

|                                                                                          |  |                               |                                                              |
|------------------------------------------------------------------------------------------|--|-------------------------------|--------------------------------------------------------------|
| For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____ |  |                               | See separate instructions.                                   |
| Your first name and middle initial<br><b>a</b>                                           |  | Last name<br><b>a</b>         | Your social security number<br><b>490-54-9999</b>            |
| If joint return, spouse's first name and middle initial                                  |  | Last name                     | Spouse's social security number<br><b>490-54-8888</b>        |
| Home address (number and street). If you have a P.O. box, see instructions.              |  |                               | Apt. no.                                                     |
| City, town, or post office. If you have a foreign address, also complete spaces below.   |  |                               | State ZIP code                                               |
| Foreign country name                                                                     |  | Foreign province/state/county | Foreign postal code                                          |
|                                                                                          |  |                               | <input type="checkbox"/> You <input type="checkbox"/> Spouse |

**Filing Status** ☐ Single ☐ Head of household (HOH)  
☒ Married filing jointly (even if only one had income)  
Check only ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)  
one box. 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** 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 Deduction** **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

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

|                                                                                                                                       |                |           |                            |                         |                                                                    |                             |
|---------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------|----------------------------|-------------------------|--------------------------------------------------------------------|-----------------------------|
| <b>Dependents</b> (see instructions):<br>If more than four dependents, see instructions and check here . . . <input type="checkbox"/> | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Check if qualifies for (see instructions):<br>Child tax credit | Credit for other dependents |
|                                                                                                                                       | <b>c a</b>     |           | <b>490-54-7777</b>         | <b>Daughter</b>         | <input checked="" type="checkbox"/>                                | <input type="checkbox"/>    |
|                                                                                                                                       | <b>d a</b>     |           | <b>490-54-5555</b>         | <b>Son</b>              | <input checked="" type="checkbox"/>                                | <input type="checkbox"/>    |
|                                                                                                                                       |                |           |                            |                         | <input type="checkbox"/>                                           | <input type="checkbox"/>    |
|                                                                                                                                       |                |           |                            |                         | <input type="checkbox"/>                                           | <input type="checkbox"/>    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                            |                                       |                 |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------|-----------------|-----------------|
| <b>Income</b><br><br><b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b><br><br>If you did not get a Form W-2, see instructions.<br><br><b>Attach Sch. B if required.</b><br><br><b>Standard Deduction for-</b><br>• Single or Married filing separately, \$13,850<br>• Married filing jointly or Qualifying surviving spouse, \$27,700<br>• Head of household, \$20,800<br>• If you checked any box under <b>Standard Deduction</b> , see instructions. | <b>1a</b> Total amount from Form(s) W-2, box 1 (see instructions) . . . . .                | <b>1a</b>                             |                 |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>b</b> Household employee wages not reported on Form(s) W-2 . . . . .                    | <b>1b</b>                             |                 |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>c</b> Tip income not reported on line 1a (see instructions) . . . . .                   | <b>1c</b>                             |                 |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>d</b> Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . . . . | <b>1d</b>                             |                 |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>e</b> Taxable dependent care benefits from Form 2441, line 26 . . . . .                 | <b>1e</b>                             |                 |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>f</b> Employer-provided adoption benefits from Form 8839, line 29 . . . . .             | <b>1f</b>                             |                 |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>g</b> Wages from Form 8919, line 6 . . . . .                                            | <b>1g</b>                             |                 |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>h</b> Other earned income (see instructions) . . . . .                                  | <b>1h</b>                             |                 |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>i</b> Nontaxable combat pay election (see instructions) . . . . . <b>1i</b>             |                                       |                 |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>z</b> Add lines 1a through 1h . . . . .                                                 | <b>1z</b>                             |                 |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>2a</b> Tax-exempt interest . . . . . <b>2a</b>                                          | <b>2b</b> Taxable interest . . . . .  | <b>2b</b>       | <b>37,636.</b>  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3a</b> Qualified dividends . . . . . <b>3a</b>                                          | <b>b</b> Ordinary dividends . . . . . | <b>3b</b>       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>4a</b> IRA distributions . . . . . <b>4a</b>                                            | <b>b</b> Taxable amount . . . . .     | <b>4b</b>       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>5a</b> Pensions and annuities . . . . . <b>5a</b>                                       | <b>b</b> Taxable amount . . . . .     | <b>5b</b>       | <b>201,382.</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>6a</b> Social security benefits . . . . . <b>6a</b>                                     | <b>b</b> Taxable amount . . . . .     | <b>6b</b>       | <b>44,979.</b>  |
| <b>c</b> If you elect to use the lump-sum election method, check here (see instructions) . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                            |                                       |                 |                 |
| <b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                              | <b>7</b>                                                                                   |                                       |                 |                 |
| <b>8</b> Additional income from Schedule 1, line 10 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>8</b>                                                                                   |                                       |                 |                 |
| <b>9</b> Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                             | <b>9</b>                                                                                   |                                       | <b>283,997.</b> |                 |
| <b>10</b> Adjustments to income from Schedule 1, line 26 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>10</b>                                                                                  |                                       |                 |                 |
| <b>11</b> Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                                                 | <b>11</b>                                                                                  |                                       | <b>283,997.</b> |                 |
| <b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                      | <b>12</b>                                                                                  |                                       | <b>30,700.</b>  |                 |
| <b>13</b> Qualified business income deduction from Form 8995 or Form 8995-A . . . . .                                                                                                                                                                                                                                                                                                                                                                                                       | <b>13</b>                                                                                  |                                       |                 |                 |
| <b>14</b> Add lines 12 and 13 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>14</b>                                                                                  |                                       | <b>30,700.</b>  |                 |
| <b>15</b> Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .                                                                                                                                                                                                                                                                                                                                                                           | <b>15</b>                                                                                  |                                       | <b>253,297.</b> |                 |

