| 1040 | | artment of the Treasury-Internal Revenue Service S. Individual Income Ta | | eturn | 2023 | } | OMB No. 1545-0 | 0074 | IRS Use On | ly-Do not w | rite or stap | le in this | s space. |
|--|---|--|----------|------------------------|---------------------|-----------------|-----------------------------|---------|-----------------------|----------------------------|-----------------------------|------------|-----------|
| For the year Jan. 1–Dec. 31, 2023, or other tax year beginning | | | | | , 2023, ending | | | | See s | See separate instructions. | | | |
| | | | | | | Your so | Your social security number | | | | | | |
| depx.ls a | | | | | | | | | | 490-54-9197 | | | |
| | ouse's | first name and middle initial | Last r | name | | | | | | | | | ty number |
| | | | | | | | | | | | | | |
| Home address (| numbei | r and street). If you have a P.O. box, see ir | nstructi | ons. | | | | Ap | t. no. | Preside | ntial Elec | tion C | ampaign |
| | | | | | | | | | | | ere if you | | |
| City, town, or po | st office | e. If you have a foreign address, also comp | plete sp | aces below. | | State | . 1 | ZIP coo | le | | if filing joi this fund. | | |
| | | | | | | | | | | ŧ | w will not | | je |
| Foreign country | name | | | Foreign pro | ovince/state/co | ounty | ' | Foreign | postal code | your tax | or refund | _ | ٦_ |
| | | Cincela | | | | | | | | | Yo | u | Spouse |
| Filing Status | | Single Married filing jointly (even if only one | o had | income) | | Δ | Head of hou | senoid | а (пОп) | | | | |
| Check only | | Married filing separately (MFS) | enau | income) | | Г | Qualifying su | unvivin | | 266) | | | |
| one box. | L If v | you checked the MFS box, enter the | name | of your spo | ouse lfvou d | check | | | | | sname | if the | |
| | | alifying person is a child but not your | | | | billoon | | QUU | | | onanio | ii uio | |
| | | | | | | | | | | | | | |
| Digital Assets | | ny time during 2023, did you: (a) rece | • | | • | • | • • • | | , , | | | |] N |
| Standard | | ange, or otherwise dispose of a digit eone can claim: | | | Your spouse | | | (See | Instructions | .) | Yes | <u> </u> | No |
| Deduction | | Spouse itemizes on a separate retu | | | | | dependent | | | | | | |
| | <u> </u> | • | | | | | | | | | | | |
| Age/Blindness | | | 959 | _ Are bli | · · | ouse: | <u> </u> | | e January | | | blind | |
| Dependents | | e instructions): First name Last name | | | (2) Social se numbe | | (3) Relation to you | | (4) Chec Child tax | k if qualifie | | | ependents |
| lf more than four | (1) First name Last name a a | | | 490-54-8888 S o | | | | | | Clean Ior | | ependents | |
| dependents, | <u></u> | | | 150 51 0000 | | | | | | | | | |
| see instructions and check | s — | | | | | | | | | | | | |
| here | | | | | | | | | | | | | |
| Income | 1a | Total amount from Form(s) W-2, bo | ox 1 (s | ee instructi | ons) | | | | | . 1a | | 20, | 000. |
| income | b | Household employee wages not re | portec | d on Form(ទ | s) W-2 | | | | | . 1b | | | |
| Attach Form(s) | С | c Tip income not reported on line 1a (see instructions) | | | | | | | . 1c | | | | |
| W-2 here. Also attach Forms | re Taxable dependent care benefits from Form 2441, line 26 | | | | | | | | | | | | |
| W-2G and | | | | | | | | | | | | | |
| 1099-R if tax was withheld. | | | | | | | | | | | | | |
| If you did not | g | | | | | | | • • • | | . <u>1g</u> | | | |
| get a Form W-2, see | h Other earned income (see instructions) | | | | | | . 1h | | | | | | |
| instructions. | , z | Nontaxable combat pay election (see instructions) | | | | | | | . 1z | | 20. | 000. | |
| Attach Sah B | 2a | - | 2a | | | b Та | xable interest | | | | - | _ , | |
| Attach Sch. B if required. | 3a | · · - | 3a | | | | dinary dividend | | | | | | |
| | 4a | IRA distributions | 4a | | | | xable amount | | | | | | |
| Standard Deduction for- | 5a | Pensions and annuities | 5a | | | b Ta | xable amount | | | . 5b | | | |
| Single or | 6a | Social security benefits | 6a | | | b Ta | xable amount | | | . 6b | | | |
| Married filing separately, | С | If you elect to use the lump-sum election method, check here (see instructions) | | | | | | | | | | | |
| \$13,850 Married filing | 7 | 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here | | | | | | 7 | | | | | |
| jointly or Qualifying | 8 | | | | | | | | | | | | |
| surviving spouse, | 9 | Adjustments to income from Schedule 1, line 26 | | | | | | | | | 20, | 000. | |
| \$27,700 Head of | 10 | | | | | | | | | | | 000 | |
| household, \$20,800 | 11 Subtract line 10 from line 9. This is your adjusted gross income | | | | | | | | | 000. | | | |
| If you checked | 12 | Standard deduction or itemized deductions (from Schedule A) | | | | | | | | | <u> 20,</u> | 800. | |
| any box under Standard | 13 14 | | | | | | | | | . <u>13</u> . 14 | | 20 | 800. |
| Deduction, see instructions. | 14 | | | | | | | | | | | / | 0.000 |
| | , | | | | | | | | | | | | |

