

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_ 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

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):

	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):
					Child tax credit
If more than four dependents, see instructions and check here . . . <input type="checkbox"/>					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

<b>Income</b>	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) . . . . . <span style="float:right">1i</span>			
	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) . . . . . <input type="checkbox"/>		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . <input type="checkbox"/>		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 <b>total income</b> . . . . .		9	
	10 Adjustments to income from Schedule 1, line 26 . . . . .		10	
	11 Subtract line 10 from line 9. This is your <b>adjusted gross income</b> . . . . .		11	
	12 <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .		12	
	13 Qualified business income deduction from Form 8995 or Form 8995-A . . . . .		13	
	14 Add lines 12 and 13 . . . . .		14	
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> . . . . .		15	