|                        |                                                    |                                                                                                                                                    |         |         |
|------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|
| <b>Tax and Credits</b> | 16                                                 | Tax (see instructions). Check if any from Form(s) 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16      | 47,591. |
|                        | 17                                                 | Amount from Schedule 2, line 3                                                                                                                     | 17      |         |
|                        | 18                                                 | Add lines 16 and 17                                                                                                                                | 18      | 47,591. |
|                        | 19                                                 | Child tax credit or credit for other dependents from Schedule 8812                                                                                 | 19      | 4,000.  |
|                        | 20                                                 | Amount from Schedule 3, line 8                                                                                                                     | 20      |         |
|                        | 21                                                 | Add lines 19 and 20                                                                                                                                | 21      | 4,000.  |
|                        | 22                                                 | Subtract line 21 from line 18. If zero or less, enter -0-                                                                                          | 22      | 43,591. |
|                        | 23                                                 | Other taxes, including self-employment tax, from Schedule 2, line 21                                                                               | 23      | 1,292.  |
| 24                     | Add lines 22 and 23. This is your <b>total tax</b> | 24                                                                                                                                                 | 44,883. |         |

|                 |                                                                 |                                                                                                 |     |    |
|-----------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----|----|
| <b>Payments</b> | 25                                                              | Federal income tax withheld from:                                                               |     |    |
|                 | a                                                               | Form(s) W-2                                                                                     | 25a |    |
|                 | b                                                               | Form(s) 1099                                                                                    | 25b |    |
|                 | c                                                               | Other forms (see instructions)                                                                  | 25c |    |
|                 | d                                                               | Add lines 25a through 25c                                                                       | 25d |    |
|                 | 26                                                              | 2023 estimated tax payments and amount applied from 2022 return                                 | 26  |    |
|                 | 27                                                              | Earned income credit (EIC) <b>NO</b>                                                            | 27  |    |
|                 | 28                                                              | Additional child tax credit from Schedule 8812                                                  | 28  |    |
|                 | 29                                                              | American opportunity credit from Form 8863, line 8                                              | 29  |    |
|                 | 30                                                              | Reserved for future use                                                                         | 30  |    |
|                 | 31                                                              | Amount from Schedule 3, line 15                                                                 | 31  |    |
|                 | 32                                                              | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> | 32  | 0. |
| 33              | Add lines 25d, 26, and 32. These are your <b>total payments</b> | 33                                                                                              | 0.  |    |

