Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ See separate instructions.

Your first name and middle initial	Last name	**Your social security number**
If joint return, spouse's first name and middle initial	Last name	**Spouse's social security number**

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

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund.
☐ **You** ☐ **Spouse**

Filing Status
Check only one box.

☐ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

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

Dependents
(see instructions): If more than four dependents, see instructions and check here . . ☐

(1) First name Last name	**(2)** Social security number	**(3)** Relationship to you	**(4)** Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)		**1a**
b	Household employee wages not reported on Form(s) W-2		**1b**
c	Tip income not reported on line 1a (see instructions)		**1c**
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		**1d**
e	Taxable dependent care benefits from Form 2441, line 26		**1e**
f	Employer-provided adoption benefits from Form 8839, line 29		**1f**
g	Wages from Form 8919, line 6		**1g**
h	Other earned income (see instructions)		**1h**
i	Nontaxable combat pay election (see instructions) **1i**		
z	Add lines 1a through 1h		**1z**

Attach Sch. B if required.

2a	Tax-exempt interest **2a**		**b** Taxable interest		**2b**
3a	Qualified dividends **3a**		**b** Ordinary dividends		**3b**
4a	IRA distributions **4a**		**b** Taxable amount		**4b**
5a	Pensions and annuities **5a**		**b** Taxable amount		**5b**
6a	Social security benefits **6a**		**b** Taxable amount		**6b**
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				

Standard Deduction for—
• Single or Married filing separately