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2023)

UYA

| Form 1040 (2023 |) de | px.ls a | | | | | 490-5 | 4-91 | 197 Page 2 | |
|------------------------------------|---|---|-----------------------|--------------|--------------|---|--|---------------|---------------------------|--|
| Tax and | 16 | Tax (see instructions). Check if any from F | Form(s): 1 881 | 4 2 49 | 972 3 | | | 16 | 0. | |
| Credits | 17 | Amount from Schedule 2, line 3 | ., | | | | | 17 | | |
| | 18 | Add lines 16 and 17 | | | | | 18 | 0. | | |
| | 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 | | | | | | 0. | |
| | 22 | | | | | | | 21 22 | 0. | |
| | Subtract line 21 from line 18. If zero or less, enter -0 | | | | | | | 23 | | |
| | 24 | Add lines 22 and 23. This is your total tax. | | | | | | 24 | 0. | |
| Payments | 25 | Federal income tax withheld from: | | | | | | | •• | |
| Fayments | | | | | | | | | | |
| | a | | | | - | | | - | | |
| | b | | | | | | | - | | |
| | C | Other forms (see instructions) | | | | | | | | |
| | d | Add lines 25a through 25c | | | | | | | | |
| If you have a | 26 | 2023 estimated tax payments and amount applied from 2022 return | | | | | | | | |
| qualifying child, attach Sch. EIC. | 27 | Earned income credit (EIC) | | | | | 3,995 | | | |
| | 28 | Additional child tax credit from Schedule 8 | 812 | | 28 | | 1,600 | • | | |
| | 29 | American opportunity credit from Form 886 | 63, line 8 | | 29 | | | _ | | |
| | 30 | Reserved for future use | | | 30 | | | _ | | |
| | 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 | 5,595. | | |
| | 33 | Add lines 25d, 26, and 32. These are your total payments | | | | | | | 5,595. | |
| Refund | 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | | | | | | 34 | 5,595. | |
| | 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here | | | | | | 35a | 5,595. | |
| Direct deposit? | b | Routing number XXXXXX c Type: Checking Savings | | | | | | | | |
| See instructions. | d | Account number | | | | | | | | |
| | 36 | Amount of line 34 you want applied to you | ur 2024 estimate | d tax | | Γ | | | | |
| Amount | 37 | Subtract line 33 from line 24. This is the a | mount vou owe. | | | • | | | | |
| You Owe | | For details on how to pay, go to www.irs.gov/Payments or see instructions | | | | | | | 0. | |
| | 38 | Estimated tax penalty (see instructions) | | | | | | | | |
| Third Party | Do | you want to allow another person to discus | | | | 1 | | | | |
| Designee | | instructions | | | | | | | No | |
| J J J | De | signee's | Phone | | | | Personal identification | | | |
| | na | me | no. | | | n | umber (PIN) | | | |
| Sign | 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 | | | | | | | | | |
| Here | be | lief, they are true, correct, and complete. Declaration | on of preparer (other | is based on | | | | | | |
| | Yo | ur signature | Date | | | | the IRS sent you an Identity rotection PIN, enter it here | | | |
| Joint return? | | | | | | | | e inst.) | | |
| See instructions. | Sn | ouse's signature. If a joint return, both must sign. | Date | unation | | | the IRS sent your spouse an | | | |
| Keep a copy for your records. | эр | ouse's signature. Il a joint return, both must sign. | Dale | Spouse's occ | upation | | Ider | ntity Prote | ection PIN, enter it here | |
| your records. | | | | | | | (see | e inst.) | | |
| | Ph | Phone no. Email address | | | | | | | | |
| | Pre | Preparer's signature Date PTIN | | | | | PTIN | | Check if: | |
| Paid | | | | | | | | Self-employed | | |
| Preparer | Pre | Preparer's name Phone no. | | | | | | | | |
| Use Only | | Firm's name | | | | | | | | |
| , | | Firm's address | | | | | | | | |
| | | | | | | | Firm | 's FIN | | |

Go to www.irs.gov/Form1040 for instructions and the latest information. UYA

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