|               |     |                                                                                                                   |                                                                            |    |
|---------------|-----|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----|
| <b>Refund</b> | 34  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>            | 34                                                                         | 0. |
|               | 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | 35a                                                                        | 0. |
|               | b   | Routing number XXXXXX                                                                                             | c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |    |
|               | d   | Account number XXXXXX                                                                                             |                                                                            |    |
|               | 36  | Amount of line 34 you want <b>applied to your 2024 estimated tax</b>                                              | 36                                                                         |    |

|                       |    |                                                                                                                                                                                           |    |         |
|-----------------------|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| <b>Amount You Owe</b> | 37 | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions | 37 | 46,958. |
|                       | 38 | Estimated tax penalty (see instructions)                                                                                                                                                  | 38 | 2,075.  |

|                             |                                                                                                                                                                                    |           |                                      |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------|
| <b>Third Party Designee</b> | Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> <b>Yes</b> . Complete below. <input type="checkbox"/> <b>No</b> |           |                                      |
|                             | Designee's name                                                                                                                                                                    | Phone no. | Personal identification number (PIN) |
|                             |                                                                                                                                                                                    |           |                                      |

|                  |                                                                                                                                                                                                                                                                                                                    |               |                     |                                                                                   |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------|-----------------------------------------------------------------------------------|
| <b>Sign Here</b> | 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. |               |                     |                                                                                   |
|                  | Your signature                                                                                                                                                                                                                                                                                                     | Date          | Your occupation     | If the IRS sent you an Identity Protection PIN, enter it here (see inst.)         |
|                  | Spouse's signature. If a joint return, <b>both</b> must sign.                                                                                                                                                                                                                                                      | Date          | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
|                  | Phone no.                                                                                                                                                                                                                                                                                                          | Email address |                     |                                                                                   |

|                               |                      |            |      |                                                     |
|-------------------------------|----------------------|------------|------|-----------------------------------------------------|
| <b>Paid Preparer Use Only</b> | Preparer's signature | Date       | PTIN | Check if:<br><input type="checkbox"/> Self-employed |
|                               | Preparer's name      | Phone no.  |      |                                                     |
|                               | Firm's name          |            |      |                                                     |
|                               | Firm's address       | Firm's EIN |      |                                                     |

**SCHEDULE 2**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](https://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

**a a and**

Your social security number  
**490-54-9999**

**Part I Tax**

|          |                                                                                       |          |           |
|----------|---------------------------------------------------------------------------------------|----------|-----------|
| <b>1</b> | Alternative minimum tax. Attach Form 6251. . . . .                                    | <b>1</b> |           |
| <b>2</b> | Excess advance premium tax credit repayment. Attach Form 8962 . . . . .               | <b>2</b> |           |
| <b>3</b> | Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17. . . . . | <b>3</b> | <b>0.</b> |

**Part II Other Taxes**

|           |                                                                                                                                                                |           |               |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|
| <b>4</b>  | Self-employment tax. Attach Schedule SE . . . . .                                                                                                              | <b>4</b>  |               |
| <b>5</b>  | Social security and Medicare tax on unreported tip income.<br>Attach Form 4137 . . . . .                                                                       | <b>5</b>  |               |
| <b>6</b>  | Uncollected social security and Medicare tax on wages. Attach<br>Form 8919 . . . . .                                                                           | <b>6</b>  |               |
| <b>7</b>  | Total additional social security and Medicare tax. Add lines 5 and 6 . . . . .                                                                                 | <b>7</b>  |               |
| <b>8</b>  | Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required . . . . .<br>If not required, check here . . . . . <input type="checkbox"/> | <b>8</b>  |               |
| <b>9</b>  | Household employment taxes. Attach Schedule H . . . . .                                                                                                        | <b>9</b>  |               |
| <b>10</b> | Repayment of first-time homebuyer credit. Attach Form 5405 if required . . . . .                                                                               | <b>10</b> |               |
| <b>11</b> | Additional Medicare Tax. Attach Form 8959 . . . . .                                                                                                            | <b>11</b> |               |
| <b>12</b> | Net investment income tax. Attach Form 8960 . . . . .                                                                                                          | <b>12</b> | <b>1,292.</b> |
| <b>13</b> | Uncollected social security and Medicare or RRTA tax on tips or group-term life<br>insurance from Form W-2, box 12 . . . . .                                   | <b>13</b> |               |
| <b>14</b> | Interest on tax due on installment income from the sale of certain residential lots<br>and timeshares . . . . .                                                | <b>14</b> |               |
| <b>15</b> | Interest on the deferred tax on gain from certain installment sales with a sales price<br>over \$150,000 . . . . .                                             | <b>15</b> |               |
| <b>16</b> | Recapture of low-income housing credit. Attach Form 8611 . . . . .                                                                                             | <b>16</b> |               |

