For the year Jan.	1-Dec	. 31, 2023, or other tax year beginning		, 2023, end	ling			, 20	See sep	parate instructions.
Your first nam	e and	middle initial	Las	st name						cial security number
Jane If in introduce		o'o firet pepe e ep depoidale initial	1.00	Doe					Chausala	
ii joint return,	spous	se's first name and middle initial	Las	st name					Spouse's	s social security number
Home address	•	nber and street). If you have a P.O. k et St.	box, s	see instructions.			A	pt. no.		ntial Election Campaign ere if you, or your
	_	ffice. If you have a foreign address, a	ilso co	omplete spaces below.	Sta		ZIP c	oue	spouse i	if filing jointly, want \$3 this fund. Checking a
San Foreign count				Foreign province/state/		CA ntv	941 Foreign	postal code	box belo	ow will not change or refund.
							<b>J</b>			You Spouse
Filing		Single		•					filing s	eparately (MFS)
Status		Head of household (HOH) ou checked the MFS box, enter		, ,	_	•	,		SS hov	enter the child's
Check only one box.	_	ne if the qualifying person is a content of the person				•				., Cilici tile cillid 3
Digital		any time during 2023, did	_	` '		r flores				
Assets	•	perty or services); or (b) se a financial interest in a dig	100	•		rower. N.■U		•		Yes No
Standard	Sor	neone can claim:	u as	s a dependent		Your spo	use a	s a deper		
Deduction	50 S	Spouse itemizes on a sepa								
	Age	e/Blindness { You: Spouse:	<b>-</b>	Were born before	Ja Jar	nuary 2, 1	1959 959	Are b		
Dependents	-	( Opouse.		(2) Social security nun						ies for (see instructions):
(see instructions)		First name Last name		(2) Social Security Huri	ibei	you	iip to (	Child tax cr		Credit for other dependents
If more than four dependents, see										
instructions and										
check here			, \ \ .							
Income Attach		Total amount from Form(	` ,							
Form(s) W-2 here. Also		Household employee wa				3E3 E3		• • •	1b	
attach Forms W-2G and		Tip income not reported		•		•				
1099-R if tax		Medicaid waiver paymen								
withheld.		Taxable dependent care								
If you did not get a Form		Employer-provided adop							1	
W-2, see instructions.	g	Wages from Form 8919,	line	6	• •				. 1g	
	h	Other earned income (se	e in	nstructions)					_ 1h	
	i	Nontaxable combat pay	elec	ction (see instruct	ion	s)	1i			
	Z	Add lines 1a through 1h	٠, ٠		 I				1z	
Attach Schedule B	<b>2</b> a	Tax-exempt interest .	2	2a <b>—</b>		<b>b</b> Taxabl	le inte	rest	2b	
if required.	3a	Qualified dividends	3	3a <b>—</b>		<b>b</b> Ordina	ry div	idends .	. 3b	
	4a	IRA distributions	4	4a <b>—</b>		<b>b</b> Taxabl	le amo	ount	4b	
	5a	Pensions and annuities	5	5a		<b>b</b> Taxabl	le amo	ount	. 5b	
	6a	Social security benefits .	6	6a		<b>b</b> Taxabl	le amo	ount	6b	

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

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	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
	8	Additional income from Schedule 1, line 10	8	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	
	10	Adjustments to income from Schedule 1, line 26	10	
<u>Otaalaal</u>	11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	11	
Standard Deduction	12	Standard deduction or itemized deductions (from Schedule A)	12	
See Standard	13	Qualified business income deduction from Form 8995 or Form 8995-A .	13	
Deduction Chart on the last page	14	Add lines 12 and 13	14	
of this form.	<sup>1</sup> 5	Subtract line 14 from line 11. If zero or less, enter -0 This is your taxable income	15	
Tax and	16	Tax (see instructions). Check if any from:		
Credits		1 Form(s) 8814 2 Form(s) 4972 3	16	
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	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-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your <b>total tax</b>	24	
Payments	25	Federal income tax withheld from:		
	а	Form(s) W-2		
	b	Form(s) 1099		
	С	Other forms (see instructions)		
	d	Add lines 25a through 25c	25d	
	26	2023 estimated tax payments and amount applied from 2022 return	26	
If you have a qualifying	27	Earned income credit (EIC)		
child, attach Sch. ElC.	28	Additional child tax credit from Schedule 8812 28		
	29	American opportunity credit from Form 8863, line 8 . 29		
	30	Reserved for future use		
	31	Amount from Schedule 3, line 15		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	
			100000000000000000000000000000000000000	

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Refund	34	If line 33 is more tha amount you <b>overpaid</b>						34			
	35a	Amount of line 34 you check here			-			35a			
Direct deposit? See	b	Routing number			<b>c</b> Type:	Checking	Savings				
instructions.	d	Account number									
	36	Amount of line 34 years estimated tax		-		36					
Amount You Owe	_	Subtract line 33 from I For details on how to			•		ctions	37			
	38	Estimated tax penalty	(see instru	uctions) .		38					
Third Party Designee		you want to allow another structions	•				<b>.</b> Complet	e belov	w. No		
		esignee's me		Phone no.			nal identifi er (PIN)	cation			
Sign Here	of	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Joint return?	Yo	our signature		Date	Your occupation			ection P	nt you an Identity IN, enter it here		
See instructions Keep a copy for your records.	Sn	ouse's signature. If a joint return, <b>b</b>	oth must sign.	Date	Spouse's occupa	ation	Ident		nt your spouse an ection PIN, enter it here		
	Ph	one no.		Email address							
Paid	Pre	eparer's name	Preparer's si	gnature		Date	PTIN		Check if:  Self-employed		
Preparer Use Only	Fir	Firm's name						ne no.			
USE OILLY	Cir	m'e addroee					Firm	's FIN			

Go to www.irs.gov/Form1040SR for instructions and the latest information.

Firm's address

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Firm's EIN

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## **Standard Deduction Chart\***

Add the number of boxes checked in the "Age/Blindness" section of Standard Deduction on page 1 . . . . .

IF your filing status is	AND the number of boxes checked is	THEN your standard deduction is
Single	1	\$15,700
Single	2	17,550
	1	\$29,200
Married	2	30,700
filing jointly	3	32,200
	4	33,700
Qualifying	1	\$29,200
surviving spouse	2	30,700
Head of	1	\$22,650
household	2	24,500
	1	\$15,350
Married filing	2	16,850
separately**	3	18,350
	4	19,850

<sup>\*</sup>Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

Go to www.irs.gov/Form1040SR for instructions and the latest information.

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<sup>\*\*</sup> You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.