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1040		Department of the Treasury-Internal Revenue Service U.S. Individual Income Tax Return			20 23 OMB No. 1545-0074		-0074	IRS Use (o not wri	te or sta	ple in f	this space.		
For the year Jan. 1–Dec. 31, 2023, or other tax year beginning					, 2023, ending , 20				Se	See separate instructions.				
Your first name and middle initial Last na				name	ame					Yo	Your social security number			
If joint return, spouse's first name and middle initial Last n					name					Sp	ouse's	social	secu	rity number
Home address (number and street). If you have a P.O. box, see instructions.						4			pt. no.	Pro	esiden	tial Ele	ction	Campaign
												ere if yo		
City, town, or p	ost offi	ce. If you have a foreign address, also co	omplete	spaces be	low.	Sta	ite	ZIP co	ode	to	go to f		nd. Ch	v, want \$3 necking a
Foreign country	/ name			Foreign p	rovince/state/	count	ty	Foreig	n postal co			or refu	nd.	Spouse
Filing Status	; [] Single					Head of ho	ouseh	old (HOH))				
Check only] Married filing jointly (even if only o	ne hac	l income)					, ,					
one box.] Married filing separately (MFS)					Qualifying	surviv	ing spou	se (QS	S)			
		f 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 you	ur depe	endent:										
Digital Assets		ny time during 2023, did you: (a) rec nange, or otherwise dispose of a dig							,	• • •		Ye	s	No
Standard	_	eone can claim: You as a de					a dependent	/ (,				
Deduction		Spouse itemizes on a separate retur	n or yo	ou were a	dual-status	alien	1							
Age/Blindnes	s You:	: 🗌 Were born before January 2, 1	959	Are b	lind Spo	ouse	: 🗌 Was bor	n befc	ore Janua	rv 2. 19	959	□ Is	blin	d
Dependent				<u> </u>	Social security		(3) Relationsh	14				es for (s	see in	structions):
lf more		(1) First name Last name			number to you				Child tax credi			Credit for	r other	dependents
than four														
dependents, see instruction	s ——]				
and check	, ——									 ¬				
	1a	Total amount from Form(s) W-2, b	ov 1 (c		tions)						1a			
Income	b	Household employee wages not re								•	1b			
Attach Form(s) W-2 here. Also	c									1c				
attach Forms	d									1d				
W-2G and 1099-R if tax	е	Taxable dependent care benefits f	orm 2441, line 26							1e				
was withheld.	f	Employer-provided adoption benefits from Form 8839, line 29							1f					
If you did not	g	Wages from Form 8919, line 6 .								1g				
get a Form W-2, see	h	Other earned income (see instructions)								1h	-			
instructions.	i	Nontaxable combat pay election (see instructions)												
	z 2a	Add lines 1a through 1h Tax-exempt interest	2a	• • •	· · ·	 ьт	axable interest	•••		·	1z 2b			
Attach Sch. B if required.	2a 3a	· · –	2a 3a				Ardinary divider			·	3b			
	4a		4a				axable amount				4b			
Standard	5a		5a				axable amount				5b			
 Deduction for — Single or 	6a	Social security benefits	b Taxable 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	-				
jointly or Qualifying									8					
surviving spouse,	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income									9			
\$27,700 • Head of	10	•						·	10					
household, \$20,800	11	Standard deduction or itemized deductions (from Schedule A) .							·	11				
 If you checked any box under 	12								12	+				
Standard Deduction,	14							14	+					
see instructions.								15						

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

Cat. No. 11320B

Form **1040** (2023)

Form 1040 (2023	3)								Page 2		
Tax and	16	Tax (see instructions). Check	if any from Form	n(s): 1 🗌 881	4 2 4972	3 🗌		16			
Credits	17	Amount from Schedule 2, lin	ne3					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, li	ne8					20			
	21	Add lines 19 and 20						21			
	22	Subtract line 21 from line 18	3. If zero or less,	enter -0				22			
	23	Other taxes, including self-e	employment tax,	from Schedule	e 2, line 21 .			23			
	24	Add lines 22 and 23. This is	your total tax					24			
Payments	25	Federal income tax withheld									
	а	Form(s) W-2				25a					
	b	Form(s) 1099				25b					
	с	Other forms (see instruction	is)			25c					
	d	Add lines 25a through 25c				· · · · ·		25d			
If you have a	26	2023 estimated tax paymen	its and amount a	pplied from 20	22 return .			26			
qualifying child,	27	Earned income credit (EIC)				27					
attach Sch. EIC.	28	Additional child tax credit fro				28					
	29	American opportunity credit	t from Form 8863	3, line 8		29					
	30	Reserved for future use .		-		30					
	31	Amount from Schedule 3, li				31					
	32	Add lines 27, 28, 29, and 31				undable credits		32			
	33	Add lines 25d, 26, and 32. 1						33			
Refund	34	If line 33 is more than line 2						34			
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here									
Direct deposit?	b	Routing number									
See instructions.	d	Account number					0				
	36	Amount of line 34 you want	applied to your	2024 estimate	ed 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 to www.irs.gov/Payments or see instructions						37			
	38	Estimated tax penalty (see i	nstructions) .			38					
Third Party	Do	you want to allow anothe	r person to disc	cuss this retu	n with the IRS?	See					
Designee	ins	structions	below.	No							
							onal identi	fication			
0:		name no. number (PIN) Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to							of my knowlodgo and		
Sign	belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which								, ,		
Here	Yo	ur signature	Date	Your occupation	1		the IRS sent you an Identity				
	10	ar olynataro					Protection PIN, enter it here				
Joint return?								ee inst.)			
See instructions. Keep a copy for		ouse's signature. If a joint return,	Date	Date Spouse's occupation			If the IRS sent your spouse an				
your records.									Identity Protection PIN, enter it here (see inst.)		
-	Dh	Phone no.		Email address		(,				
		eparer's name	Preparer's signat			Date	PTIN		Check if:		
Paid									Self-employed		
Preparer		m's name	I				Dhar				
Use Only									ne no. I's EIN		
	01/Form	m 5 address		Farm 10/0 (0000)							

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

Form **1040** (2023)