(continued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 2 (Form 1040) 2023

UYA

**Part II Other Taxes** (continued)

|           |                                                                                                                                                                      |            |  |               |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|---------------|
| <b>17</b> | Other additional taxes:                                                                                                                                              |            |  |               |
| <b>a</b>  | Recapture of other credits. List type, form number, and amount:                                                                                                      | <b>17a</b> |  |               |
| <b>b</b>  | Recapture of federal mortgage subsidy, if you sold your home<br>see instructions . . . . .                                                                           | <b>17b</b> |  |               |
| <b>c</b>  | Additional tax on HSA distributions. Attach Form 8889 . . . . .                                                                                                      | <b>17c</b> |  |               |
| <b>d</b>  | Additional tax on an HSA because you didn't remain an eligible<br>individual. Attach Form 8889 . . . . .                                                             | <b>17d</b> |  |               |
| <b>e</b>  | Additional tax on Archer MSA distributions. Attach Form 8853. . . . .                                                                                                | <b>17e</b> |  |               |
| <b>f</b>  | Additional tax on Medicare Advantage MSA distributions. Attach<br>Form 8853 . . . . .                                                                                | <b>17f</b> |  |               |
| <b>g</b>  | Recapture of a charitable contribution deduction related to a<br>fractional interest in tangible personal property . . . . .                                         | <b>17g</b> |  |               |
| <b>h</b>  | Income you received from a nonqualified deferred compensation<br>plan that fails to meet the requirements of section 409A . . . . .                                  | <b>17h</b> |  |               |
| <b>i</b>  | Compensation you received from a nonqualified deferred<br>compensation plan described in section 457A. . . . .                                                       | <b>17i</b> |  |               |
| <b>j</b>  | Section 72(m)(5) excess benefits tax. . . . .                                                                                                                        | <b>17j</b> |  |               |
| <b>k</b>  | Golden parachute payments . . . . .                                                                                                                                  | <b>17k</b> |  |               |
| <b>l</b>  | Tax on accumulation distribution of trusts . . . . .                                                                                                                 | <b>17l</b> |  |               |
| <b>m</b>  | Excise tax on insider stock compensation from an expatriated<br>corporation . . . . .                                                                                | <b>17m</b> |  |               |
| <b>n</b>  | Look-back interest under section 167(g) or 460(b) from Form<br>8697 or 8866. . . . .                                                                                 | <b>17n</b> |  |               |
| <b>o</b>  | Tax on non-effectively connected income for any part of the<br>year you were a nonresident alien from Form 1040-NR. . . . .                                          | <b>17o</b> |  |               |
| <b>p</b>  | Any interest from Form 8621, line 16f, relating to distributions<br>from, and dispositions of, stock of a section 1291 fund. . . . .                                 | <b>17p</b> |  |               |
| <b>q</b>  | Any interest from Form 8621, line 24. . . . .                                                                                                                        | <b>17q</b> |  |               |
| <b>z</b>  | Any other taxes. List type and amount: _____                                                                                                                         | <b>17z</b> |  |               |
| <b>18</b> | Total additional taxes. Add lines 17a through 17z . . . . .                                                                                                          | <b>18</b>  |  |               |
| <b>19</b> | Reserved for future use . . . . .                                                                                                                                    | <b>19</b>  |  |               |
| <b>20</b> | Section 965 net tax liability installment from Form 965-A . . . . .                                                                                                  | <b>20</b>  |  |               |
| <b>21</b> | Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and<br>on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . . | <b>21</b>  |  | <b>1,292.</b> |