500 500 500 50		· · ·	1.51		Yes No		
Standard	Som	eone can claim: You as a de	pende	nt Your spouse	as a de	pendent					
Deduction		Spouse itemizes on a separate return	n or yo	u were a dual-status a	alien						
Age/Blindness	You	Were born before January 2, 19	959	Are blind Spo	use:	Was born	before January	2, 1959	Is blind		
Dependents				(2) Social security		Relationship	//\ Chaalatha	<u> </u>	ifies for (see instructions):		
If more		irst name Last name		number		to you	Child tax	credit	Credit for other dependents		
than four											
dependents, see instructions											
and check											
here \square	-										
Income		Total amount from Form(s) W-2, bo	1.2	•							
Attach Form(s)	b	Household employee wages not re		•							
W-2 here. Also attach Forms	c Tip income not reported on line 1a (see instructions)										
W-2G and		 d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) e Taxable dependent care benefits from Form 2441, line 26 									
1099-R if tax was withheld.	f	f Employer-provided adoption benefits from Form 8839, line 29									
If you did not	g	Wages from Form 8919, line 6.		- 1997 (1997) - 1997 (1997) (1997) - 1997 (1997) - 1997 (1997) - 1997 (1997) - 1997 (1997) - 1997 (1997) - 1997							
get a Form	•	Other earned income (see instructi									
W-2, see instructions.	i	Nontaxable combat pay election (s				1					
	Z	Add lines 1a through 1h	·	<u> </u>				. 1z			
Attach Sch. B	2a	Tax-exempt interest	2a		b Taxab	ole interest		. 2b			
if required.	3a	Qualified dividends	3a		b Ordina	ary dividen	ds	. 3b			
Standard	4a		4a		b Taxable amount						
Deduction for—	5a		5a E			ole amount					
Single or Married filing	6a Social security benefits 6a b Taxable amount							. 6b			
separately, \$13,850	C 7			and the second of the second o	5 0						
Married filing	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here										
jointly or Qualifying	8 Additional income from Schedule 1, line 10										
surviving spouse, \$27,700	10 Adjustments to income from Schedule 1, line 26										
Head of household,	11		from line 9. This is your adjusted gross income								
\$20,800	12										
any box under	13 Qualified business income deduction from Form 8995 or Form 8995-A										
Standard Deduction,	14 Add lines 12 and 13							. 14			
see instructions.	15	Subtract line 14 from line 11. If zero	o or le	ss enter -0- This is ve	our taxa l	ble income		15			

Form 1040 (2023	3)								Page 2		
Tax and Credits	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3		. 16			
	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 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-e	mployment tax,	from Schedule	2, line 21			. 23			
	24	Add lines 22 and 23. This is	. 24								
Payments	25	Federal income tax withheld									
	а	Form(s) W-2				25a					
	b	Form(s) 1099				25b					
	С	Other forms (see instructions	3)			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	<u> </u>	-	. 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	8, line 8		29					
	30	Reserved for future use .				30					
	31	Amount from Schedule 3, lin									
	32	Add lines 27, 28, 29, and 31	These are your	total other pa	ayments and refu	ndable credits	-	. 32			
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 33			
Refund	34	If line 33 is more than line 24	, subtract line 2	4 from line 33.	This is the amour	nt you overpaid		. 34			
	35a	Amount of line 34 you want	refunded to you	ı. If Form 8888	is attached, chec	k here	-	35a			
Direct deposit?	b	Routing number			c Type:	Checking	Sav	rings			
See instructions.	d	Account number									
	36	Amount of line 34 you want a	applied to your	2024 estimate	ed tax	36					
Amount	37	Subtract line 33 from line 24									
You Owe		For details on how to pay, go to www.irs.gov/Payments or see instructions									
	38	Estimated tax penalty (see in	,			38					
Third Party		you want to allow another tructions				And a Particular Control of the Cont	omi	olete below.	NI o		
Designee		signee's		Phone				identification	No		
	nar			no.		numk					
Sign		der penalties of perjury, I declare th									
Here	beli	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
	You	ur signature		Date	Your occupation			1993 December Mills March 1997-9-65	nt you an Identity		
Joint return?								Protection PIN, enter it here (see inst.)			
See instructions.	Spo	ouse's signature. If a joint return, k	Date Spouse's occupation			\blacksquare	If the IRS sent your spouse an				
Keep a copy for		g,		Date Operation			Identity Prote	ection PIN, enter it here			
your records.							(see inst.)				
	05 5785080	one no.		Email address							
Paid	Pre	parer's name	Preparer's signat	ure		Date	РТ	ΓΙΝ	Check if:		
Preparer								20.00 00	Self-employed		
Use Only	10 000000	n's name	Phone no.								
	the sections	n's address	Firm's EIN								
Go to www.irs.go	ov/Form	Go to www.irs.gov/Form1040 for instructions and the latest information.									